

An Artist Without Wings?

Regulation of Emotions Through Aesthetic Experiences*

Małgorzata Osowiecka

University of Social Sciences and Humanities, Poland

E-mail address: malgorzataosowiecka@gmail.com

ARTICLE INFO

Keywords:

Art
Creativity
Emotions
Affective regulation
Expressive writing

Article history:

Received 2 February 2016
Received in revised form 14 March 2016
Accepted 20 March 2016

ISSN: 2354-0036
DOI: 10.1515/ctra-2016-0007

ABSTRACT

Art can help handle difficult experiences. Art therapy sessions (healing through art) have been recognised for years as a well-known and efficient method of treatment. At the same time, one can observe people's tendencies – apparently inefficient in terms of their well-being (emotions, mood) – to create or experience art (e.g. watching horror movies, listening to sad songs, expressive writing about one's ordeals). Many authors have described the way negative emotions are regulated. Their research has not, however, exhausted the subject in relation to art. In this paper I discuss the regulation of emotions through art. I am interested in the process of regulating affective experiences, particularly through expressive writing, and in the impact this way of regulation has on task-oriented functioning, especially cognitive functioning.

INTRODUCTION

The source of inspiration for the title of this paper was a poster entitled "A man without wings," displayed during the Warsaw exhibition of a collection from Piotr Dąbrowski's Poster Gallery. The poster collection featured the most important, and yet the most dramatic, moments in the history of Polish post-war art. One of the posters depicted a captive man, metaphorically deprived of wings. It made me think of an analogy with people dependant on the strategy of emotion regulation they use, which can be of an adaptive or non-adaptive nature. Referring to the poster's figure as an "artist" is adequate insofar as it is precisely the artist who is exposed to difficult, often incomprehensible emotions, that are handled or relieved by means of creation. The title artist, however, can be just anybody and creativity – a universal way of coping with emotions. On the one hand, people have for ages tended to deal with their sadness, anger, boredom and even fear of death by writing prose, poetry, taking pictures, drawing, singing, etc. Adopting an ac-

* Preparation of this manuscript was supported by The Young Scientist University grant entitled "Dynamics of emotions in the creative process" from the Ministry of Science and Higher Education in Poland, 11.2014-11.2015, awarded to the author.

tive perspective to artworks allows us not only to have a better understanding of our own emotions, it also gives us symbolic immortality – our work becomes something larger and greater than us. This is one of the many possible interpretations of Dąbrowski's work.

On the other hand, creating can be passive. We can create our own senses and regulate feelings through listening to music, watching films, reading poetry or prose, etc. Cognitive integration of a work of art requires the process of assigning it our own meaning or understanding, interpreting it, e.g. using associative mechanisms to connect words (of a poem) with our knowledge and emotional experiences.

Such a way of integrating these two views has led me to ask myself the following question: "In what way can creativity – understood as creating and responding to a work of art in its broad sense – affect regulation of emotions?" In this article, I take into account the first style of emotional self-regulation, but I deeply believe that the process of regulation of emotion through artistic expression – active or passive – has the same, psychological roots. It can be understood as connection and creative transfer between two persons – artist and recipient, who are always on both ends of the art creation process. An example of this integration can be healing through art – art therapy, which can be creating (creating narrations in an active way) or responding (experiencing well-known artworks and searching one's own senses in them).

REGULATION OF EMOTION

An emotion is a subjective mental state the purpose of which is to activate a certain degree of readiness for action. An emotion emerges as a result of an external or internal stimulus and usually leads to undertaking a specific action. Experiencing an emotion is accompanied by changing facial expressions (mimics), body arrangement (pantomimics), somatic changes and altered behaviour (Soroko, 2007).

The notion "emotional regulation" or "emotional self-regulation" can be applied in two ways. In the first, emotions are regulators of cognitive processes (Marszał-Wiśniewska & Fajkowska, 2010). This means that the scope of attention or memory capacity is influenced by them. In the second case, it is emotions that are regulated. This occurs when emotions are monitored and modified by means of various strategies: cognitive, behavioural, social and biological (ibid). An example of a cognitive strategy is a positive reformulation of a situation. Behavioural strategies can include listening to music, while social strategies could mean a meeting with friends. Biological strategies can be externalised by sleeping a problem off or drinking lots of alcohol to cheer up. Regulation of emotion usually boils down to the processes through which people are able to monitor and evaluate their emotions, as well as to attenuate their intensity and duration (Gross, 1999). According to the author of this paper, the most interesting aspect of emotional self-

regulation is aware regulation of emotions by selecting specific forms of activity (expressive writing in particular) as well as personal regulation, which can determine choosing certain behavioural modes more often than others. These levels of emotional self-regulation could be referred to as situational and personal.

Present sources and references explain the reasons for choosing a specific way of regulating an emotional process. The first identified aspect is innate regulation, usually determined genetically (Soroko, 2007). It is rather hard to talk about an aware choice of a given way or strategy at this level. The second way, on the other hand, is volitional and determined by one's will (ibid). The third way is developed as a result of family and social relationships, particularly during childhood (Kopp, 1989).

Many researchers have described the way negative emotions are regulated (Myers, 2000) and how the feeling of happiness is pursued (Diener, 2000). People engage in various sorts of activities aimed at reducing subjectively unpleasant emotional states, e.g. sadness or fear (Larsen, 2000). And while people can differ as far as their emotional responsiveness threshold and emotion regulation are concerned, all strive for well-being. Taking steps to reduce a negative affect is the universal aim of every human being (ibid). For instance, Yu Shcherbatykh has demonstrated that engaging in various ways of regulating pre-exam stress (e.g. through relaxation, respiratory exercises, picturing oneself as being successful in exams) reduces this emotion effectively compared to not taking action at all. It leads to better exam results (Shcherbatykh, 2000).

Regulation of emotion through active aesthetic experiences

Although there is little empirical research on the subject, engaging in art is broadly understood as an activity undertaken to regulate mood (Goldstein, Tamir & Winner, 2013).

Randy Larsen argues that creating a work of art, no matter what the form (e.g. doodling on a piece of paper or uttering incoherent sounds) results in positive mood for the author (Larsen, 2000). When people create art which is negative (sad, scary), it is understood as an expression of their negative emotions, it shows their feelings. The opportunity to give vent to our emotions means that we are able to reduce our negative affect (Dalebroux, Goldstein & Winner, 2008).

Jennifer Drake and Ellen Winner (2013) have shown, in a series of tests on groups of mall children, that drawing helps handle negative emotions. According to them, the joy caused by drawing is competitive to sadness or disappointment and distracts from negative emotions, regardless of the creator's actual drawing skills. This engagement must however, be active. Just watching somebody else's creative process does not affect the viewer in any significant way. Thalia Goldstein, Maya Tamir and Elen Winner have tested adolescents. They have demonstrated that expressing emotions through acting differs

in terms of the tendency to hide negative emotions (Goldstein, Tamir & Winner, 2013).

One idea of regulating emotions through acting is art therapy – a well-known way of treatment or healing. Art therapy emphasises the active way of using art. It can be a method of short-term mood regulation for artists in all fields (Drake & Winner, 2013). But this kind of therapy is more often considered to be better-suited to the mental and psycho-physiological problems of non-artists.

Art therapy, according to the American Art Therapy Association (2015), is an activity and profession falling within the area of mental health care. Patients, supported by art therapists, use means of artistic expression and endeavour, among others, to understand their feelings, reconcile emotional conflicts, develop self-awareness and learn to handle their behaviour and addictions. They also improve interpersonal skills, orientation in reality, reduce their fears and increase self-esteem. Art therapy training makes use of visual arts (e.g. drawing, painting, sculpting) and writing, thus stimulating creative processes, as well as the psychological knowledge of human development, therapeutic techniques and different psychotherapeutic theories. Creative art therapy is well-known as a method of treating PTSD – in works of art connected with difficult experiences, fragmented sensory and emotional parts of traumatic events can be made conscious (Talwar, 2007). Furthermore, participation in art involves the brain's hemispheres in accessing memories and processing emotions (McNamee, 2004). Klorer (2005) argues that artistic activities and creative processes activate the amygdala in the limbic system, which is responsible for integrating and planning, and activating physiological, emotional and cognitive processes. The goal of each of these modalities is to "lead people to emotions and feelings that have long been forgotten" (Klorer, 2005, p. 218).

Modern art therapy is widely applied in different places, including hospitals, psychiatric, mental and rehabilitation facilities, wellness centres, court institutions, schools, crisis centres, senior communities and private practices. During individual and group sessions, art therapists stimulate creative processes in their patients in order to restore their physical, mental and emotional well-being (ibid). During these sessions, the "language" of the meeting is works of art made of the available materials and colours selected by patients (Corem, Snir & Regev, 2015). This makes it easier for them to communicate their emotions non-verbally. The dialogue maintained through means of communication other than words leads to contact with experienced and yet deeply hidden emotions. The presence of an art therapist is of great importance too, as he or she creates an atmosphere of trust and makes it easier for patients to undergo the process of self-exploration.

Expressive writing

Writing can be a way of therapy (formal or undertaken individually at home) consisting of expressing emotions (Smyth, Nazarian & Arigo, 2008). Therapeutic programmes, regardless of their form or the theoretical orientation of the therapist, emphasise disclosure, identification and naming of difficult emotions (Smyth & Helm, 2003). On the other hand, various social constraints or inhibitions, or shame and inability to express emotions differently, give writing an advantage when it comes to fulfilling the above therapeutic goals without the need of speaking out loud.

In research on the effects of expressive writing, scholars verify how writing about personal emotions affects the tested individual's well-being. Participants are usually split into two groups. One group writes about its difficult emotions while the other describes a common day at work or its plans for the upcoming week (Pennebaker & Beall, 1986). Usually, the participants write about difficult experiences for about 15-20 minutes for 3-5 sessions. The next 10 minutes should be spent on recovering from the task. The maximum time is normally set for 20 minutes in order to avoid building pressure in the tested person or making them feel unable to carry out the task. Writing sessions should be held in a quiet, peaceful and comfortable room. If they form part of psychotherapy, they usually take place between sessions with the therapist. Task instructions encourage the participants to write about their deep feelings without being stressed about grammatical or orthographical correctness. The subject is most often chosen by the participant on his or her own and it can be the same, tackled repeatedly, or different each time (Baikie & Wilhelm, 2005). The important factor is not assessing or judging the content of the writing, which allows the participants to be totally honest. Of great importance is also the complete freedom allowed not only in the content, but also the structure and length of the text.

It has been shown in a lot of research that expressive writing does have a measurable positive impact on well-being, including health and processes of effective healing (Davison & Pennebaker, 1997). Kathryn Davison and James Pennebaker claim that tested groups which consisted of people suffering from chronic diseases, including Paget's disease, prostate cancer, diabetes, heart conditions, arthritis and chronic fatigue syndrome, differ from groups which did not have an opportunity to write expressively about their difficult emotions in communication styles (the first group was more open to other people; *ibid*). Tests performed on spouses of victims of assaults or attacks show that expressive writing helped them overcome grief more quickly. These people also suffered from fewer health problems (Pennebaker & O'Heeron, 1984). All in all, expressive writing brings about positive outcome for the people involved both on the health level (e.g. better

functioning of the immune system, heart and liver, lower blood pressure, improved mood, reduced stress) and on the social level (e.g. better marks at university, reduced absenteeism, better results in sport and more socially accepted behaviour; Pennebaker & Graybeal, 2001).

Why is it that expressive writing results in such useful results for the participants? A number of hypotheses are listed in this context, yet all of them basically deal with expression or regulation of emotions. Among the most important explanations, Baikie and Wilhelm (2005; see also in: Osowiecka & Sterczyński, under review) the following are identified: cathartic function: liberation of emotions; contact function: confrontation with previously hidden emotions, discharge of pressure; narrative and multiplication function: process of describing emotions can help retell a story.

Other bodies of research show that not only active, but also passive ways of experiencing art can be a way of regulating emotional states.

Regulation of emotion through passive aesthetic experiences

According to Kramer (2000), dramatic tragedy is therapeutic for the audience because of catharsis. Researchers, whose main interest is horror films, claim that watching them serves as a kind of vent helping the audience to tackle difficult emotions. Watching scary films is a safe way to understand emotions and enable their processing in secure circumstances (at the cinema, among other people). Horror, or terror, is constructed in such a way that the intensification of tension is compensated by its reduction by the end of the film. According to Glenn Walters (2004), horrors may have personal relevance, cultural meaningfulness, or relate to fear of death, but at the same time they are not realistic (do not intensify these experiences). McCauley (1998) claims that the fictional nature of horrors is responsible for the sense of control placed in viewers – they feel a psychological distance between them and the scary or bloody scenes in the film, and they know that it is not real. It is worth noting that it is psychological distance that is the factor sought in order to remedy emotional tension. Even Aristotle claimed that horror could be a way of acting out emotion (catharsis theory). Zillmann argues with this point of view in his Excitation Transfer theory (ETT): in horrors, good usually triumphs, the killer is unmasked or destroyed. This results in pleasant energy and encourages revisiting the cinema (Hess, 2010). The paradox of watching horror movies is therefore psychologically justified: we watch films of this kind in order to live our emotional experience in other circumstances, and not really “serious” ones. This way of regulation of emotions is well-known throughout the world, which developed cinema and culture.

Also interesting is the tendency of people in a sad mood to listen to songs with a corresponding emotional tone. Annemieke Van den Tol and Jane Edwards have exam-

ined what sad people have wanted to achieve through such behaviour and have identified a number of reasons (Van den Tol & Edwards, 2015). The first one is "identifying" oneself with or relating to the emotions evoked by a given song, which allows the listener to revive them and carry out the so-called "cognitive reinterpretation," namely taking a look at an emotional stimulus from a different angle. Another reason is relating to or "connecting with" the meaning of a given song, which motivates action. A high aesthetic value, being the third reason, is what attracts the listeners' attention. According to the researchers, this leads, however, to a non-adaptive regulation of emotions, i.e. to distracting attention from a particular problem. Moreover, memories of past events associated with a given song help the listeners revisit the past, revive it and see it in a new light. It has also been shown that hip-hop can help handle depression or even schizophrenia (ibid). Hip-hop lyrics often address many problems observed in poor districts, e.g. addictions or exposure to violence. According to Akeem Sule and Becky Inkster, such songs function as a source of their authors' strategies for tackling problems and give the listeners hope for a better future (Sule & Inkster, 2014).

CONCLUSION

To sum up, it is not only artists who can make good use of the beneficial influence of art on well-being and performance, either actively (involvement in art) or passively.

On the one hand, not only the artist, but also the layman can regulate their emotions through artistic performance. Artistic should mean, in my view, not only the form of a creation but, above all, the mere fact of creation. According to this, everybody can be an artist (see the title of this article). On the other hand, people like acting in a way that is consistent with their emotional state (e.g. go to the theatre, watch a film, read poetry or listen to music). It is possible that the choice of positive or negative tones depends on individual styles of regulating emotions (e.g. increasing/decreasing mood tendencies). This dependence of actions or activities on personal styles of emotion regulation is still at the stage of research plans and has not been verified empirically. Probably other psychological and social variables are involved in this decision-making process.

Research and tests conducted on people who are not artists by profession show unanimously the positive impact of art on, among others, mood and emotions, and subsequently on academic results, social and cognitive functioning, including greater creativity. Regulation of emotions through creativity is not a new method of therapy in itself, but there are still very few therapeutic and educational programmes that rely on creativity as a notion clearly addressed in their institutions' statutes. Moreover, there are still significant controversies over the emphasis that should be put on art in school curricula and teaching programmes (Drake & Winner, 2013). The question of the efficiency

of the process of regulation of emotions through creativity over a shorter period of time still remains in the sphere of research plans.

REFERENCES

- American Art Therapy Association*, <http://arttherapy.org/aata-aboutus/>, access: 15.08.2015.
- Baikie, K. & Wilhelm, K. (2005). Emotional and physical health benefits of expressive writing. *Advances in Psychiatric Treatment*, 11, 338-346.
- Davison, K. & Pennebaker, J. (1997). Virtual narratives: illness representations in online support groups. In K. J., Petrie, J. A., Weinman, (Ed.), *Perceptions of health and illness: current research and applications* (pp. 463-486). Amsterdam, The Netherlands: Harwood Academic Publishers.
- Dalebroux, A., Goldstein, T. R. Winner, E. "Short-term mood repair through art-making: Positive emotion is more effective than venting." *Motivation and Emotion* 32 (4): 288-295. doi:10.1007/s11031-008-9105-1.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *The American Psychologist*, 55, 34-43.
- Corem, S., Snir, S. & Regev, D. (2015). Patients' attachment to therapist in art therapy simulation and their reactions to the experience of using art materials. *The Arts in Psychotherapy*, 45, 11-17.
- Cytaty.info, <http://www.cytaty.info/cyatat/tworczoscbywarekompensatachoc.htm>, access: 15.08.2015.
- Dalebroux, A., Goldstein, T. R. & Winner, E. (2008). Short-term mood repair through art-making: Positive emotion is more effective than venting. *Motivation and Emotion*, 32 (4), 288-295. doi:10.1007/s11031-008-9105-1
- Drake, J. & Winner, E. (2013). How Children Use Drawing to Regulate Their Emotions. *Cognition and Emotion*, 27, 512-520.
- Goldstein, T., Tamir, M. & Winner, E. (2013). Expressive suppression and acting classes. *Psychology of Aesthetics, Creativity, and the Arts*, 7(2), 191-196.
- Gross, J. (1999). Emotion Regulation: Past, Present, Future. *Cognition and Emotion*, 13 (5), 551-573.
- Hess, J. P. (2010). The psychology of scary movies. *Filmmaker IQ*. Located at: <http://filmmakeriq.com/lessons/the-psychology-of-scary-movies/>
- Klorer, G. P. (2005). Expressive therapy with severely maltreated children: Neuroscience contributions. *Art Therapy: Journal of the American Art Therapy Association*, 22(4), 213-220
- Kopp, C. (1989). Regulation of Distress and Negative Emotions: A Development View. *Developmental Psychology*, 25(3), 343-354.

- Kramer, E. (2000). *Art as therapy*. London, England: Jessica Kinglsey Publishers.
- Larsen, R. (2000). Toward a science of mood regulation. *Psychological Inquiry*, 11, 129-141.
- Marszał-Wiśniewska, M. & Fajkowska, M. (2010). Właściwości psychometryczne Kwestionariusza Poznawczej Regulacji Emocji [Cognitive Emotion Regulation Questionnaire; CERQ – test results for the Polish sample]. *Studia Psychologiczne*, 48(1), 1-34.
- McCauley, C. (1998). When screen violence is not attractive. In J. Goldstein (Ed.), *Why we watch: The attractions of violent entertainment* (pp. 144-162). New York: Oxford.
- McNamee, C. M. (2004). Using both sides of the brain: Experiences that integrate art and talk therapy through scribble drawings. *Art Therapy: Journal of the American Art Therapy Association*, 23(3), 136-142.
- Myers, D. (2000). The funds, friends, and faith of happy people. *The American Psychologist*, 55, 56-67.
- Osowiecka, M. & Sterczyński, R. (under review). Write about your difficult experience! Describing emotions leads to creativity boost. *Personality and Individual Differences*.
- Pennebaker, J. & Beall, S. (1986). Confronting a traumatic event: toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, 95, 274-281.
- Pennebaker, J. & Graybeal, A. (2001). Patterns of natural language use. Disclosure, personality, and social integration. *Current Directions*, 10, 90-93.
- Pennebaker, J. & O'Heeron, R. (1984). Confiding in others and illness rate among spouses of suicide and accidental-death victims. *Journal of Abnormal Psychology*, 93, 473-476.
- Pennebaker, J. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8, 162-166.
- Shcherbatykh, Y. (2000). Self-Regulation of Autonomic Homeostasis in Emotional Stress. *Human Physiology*, 26(5), 641-642.
- Smyth, J. & Helm, R. (2003). Focused expressive writing as self-help for stress and trauma. *Journal of Clinical Psychology/In Session: Psychotherapy in Practice*, 59, 227-235.
- Smyth, J., Nazarian, D. & Arigo, D. (2008). Expressive Writing in the Clinical Context. *Emotion Regulation*, 59(2), 215-233.
- Soroko, E. (2007). Regulacja emocji w kontekście rozwoju osobowości. In Ł. Kaczmarek, A. Słysz, (Eds.), *Serce i umysł* (pp. 55-81). Wydawnictwo Naukowe UAM: Poznań.
- Sule, A. & Inkster, B. (2014). The hip-hop state of mind. *The Lancet Psychiatry*, 1(7), 494-495.
- Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *The Arts in Psychotherapy*, 34(1), 22-35.
- Walthers, G.D. (2004). Understanding the popular appeal of horror cinema: An integrated -interactive model. *Journal of Media Psychology*, 9(2). Located at: <http://web.calstatela.edu/faculty/sfisco/horormoviesRev2.htm>

Van den Tol, A. & Edwards, J. (2015). Listening to sad music in adverse situations: How music selection strategies relate to self-regulatory goals, listening effects, and mood enhancement. *Psychology of Music*, 43(4), 473-494.

Corresponding author at: Małgorzata Osowiecka, University of Social Sciences and Humanities, Sopot, Poland, Polna 16/20 81-745, Sopot, Poland
E-mail: malgorzataosowiecka@gmail.com

