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Exploring the use of Play in the Expressive Arts as Treatment for Traumatized Youth:

A Literature Review

Lesley University

May 5, 2018

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Expressive Arts Therapy

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Abstract

This review of the literature explored expressive therapies informed treatments for children who have experienced trauma in order to identify a healing mechanism within each treatment that was related to play. Patterns and commonalities in the research were documented in order to better understand the mechanism of play that appeared to be healing for the youth. The goal was to identify the elements within the mechanism as individual resources that could be applied in therapeutic interventions when treating traumatized youth in an effort to improve their lives and move them towards healing. This exploration also pointed to the importance of play as an essential aspect of childhood development, which traumatized youth often miss. Play is a part of an imperative and natural process of exploring the world in order to strengthen cognition, emotional wellbeing, and physical health. While there is a great deal of research relating to traumatized youth, their symptoms, and their treatment, there is less written about the role of play in these treatments. This exploration reveals that the healing mechanism of play is tangible, and at work in many of the interventions offered to traumatized youth. Furthermore, there is an identified need for this mechanism to be implemented in various environments, programs, and schools where traumatized youth are being treated.

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Introduction

Play is inherent to the expressive arts. It is the spontaneous exploration of the world around us and is the root of our creativity. It is accessible to children at an early age and helps to shape the way children interact and develop in this world. When incorporated into expressive therapy, play can allow children to discover openly, creatively and freely. Often, children who have experienced trauma do not get the chance to explore in the same open and creative ways that typical children do. Their worlds are considered unsafe and the freedom to interact with their environment has been taken from them. Therefore, when confronted with unfamiliar situations these children are not in the position to problem solve through a creative and curious lens. Nothing appears safe based on their life experiences, and that is why it is important to incorporate play back into their lives in a sensitive and therapeutic way.

According to a clinical report by the American Academy of Pediatrics, play is essential to the development of children's emotional, cognitive, and physical strengths (Ginsburg, 2007, p. 1). This further exemplifies the significance of play in traumatized youth's lives. Play therapists Norton and Norton (2008) explain how children who have experienced trauma do not get the chance to experiment and make connections through play because they are focusing all of their attention and energy on survival (p. 3). This lack in natural childhood exploration can delay a child's cognitive development, and subsequently affect their functioning as an adult (Norton & Norton, 2008, p. 3).

Taking risks and being vulnerable is a natural part of childhood. This right has been taken away from children who grow up in an unsafe environment or who have experienced disrupted

attachment. Making mistakes is a way of learning and is accessible in a typical child's development, since the comfort of a healthy attachment is never too far away. For traumatized youth, a mistake can cause physical and emotional harm because they have no healthy attachments to reach out to for regulation. Fear shuts down creativity, exploration, and therefore limits freedom.

Play is a way for children to find their place in the world. Through play, they are able to develop a unique sense of self and build their confidence. Yet, to be able to explore and experience the world, they must also feel secure enough to do so. They must have a healthy attachment that provides them with a sense of safety and enables them to take risks, knowing that someone will be there to care for them if they make a mistake or run into trouble. This exploration happens over time, with each new exploration providing more information and more opportunities to adapt and grow with the world around them.

Exploring the Use of Play

Reviewing the Literature

This review of the literature sought to gain insight into the successful application of play and its impact on the symptoms of childhood trauma in order to identify the healing mechanism that contributed to the decrease in trauma symptoms within the various therapeutic interventions offered to children. To identify the mechanism in the literature, a multitude of peer reviewed research articles were compiled based on a variety of methods. Starting with introspective consideration about the topic in order to understand the goals of the process, which also incorporated art making as a way to externalize and organize feelings and emotions. This process also utilized a systematic search of key words related to aspects of the topic, organization of materials based on commonalities, as well as extensive physical searches within the research articles in order to assess for desired content.

The key word searches allowed focus to be placed on children, their trauma symptoms, and the implementation of the expressive arts and play in their treatment. The exploration of symptoms encompassed the trauma's impact on brain functioning, the impact on development, attachment issues, dysregulation, loss of control, loss of freedom, limited ability to express oneself, feelings of distrust, and disruptive behaviors. The expressive arts were captured in the exploration by using a combination of key words and by analyzing the content of the research for aspects of play, emotional expression and externalization through art.

However, the exploration around play proved to be challenging, as the healing mechanism of play was not immediately noticeable in the content of the research. Once a large body of research had been gathered and explored for patterns and connections, then the individual elements of play could be accurately identified by revisiting each study with a fresh perspective on what constituted play. One exception was the use of play therapy, which in most cases incorporated an obvious use of play and multimodal expressive approaches within the intervention.

The results of applicable studies were compared and contrasted, and then examined once more for patterns and similarities. During this process the experience of analyzing and compiling the research was recorded through expressive arts practices. Practices were multimodal, and if non-visual art was produced, a visual response was then created and stored to track emotional progress throughout the exploration.

Many times, the art making that occurred mimicked the exploration of the literature. The materials and subject matter were broad at first but became more focused and narrowed as time passed. This practice was also reflective of the therapeutic journey of play. It was non-restricting and allowed for the freedom to choose materials and modalities as needed.

The Effects of Play on the Development of Traumatized Youth

Bray, Stone, and Gaskill (2017) researched the impact of trauma on neurodevelopment and found play to be an essential coping strategy and communication tool for children whose lower brain development had been impacted by trauma (p.28). They identified that the lower brain regions control sensory processing, perception, and movement, while mid and upper brain regions control reasoning, memory and other executive functioning (Bray et al., 2017, pp. 26-27).

Bray et al. (2017) recognized play as a form of “bottom up” trauma treatment, which allows for the re-organizing of regulatory networks in the lower brain (p. 26). This allows the child to learn how to self-regulate before accessing higher levels of brain function, as most traumatized children’s brain development is delayed after a traumatizing event (Bray et al., 2017, p. 27). This is important to take into consideration because traumatized children are often pushed to follow the developmental expectations of typical children of the same age even though higher brain function is not accessible to them.

One of the healing elements that continuously appeared in the successful application of play was the allowance for children to have freedom of choice. When children are given choices, they take ownership of how they engage and learn. This provides them with a sense of control and empowerment, which may more likely support them in taking steps towards actions that require higher brain functioning.

According to Bray et al. (2017), although play engages with the lower brain functions, the experiences that play provides are incapable of creating growth without the presence of a compassionate relationship (p. 29). This research further supports the development of a healthy attachment, which is another identified healing element in the literature. The healthy attachment supports the child as they transfer their emotions to objects and materials. Furthermore, when children externalize their emotions during play, they need to be held in a safe, trusting, and

contained environment in order to move towards healing. A healthy attachment is part of that container, as is the physical space in which the therapy takes place.

In further recognition of the conditions of the traumatized brain, in the *Journal of Professional Counseling*, Ogawa (2004) posed that children who have experienced trauma are in need of counseling interventions that take into consideration the unique trauma symptoms of the developing brain (Ogawa, 2004, p. 24). To understand what intervention would best suit these children, Ogawa (2004) explored the literature on typical youth responses to trauma (p. 21).

Ogawa (2004) cited Terr (1991, pp. 10-20), who studied the responses of traumatized children and noted patterns in behaviors (p. 21). Terr (1991) found that children often recreate trauma through artistic representation and repeat behaviors through play; they are afflicted with triggers relating to their trauma, and in general experience a sense of powerlessness (Ogawa, 2004, p. 21). Trauma has caused limitations in these childrens' cognitive and verbal abilities, and therefore they have to create ways to cope with the trauma that are appropriate for their developmental abilities. Hence the repetition and externalization of emotion onto objects during play.

Based on this research, Ogawa (2004) identifies play therapy as a particularly successful and safe way to heal traumatized youth, as it can be a predictable and consistent therapeutic experience for youth who feel the world is an untrustworthy place (pp. 24-27). Furthermore, Ogawa touches upon all of the identified healing elements of play in order to support the use of the intervention.

Ogawa (2004) points out that children who have experienced trauma need to obtain a sense of safety, control, and freedom of expression in order to progress in treatment (p. 24). The criteria that Ogawa so strongly encourages in the treatment of traumatized youth are essential in the successful outcome of healing based on the patterns in the existing literature. Due to the nature of trauma, children often feel powerless and insecure; therefore, allowing a child freedom

of expression through symbolic play is especially important in boosting confidence and fostering a sense of ownership over the narrative of their stories (Ogawa, 2004, pp. 24-25). The same is true for the development of a healthy relationship with a therapist over time. Without a secure attachment, children cannot feel safety or trust, and therefore cannot be free to express themselves and develop their personal identity.

Ryan, Lane, and Powers (2017) created a model for treating children with complex trauma and have cited that interventions providing a safe space, a chance to make relational connections, and offer predictable activities that are geared towards the appropriate level of competency for youth are the most effective in promoting healing (p. 111). An example of an intervention that includes all of these criteria is play, which Ryan et al. (2017) highlight in their journal article as being the primary way in which children are able to explore their worlds, make choices, solve problems, and eventually develop those higher mental processes controlled by the frontal lobes (p. 116).

In their research, Ryan et al. (2017) also explored the positive results of incorporating repetitive tasks into a healing intervention geared towards traumatized youth (p. 115). When a child repeats a behavior, they override old neurological pathways in the brain that may have been promoting dysregulation (Ryan et al., 2017, p. 115). Relearning takes time, but with the support of a safe environment and a healthy relationship the child is able to practice self-regulatory activities so that they are more accessible in the moments leading up to a deregulatory state (Ryan, et al., 2017, p. 115).

Art materials are often used for self-regulation and are offered as part of the play therapy intervention. The materials promote choice, since the variety allows children to explore their needs through the many ways the materials can be manipulated. Art materials also allow for the abundant expression of emotion. For example, paints allow for fluid movement and elicit a sense of freedom while capturing emotion, but require a sense of confidence as the material can be

hard to control. Conversely, for those that need a greater sense of control and require attention to detail, fine tipped markers may promote the type of expression necessary to endorse regulation.

Expressive materials can include, but are not limited to, markers, pencils, chalk, paint, musical instruments, and the body as instrument. These materials can help children develop self-regulation skills and can offer the repetitive healing practices that Ryan et al. (2017) stated are necessary for creating new neurological pathways in the brain. In further support of using expressive arts materials to promote brain development in traumatized youth, Talware (2006) created an art therapy protocol in order to access traumatic memory (p. 22).

Talware's (2006) research highlights the importance of stimulating the lower brain regions such as the brain stem, which taps into the non-verbal, imaginative portion of the brain (p.26). The protocol that Talware created involves the use of image making in order to access memories, which was also identified in Terr's (1991) research as a typical trauma response in children (pp. 10-20).

Talware (2006) found that the process of image making promoted focus, control, and sensory integration, which in turn created an environment where the client could incorporate their thoughts and emotions into their artwork (pp. 33-34). This type of exercise can lead to client vulnerability, especially for someone who has experienced trauma and is skeptical of the world. Therefore, it was not surprising when Talware stated that the protocol required a lot of emotional prep work between therapist and client (p. 33).

For a child who has experienced trauma, this type of emotional work and trust building can be created over time through the healing mechanism of play. A therapeutic relationship must be present, as well as a safe environment to explore. In the play space, art materials can be offered, but children may need time to orient themselves and feel safe in the space before deciding to use materials that elicit so much emotion.

The relationship built through play is that of safety and trust. It allows the child to make choices when they are ready and willing, and in turn, that choice making strengthens their sense of self. When processing trauma via the expressive arts with the support of the healing mechanism of play, a child can externalize their trauma, stand back from it and look at it as separate from themselves.

The Expressive Therapies Continuum (ETC)

The expressive therapies continuum (ETC) is used as an assessment tool in the expressive arts field. The various levels of the ETC signify different ways that an individual can intake and creatively processes information. Hinz (2009) describes these hierarchical levels of the ETC and their components. On the lowest level, the kinesthetic and sensory extremes are representative of an infantile way of experiencing the world, both non-verbally and through touch (Hinz, 2009, p. 6). The perceptual and affective components found on the second level of the ETC are where basic shapes start to take form (Hinz, 2009, p. 6). On this level, an individual may not associate words with their visual expression, but may find that there is an emotional component to their work (Hinz, 2009, p. 6).

Cognitive and symbolic components are found on the third level of the ETC. Visual art made on this level is described by Hinz (2009) as being complex in terms of planning and executing (p. 6). On this level, an individual has insight into their work, can express it verbally and can connect with it through metaphor. The top level of the ETC is known as the creative level but is meant to represent the creative expression that can happen at any point throughout the continuum. The ETC is fluid and does not confine individuals to a particular area of the spectrum. Through this freedom, individuals gain the confidence to express themselves creatively on whatever level of functioning and processing feels natural in the moment.

The ETC and Brain Functionality

By observing an individual's creative process, including their choice of materials, the ETC can be used to measure creative functioning and therefore can help determine which materials or modalities work best with individual clients (Hinz, 2009, pp. 4-5). Utilizing this tool can help clinicians assess the experiences that arise during play so that they are able to support traumatized children in building their confidence and competencies at the lowest level of the spectrum, the kinesthetic/sensory level, before progressing further with treatment. Additionally, the way individuals express themselves creatively during play can highlight areas of strength and weakness, which can also inform where the child should begin their work on the ETC.

Lusebrink (2010) explored the parallels between the hierarchical yet integrated components and levels of the ETC with the way the human brain is structured to process information (pp. 168-170). Lusebrink concluded that information about the way an individual functions and learns can be gleaned from their creative process, and therefore can help assist in planning therapeutic interventions (2010, p. 168). In other words, using the ETC is a great way to assess where a person is developmentally so that a therapist can plan their interventions appropriately. This provides accessibility, which is important in any person's treatment.

For example, if a child is diagnosed with sensory processing disorder and struggles with sensory integration, treatment would start with the kinesthetic side of the ETC spectrum and would be accomplished by offering preference of materials and allowing for freedom in movement before offering opportunities for sensory processing. Engaging in creative expression allows children to feel empowered as they start treatment where they are most developmentally, and naturally comfortable. Then, with guidance and support, they can work their way through the ranges of the ETC, tapping into cognitive and symbolic interpretations when they are ready.

Play Therapy

The play therapy intervention is the most obvious application of play in the expressive arts that is considered in this exploration. It is a therapeutic approach to mental health counseling using play, a child's way of communicating. In play therapy the child is invited into a play space where they are encouraged to explore, problem solve, and express themselves freely. This allows the child to experience confidence and control, which might otherwise be absent in their lives. It is multimodal, as it gives children access to a variety of toys, props, and visual art materials to manipulate as they wish. Play therapy follows two main methods, child-centered play therapy (CCPT) and Adlerian play therapy (AdPT). Both of which have guiding principles that encompass the identified healing elements in the existing literature.

Terry Kottman (2011), the developer of AdPT, discusses the history of play therapy, which began with the development of the CCPT approach by Virginia Axline (p. xvii). CCPT is strictly a non-directive, child-led form of therapy developed by Virginia Axline in 1947 based on Carl Rogers' person-centered approach (Cochran & Cochran, 2017, p. 60). Kottman utilized the child-centered approach in the creation of AdPT and incorporated some of Axline's eight basic principles of CCPT in her work. All eight of Axline's original principles build the foundation for a safe and accepting environment for which children can discover themselves and explore freely.

Axline's principles for CCPT are as follows: (a) build rapport with the child, (b) accept the child, (c), allow the child to express themselves, (d) recognition of and reflection of child's feelings, (e) belief in the ability of children to solve their own problem, (f) child leads and therapist follows, (g) play therapy is gradual- Take the time the child needs, (h) set limits only when necessary (Kottman, 2011, p. 49). These principles allow the time, space, and individual attention that it takes to build a trusting relationship with another individual. A person who is accepting of children is also most likely willing to let children be themselves and explore the

area freely without too many limitations. This is important for trauma survivors, as they need consistent and reliable sources of support in their lives, especially when they become emotionally deregulated or disruptive and expect negative treatment in response.

While Axline's principles for CCPT are revered by many play therapists, they are not standard to the play therapy practice. Therefore, in an effort to standardize play therapy principles for everyone, as well as effectively track progress and the success of treatment, Ray, Purswell, Hass, and Aldrete (2017) established a checklist of their own. Ray et al. (2017) describe CCPT as an intervention where the therapists do not direct the child's play, but instead offer facilitative responses in order to strengthen the therapeutic relationship and further play (p. 207). In 2004, Dee C. Ray of the University of North Texas established a "Play Therapy Skills Checklist (PTSC)" to provide consistent standards for CCPT (Ray et al., 2017, p. 207). The PTSC is also a way for researchers and therapists to analyze the credibility of the long-standing history of positive results related to the use of CCPT (Ray et al., 2017, p. 213).

The PTSC compiles a list of therapist responses that are integral to CCPT treatment including tracking behavior, reflecting content, reflecting feelings and limit setting (Ray et al., 2017, p. 217). In the Ray et al. (2017) study, raters watched footage of sessions and checked off therapeutic responses as they occurred. Though this activity was effective in tracking the core values of the treatment developed by Virginia Axline, it did not account for quality of treatment. The therapist's responses were not vital to the wellness of their client if they did not also enable the development of the identified healing elements required for the successful application of play.

The development of a healthy attachment is one of the healing elements that was found to be present in the literature where client symptoms decreased after therapy. The main healing component in CCPT is the relationship between the therapist and the client. The child must feel

welcomed, nurtured, safe, and unrestricted in order to progress in treatment. The development of a relationship is not tangible enough to be checked off on a list, it happens over time, cultivated through body language, congruency, and attunement. Therefore, it seems successful criteria for CCPT is held in the compassionate and thoughtful application of the healing element and the consequences of those actions over time, and cannot be assessed via checklist.

Successful Outcomes

In a study conducted by Cochran and Cochran (2017), they analyzed the effects of CCPT on elementary age students who displayed significant disruptive behaviors in the classroom (p. 59). The child-centered approach inherently incorporates healing elements that the literature has shown to be successful in decreasing symptoms of trauma. This particular study identified the development of a safe therapeutic relationship, the freedom to process experiences through play, and the passage of time (Cochran & Cochran, 2017, p. 60).

The 65 elementary students participating in the Cochran and Cochran (2017) research study came from high-poverty schools (p. 62). Additionally, most participants showed aggression towards others, refused or failed to follow instructions, or had other disruptive behaviors unresolved by normally effective means (Cochran & Cochran, 2017, p. 60). Cochran and Cochran identified this population as being at risk of failure to learn and potential to engage in unlawful behaviors. Therefore, Cochran and Cochran conducted this study to assess CCPT as a possible treatment to help reduce or prevent maladaptive behaviors (p. 61).

The students receiving CCPT treatment received 30 minutes worth of CCPT twice per week, for an average of 19-22 sessions before data collection (pp. 62-63). This meant that in addition to receiving therapy in a designated, consistent, safe space they were able to spend quality time with a trusting adult for two full 30-minute sessions per week, spanning over two months (Cochran & Cochran, 2017, p. 63). As a result, teachers' rating forms showed a

significant reduction in children's attention issues and disruptive behaviors from pre-treatment to post-treatment in students receiving CCPT (Cochran & Cochran, 2017, pp. 64-66).

Similarly, the Meany-Walen, Bratton, and Kottman (2014) study observed the effectiveness of play therapy in reducing disruptive behaviors in at-risk elementary students but used the Adlerian method of play therapy (AdPT) as opposed to CCPT (p.47). This form of therapy was developed by Terry Kottman in 2003, and incorporates both directive and non-directive techniques (Meany-Walen et al., 2014, p.47). Although this technique of play therapy differs from CCPT because the therapist is able to direct the client's play, its success still depends on the healing mechanism that when implemented consistently, commonly result in healing over time.

In this study, teachers referred students for therapy based on a checklist of behaviors, which included rule breaking and aggression (Meany-Walen et al., 2014, p.48). The treatment group received a half hour of AdPT twice per week for 14-17 sessions, and the active control group participated in reading mentoring for the same frequency and amount of sessions (Meany-Walen, et al., 2014, p. 50). Independent raters administered pretests and evaluated the students to ensure qualification (Meany-Walen, et al., 2014, p. 49).

During sessions, students were encouraged to express themselves freely, with the goal of empowerment in mind (Meany-Walen, et al., 2014, p. 53). It is of the opinion of Meany-Walen, et al. (2014) that the newfound sense of freedom and control along with the support from their therapist allowed for significant reductions in disruptive behavior in the classroom (p. 53). The study did in fact conclude that students in the treatment group receiving AdPT showed a major decrease in disruptive behaviors from pre to post-test as compared to students in the active control group receiving reading mentoring (Meany-Walen et al., 2014, p. 50).

It can be argued that no matter what style of play therapy treatment was administered, as long as the students were consistently met with in a safe, trusting environment and enabled to

explore their sense of self in a creative, freeing manner, the results may have rendered the same. This pattern is consistent in the studies that contain the fundamental healing mechanism play, and continues in Anderson and Gedo's (2013) CCPT study focused on a 3-year-old boy who lacked consistent caregiving in his life, and therefore suffered from an insecure style of attachment (p. 250). In this particular study, the relationship between therapist and child was vital to helping the boy develop a sense of safety and control so that he could participate fully in the play therapy intervention and begin to make strides in the community (Anderson & Gedo, 2013, p. 253).

Although the boy showed ambivalence to his play therapist at first, she continued to offer safety through predictability of her actions. She held a consistent meeting time and space for therapy, as well as a commitment to encouraging the boy's freedom of expression during sessions (Anderson & Gedo, 2013, p. 253). After about 4 months, the boy started to change his demeanor towards the therapist; he became aggressive towards her rather than indifferent, which indicated the formation of an attachment (Anderson & Gedo, 2013, p. 258).

Once the relationship between the therapist and the boy started to develop, the therapist could then start strengthening and implementing additional healing elements. When the boy's actions indicated that he needed increased control in his world, she gave him that control, empowering him in the moment. When he pushed back on her limit setting, she held the limit consistently.

Due to the therapist's careful consideration of the boy's needs, over time the boy internalized many of the concepts that the therapist was modeling for him. He learned how to regulate his emotions and adopt a positive sense of self, which enabled him to develop a secure attachment with his therapist (Anderson & Gedo, 2013, p. 258). This ability to create new, secure attachments highlights the adaptability of children, and the power of the healing mechanism of play.

In Cockle and Allan's (1996) study, they explored the various stages of play therapy in order to track the progress of a sexually abused, 6-year-old girl's treatment (p. 35). They note that using play therapy as an intervention was a choice they made after reviewing the literature on the powerful use of symbol and metaphor in play (Cockle & Allan, 1996, p. 32). They also explored the influence of the therapeutic relationship in their study (Cockle & Allan, 1996, pp. 32-33).

Before conducting the study, Cockle and Allan (1996) proposed that the girl would use symbolic play and metaphor in order to bring her suffering to light and move forward with a reduction in her presenting symptoms of aggression and poor self-acceptance (p. 36). They permitted the girl's play to develop over a multitude of sessions, which allowed time for the therapeutic relationship to strengthen (Cockle & Allan, 1996, p. 41). This also allowed the girl to start where she was comfortable in relationship to the ETC and work her way through the hierarchy over time to achieve that higher level of creative processing on the cognitive/symbolic level.

Cockle and Allan (1996) tracked the girl's process by collecting data at each phase of treatment, which was modeled after well-known play therapists, Norton and Norton's (2008) stages of therapy (p. 41). According to Norton and Norton (2008), play therapy treatment follows five stages: (a) The exploratory stage, where the therapeutic relationship begins, the child's behaviors are at baseline, and the therapist accepts the child and meets them where they are at, (b) The testing for protection stage, which the child's behaviors are improving as they begin to form a trusting relationship with the therapist, (c) The dependency stage, where behaviors are below baseline, (d) The therapeutic growth stage, where the behaviors are improving and the child feels empowered, (e) The termination stage, where behaviors are above the original baseline, and the child can begin to separate from the therapist and therapy (pp. 5-10). These stages emphasize the importance of the passage of time when it comes to treatment.

The beginning stages allow the child to become comfortable. The child is accepted, and met with treatment that is developmentally appropriate. Over time, the relationship between client and therapist develops and the child feels more comfortable testing limits to see if they can truly trust their therapist. For traumatized youth, this trust takes time to build as they have experienced a violation(s), which in turn has made their world unsafe. Eventually, with a compassionate, consistent, and kind-hearted therapist, the child can start to develop trust and explore their surroundings more freely. Perhaps this allows them to go deeper into imaginative play, where they would not normally have felt comfortable, and thus able to begin their journey to healing through interaction, expression, and exploration.

Data for the Cockle and Allan (1996) study was generated and analyzed at each phase of treatment by recording descriptions of patterns that occurred during each stage of play, as well as how the usage of symbol and metaphor enhanced the girl's ability to work through her trauma (pp. 36-42). Cockle and Allan (1996) defined the resolution phase of treatment by when the girl was able to use symbol and metaphor to express herself as a strong person with positive internalized feelings (pp. 41-42). The girl had progressed from metaphorical play with "scary toys," to drawing pictures of herself as a protected octopus who, "feels good inside..." (Cockle & Allan, 1996, p. 42). This remarkable transformation documented by Cockle and Allan really speaks to the significance of play therapy in trauma work, as it showed how a safe and supported child can use play to bring issues to light, externalize them, process them, and move forward to healing (p. 43).

Healing Mechanism of Play found in Expressive Arts Modalities

In addition to play therapy, other interventions utilize the healing mechanism found in play. For example, Mohr's (2014) research is considered in this examination based on the links she found between childhood trauma and the importance of safety and expression in posttraumatic growth (pp. 155-156). Mohr (2014) conducted arts-based research on a group of

youth survivors who had been participating in a community arts group as part of their therapeutic recovery process (p. 155). In her work, Mohr found that the freedom of expression and the formation of healthy attachments were the most important aspects of the process of healing and provided the survivors with a “sense of relief” (pp. 155-156).

Mohr (2014) reviewed literature concerning the detrimental effects of trauma on the development of children, as well as the importance of expression and attachment in the process of posttraumatic healing (pp. 155-156). Mohr’s main goal was to conduct an arts-based research study guided by the question of whether or not the youth survivors were still benefiting 3 years later from a creative intervention they participated in to process their trauma (pp. 155-157). To do this, Mohr advertised her study and accepted 11 participants to take photographs and create mixed media collages based on her prompts over a period of 4 months (pp. 157-158).

Mohr (2014) used the participant’s art as a way to decipher themes and patterns, and to determine the importance of expression, play, attachment, and safety in the therapeutic process (pp. 160-161). Although Mohr (2014) originally stated that the artwork would be her lens into the lives of these youth, it appeared as though her findings came from the youth’s narratives as well (p. 155). She spent a lot of time with the youth to create an atmosphere of safety and trust and therefore her relationship with them allowed for their freedom of verbal and creative expression (pp. 158-161).

It is apparent from Mohr’s (2014) research that the time the youth survivors spent with each other sharing and developing relationships through their artwork and stories was instrumental in their healing. Through this same process of developing trust over time, Mohr was able to find out so much from the participants because they were willing to share. The themes that surfaced during this study are congruent with the identified healing mechanism of play, which also relies heavily on the trusting relationship between therapist and client.

Similarly to Mohr (2014), O'Neill and Moore (2016) also used art and verbal narrative as a data collection method. They analyzed the art of 358 children from 16 schools who were suffering from mental illness (O'Neill & Moore, 2016, p. 544). In their research, O'Neill and Moore (2016) highlighted the importance of using the arts for self-expression during development as a way to promote insight, individualism, communication, and self-confidence (pp. 545-546).

Using the arts, they were also able to endorse arts-based research and its benefits to this population (O'Neill & Moore, 2016, p. 546). After analyzing the artwork and narratives through a critiquing framework, O'Neill and Moore (2016) concluded that the children's experiences with mental health were formed by positive relationships, a sense of purpose, and connectedness to others (p. 554). These findings were further indication to O'Neill and Moore (2016) that student participation in the arts could support the care of student's "social and emotional well-being" (p. 561).

Authors of both studies found that growth was possible when children felt that they were in a safe relationship with another person. This idea is fundamental to play and further recognizes the need for children to be able to experience empowerment in a safe environment in order to express themselves freely and move toward healing.

Discussion

Patterns and commonalities in the research were observed when comparing and contrasting studies that incorporated play therapy and expressive therapies modalities. These commonalities were documented and recognized as healing elements of play when the presence of these elements were consistently observed to be utilized in successful therapeutic interventions with traumatized youth. Successful outcomes were determined by a decrease in the client's trauma symptoms as evidenced in the research. The presence of these commonalities

were also indicated as successful components of interventions that are best utilized with traumatized youth, based on their limited abilities due to delays in brain development and function.

After this exploration into the available literature, it has been determined that there are clear and identifiable patterns in the mechanism required for the successful application of play. When researchers observe a decrease in trauma symptoms in their participants, usually one or more of these identified elements within the mechanism are typically present, and could have potentially contributed to the decrease. These healing elements include the creation of a safe environment for the participant, the development of a healthy attachment, the allowance for freedom of choice, and the natural progression and passage of time over the course of treatment.

This literature review also reveals the importance of play as an essential aspect of childhood development, which traumatized youth often miss due to their hypervigilance and focus on safety rather than exploration. Play is a part of an imperative and natural process of exploring the world in order to strengthen cognition, emotional wellbeing, and physical health.

Now that these elements are identified as individual resources, they can be pinpointed and applied in therapeutic interventions when treating traumatized youth. They are already at work in many of the interventions offered to this population, however, it appears there is a need to identify and track these elements more closely in order for them to be researched further, and then implemented more often in the various environments where traumatized youth are being treated.

The implementation of these elements may start with the expressive therapies field, as the variety of materials and modalities that the expressive arts offer are a natural catalyst for play. These materials and modalities also offer varying levels of therapeutic benefit based on

where the client is in terms of their physical and mental abilities, and in terms of their comfort in the therapeutic relationship. The ETC can be used to measure creative functioning and intelligence with this population, and therefore can help determine which materials or modalities would work best with the individual client.

Furthermore, the way individuals express themselves creatively can highlight areas of strength and weakness, which can then be translated into the focus of therapeutic work. It is essential to accept traumatized youth into the therapeutic process at a place where they are comfortable, as immediate challenges can be daunting and dysregulating. Allowing them to expand their abilities freely, through a safe environment, and with the presence of a compassionate person to hold the space for them is optimal in this therapeutic process. This process parallels the ETC, as it is not linear and allows time for the individual to explore and grow by cycling through taking risks and then coming back to a safe place.

When assessing how expressive arts therapy further relates to the treatment of traumatized youth and the incorporation of the healing mechanism of play, choice is considered. When utilizing the expressive arts with clients, the opportunity to experience a range of modalities and materials is inherent to the treatment. This gives the client freedom to choose what is most comfortable for them based on their feelings of safety and attachment. The simple act of making choices based on a particular feeling or situation is freeing, and builds confidence as well as a sense-of-self in the individual. The capacity for the client to channel emotional responses through their art making, whether it be through splashing paint or banging on drums, is also an example of decision making based on how comfortable and safe the client feels.

Expressive arts therapy also lends itself well to providing a safe environment where a healthy attachment can develop over time. The externalization of emotions within the arts can

come in many different forms. Without being pushed, the client can choose to reveal as much or as little as they see fit. It allows a person to put their emotions on paper, in a song, or release them through movement. These modalities themselves can provide varying levels of safety for an individual.

Furthermore, utilizing these modalities and materials in the presence of another human can facilitate the beginnings of a therapeutic relationship through the act of witnessing. Instead of internalizing thoughts and fantasizing about how the individual would like to see the world, they can use the materials and modalities to play and transform their thoughts in a space where another person can witness them. This witnessing of play gives validation to thoughts and imagination, which in-turn creates a reality for these ideas.

Perhaps the mechanism of play that has been identified in the literature, the knowledge of the functions of the traumatized brain, and the use of the ETC can inform multimodal approaches to treating traumatized youth that have yet to be developed in the expressive arts. The fundamental mechanism of play includes the healing elements of a safe environment for the participant, the development of a healthy attachment, the allowance for freedom of choice, and the natural progression and passage of time over the course of treatment. These elements can be considered when implementing strategies in order to satisfy the therapeutic needs of traumatized youth.

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