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Expressive Arts Group Therapy with Children and Adolescents who have Experienced Trauma

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Expressive Arts Group Therapy with Children and Adolescents who have Experienced Trauma: A Literature Review

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Abstract

Experiencing traumatic situations is an inevitable part of life that many have struggled to understand and have difficulty working through its effects. This results in persons seeking therapy to better cope and heal from the impact of the traumatic experience. Children and adolescents who are considered vulnerable require more assistance to help them when they have encountered a traumatic experience. Research has highlighted that Expressive Arts Therapies is a favorable treatment option used with traumatized children and adolescents. Hence, this paper reflects research that has been conducted on group expressive arts therapy with children and adolescents who have experienced trauma. The paper focused on the application of art, dance, drama, and music therapy in a group setting with traumatized children and adolescents. The literature reviewed generated information which highlighted that the findings of the research which has been conducted on this population are difficult to generalize because of small sample sizes. Nonetheless, results indicated that participants in these therapeutic sessions experienced significant positive change towards healing from the effects of their trauma.

Group Expressive Arts Therapy with Children and Adolescents Who Have Experienced Trauma

Introduction

The imprint that a traumatic experience creates has a lasting impression on a person's mind, brain, and body. It has the capacity to determine how an individual can function on a daily basis. It is the individual's normal response to an abnormal event or situation. Trauma is "what happens to a person when there is either too much too soon, too much for too long, or not enough for too long (neglect)" (Duros & Crowley, 2014, p. 238). These experiences may occur in single or multiple episodes and occurrences. Specifically, childhood trauma which is a growing phenomenon, has prompted increased research on the topic. Different perspectives postulate that childhood trauma can have a lasting effect on the child's life, which suggests that it is essential for the child to comprehend and work towards resolving or coping with the effects of the trauma. It is for this reason that research on this topic is imperative. Children have their entire futures ahead of them, and will need to possess the ability to live their lives to the fullest potential.

Malchiodi (2015) describes childhood trauma as "an experience that creates a lasting, substantial, psychosocial, and somatic impact on a child" (p. 4). This explanation is broad and it encapsulates a myriad of traumatic events that vary in degree and intensity. Some of the most significant causes of trauma are "abuse, domestic violence, accidents, witness to homicide, divorce and separation, loss, disasters, and war" (Steele & Malchiodi, 2012, p. 1). After the occurrence of these events and situations, life as the child knew it no longer seems the same. They experience feelings of confusion, helplessness, and shame coupled with lack of trust for their environment and others (Malchiodi, 2015), as they learn to maneuver their way through life with this new way of being.

Significantly, the effects of the trauma may incapacitate a child's ability to verbally express themselves. However, according to Segal "art forms are used as bridges to open up communication so that the client can become more effectively involved in the therapeutic process" (as cited in Morrison Tonkins & Lambert, 1996, p. 18). Thus, utilizing creative interventions is seen as key when working with this population. Research has highlighted that the field of expressive therapies which utilizes creative approaches is feasible and can be useful when working with these children. Interventions utilizing dance/movement, art, music, drama, and play are considered effective in allowing children to work through the experiences of their trauma (Malchiodi, 2015). Expressive therapies are appealing to this age group and appropriate to elicit meaningful growth and healing because children have a vivid imagination which allows them to connect with the material and medium (e.g. dance/movement and play) that this method provides.

Thus, research on childhood trauma aspires to help therapists to understand and develop feasible ways of working with this group of children. Therefore, through a comprehensive literature review on trauma, childhood trauma, expressive arts therapies, and group expressive arts therapies with children and adolescents who have experienced trauma, the aim is to create a reservoir of information that can be used by therapists in the future with children and adolescents who have experienced trauma.

Literature Review

To garner an understanding of group expressive arts therapy with children and adolescents who have experienced trauma, a comprehensive review of the literature was conducted. The literature was sourced via several search engines namely, Lesley University research database, Google scholar, qualitative research journals, quantitative research journals,

the international journal of education and the arts, arts and health, and the journal of applied arts and health.

The articles used in this review were identified using key words such as "creative interventions for children and adolescents who have experienced trauma," "childhood trauma," "trauma," "group therapy," "expressive therapies and trauma," "art based therapy for children and adolescents who have experienced trauma," "group expressive arts with children and adolescents who have experienced trauma," "dance therapy with traumatized children and adolescents," "drama therapy and traumatized children and adolescents," "music therapy and traumatized children and adolescents," and "art therapy and traumatized children and adolescents."

These search terms narrowed the list to peer-reviewed articles and well-renowned books of interest to the topic. Then relevant categories were generated, which were used to convey the significant information extrapolated from the material, in an effort to augment one's understanding of the phenomenon. The headings include: defining trauma, defining childhood trauma, expressive arts therapies, and group expressive therapies with children and adolescents who have experienced trauma. Noteworthy, delving into each of these categories and teasing out all terms is beyond the scope of this paper. Thus, the information presented is to provide insight and bring awareness to an important area of work within the mental health profession.

Defining Trauma

Over the years, researchers have been attempting to define trauma. However, due to the complex nature of the phenomenon, it has been difficult to obtain consensus on one definition. Van der Kolk (2014) noted "trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body" (p. 21). Relatedly, Nicholson et al. (2010) posit "trauma is an experience that breaks into and breaks down the individual's

physical and psychological capacity to cope with the surrounding world" (p. 30). Similarly, Perry and Rothschild highlighted that "trauma is an autonomic, physiological, and neurological response to overwhelming events or experiences that creates a secondary psychological response" (as cited in Malchiodi, 2015, p. 4). Thus, drawing from these perspectives, it can be deduced that trauma is the impression that the traumatic experience creates on an individual. It can be seen as the individual's normal response to an undesirable abnormal event or situation.

Traumatic experiences may occur in single or multiple episodes or occurrences and vary in degree and intensity. They are perceived as threats to self or others physical well-being (Trippany, Kress & Wilcoxon, 2004). Notably, researchers have been able to postulate consistent examples of traumatic experiences. Traumatic events include but are not limited to, exposure to a war as a combatant or civilian, being a victim or witness of violence, threatened or actual physical abuse or assault (e.g. physical attack, robbery, mugging, childhood physical abuse), emotional abuse, threatened or actual sexual violence (e.g. forced sexual penetration (rape), alcohol/drug-facilitated sexual penetration, abusive sexual contact, noncontact sexual abuse, sexual trafficking), neglect or abandonment during childhood, being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war, natural or human-made disasters, severe motor vehicle accidents, domestic violence, witness to homicide, divorce and separation, loss, suffering a catastrophic injury or illness (Steele & Malchiodi, 2012; American Psychiatric Association, 2013; Duros & Crowley, 2014; Van der Kolk, 2014).

These experiences have the potential to impede the individual's capacity to cope and function on a daily basis. Each individual has his or her own trauma threshold and will respond subjectively to their unique experiences to traumatic events (Gantt & Tripp, 2016). Deterioration in significant areas of life such as home, school, or work can occur as a result of exposure to

traumatic events. Neurobiological studies have indicated that experiencing these events can lead to impairment of the integration between brain hemispheres and impact mood, personality, and emotions, cause dysregulation of the stress response systems, lower cortisol levels, and lower one's ability in deactivating survival responses (Isobel, 2016). This impairment manifests through what Levine explained as a threat response cycle, being stuck in either “on” or “off” positions (as cited in Duros & Crowley, 2014, p. 239). Levine explained that the “on” position has symptoms such as anxiety, panic, a heightened startle response, restlessness, hypervigilance, digestive problems, emotional flooding, chronic pain, and hostility/rage (as cited in Duros & Crowley, 2014, p. 239). While being stuck in the “off” position is exhibited through depression, flat affect, lethargy, disorientation, chronic fatigue, dissociation, low blood pressure, and poor digestion (Levine as cited in Duros & Crowley, 2014, p. 239). Based on this information it can be concluded that a traumatic event compromises an individual's health and development.

Defining Childhood Trauma

Like the overarching term trauma, childhood trauma has proven difficult to define, because of its multifaceted nature. Several researchers have posited what they believe to be a working definition of the paradigm. Malchiodi (2015) describes childhood trauma as "an experience that creates a lasting, substantial, psychosocial, and somatic impact on a child" (p. 4). Steele and Malchiodi (2012) postulated that "trauma in children and adolescents can be defined as simply feeling afraid, unprotected, unsafe, helpless, and in danger because of one or multiple events" (p. 200). Both definitions suggest the idea that children and adolescents experience an event or situation that triggers an undesirable feeling. There is agreement that trauma reactions are both psychological (mind) and physiological (body) experiences (Sitzer & Stockwell, 2015).

These experiences include but are not limited to threatened or actual sexual violence, neglect, witness to violence, medical illness, abandonment/separation, homelessness, or disaster, among other circumstances domestic violence, physical abuse or assault, accidents, witness to homicide, divorce and separation, loss, disasters, war, maltreatment, witnessing parental intimate partner violence, or emotionally charged situations (Steele & Malchiodi, 2012; Enlow, Blood, & Egeland, 2013; Schechtman and Mor, 2015, American Psychiatric Association, 2013). These examples are broad and encapsulate a myriad of traumatic events that vary in degree and intensity. After the occurrence of these events their understanding of their world as a safe place is shattered and this changes the way they think. They encounter difficulty in coherently organizing life experiences.

Traumatic events alter activity in all parts of the brain - the brainstem, midbrain, limbic system, and cortex - encoding memories in the full range of memory systems (Perry & Pollard, as cited in Kozlowska & Hanney 2001, p. 51). Such experiences can result in cognitive and sensory impairment, development of psychopathology in later life, the lack of empathy for others, may become suspicious of kindness and affection, develop unproductive and even dangerous behaviors, experience feelings of confusion, loneliness, helplessness, and shame, have low self-esteem, coupled with lack of trust for their environment and others (Malchiodi, 2015; Enlow, Blood, & Egeland, 2013; Kozlowska & Hanney 2001; Schechtman and Mor, 2015). Additionally, the children can also develop learning disabilities, poor conflict resolution strategies, intrusive and disturbing imagery, loneliness and sadness, disturbed sleep, nightmares, separation anxiety, and fear of death, loss of desire for amusement, excessive daydreaming, inattention, and be easily perturbed (Sitzer & Stockwell, 2015).

In addition, children and adolescents who are exposed to trauma are also more likely to be at risk of "depression, self-harm, overeating, addictions, inappropriate sexual behavior and teenage pregnancy, anxiety disorders, dissociative sexual behavior, crime and truancy, and of course, posttraumatic stress disorder" (Steele & Malchiodi, 2012, p. 200). Also, the child's or adolescent's schooling is affected by the effects of the trauma. It is evident that childhood trauma is problematic and can have a lasting effect on the child's life. The responsibility therefore is placed on caregivers and therapists to help the child or adolescent through the difficult period in their life.

According to Julie (2013) children and adolescents' emotional and behavioral reactions to trauma can be understood through the lens of "fight, flight, or freeze" survival responses. As children and adolescents grapple with internalizing the effects of their trauma they must learn how to maneuver this new way of being which can prove extremely difficult because when trauma reactions are present, they manifest themselves through the body's response to protect itself from the next bad thing that is about to happen. Traumatized children tend to communicate what has happened to them, not in words, but by responding to the world as a dangerous place even when they are safe (Sitzer & Stockwell, 2015). As the children's emotional and behavioral reactions become obvious, they are sometimes viewed as "bad" and "uncontrollable."

Due to the nature of trauma and the impact it has on children and adolescents, less emphasis is being placed on strict verbal modes of intervention and more on alternative mixed methods as treatment options. Neuroscience confirms that trauma is experienced in the mid and lower brain, also referred to as the emotional brain and survival brain and stored in the non-verbal hemisphere of the brain (Gantt & Tripp, 2016). Thus, reason and logic, the ability to make sense of what has happened, are often simply not accessible through the usual talk therapy or

cognitive interventions (van der Kolk, 2014). Moreover, asking children to verbalize their traumatic experiences can cause anxiousness, hyperactivity, inattentiveness, and impulsivity with an overall hyperarousal response (Kozlowska & Hanney, 2001). This is understandable because there is a level of difficulty that comes with speaking about situations that one hopes to forget. Therefore, working with this population requires an approach that has less emphasis on talking and tapping into the individual's cognition. As Gantt and Tripp (2016) pointedly stated "neuroscience studies provide compelling evidence supporting the utility of a "bottom-up" (non-verbal) rather than "top-down" (cognitive) approach for working with traumatic memory" (p. 67), which is the approach used by expressive arts therapists. Thus, therapists who have been working with this population are advocating for the use of expressive arts therapies as a means of intervention for meeting children and adolescents at their level and working with them from that point to help them cope and overcome the effects of their trauma.

Expressive Arts Therapies

The terms 'expressive arts therapy' and 'creative arts therapy' are used interchangeably to represent a growing profession. These are professions that have been around for many years, but have recently been obtaining the due recognition they deserve. Van Westrhenen and Fritz (2014) offer an overview of the terms which states "creative arts therapy is an umbrella term used to describe the professions of art therapy, music therapy, dance therapy, drama therapy, poetry therapy, and psychodrama" (p. 527). However, to create a thorough perspective and to further augment one's understanding of the profession, two definitions have been chosen to provide insight. Levine and Levine (1999) stated "expressive arts therapy uses various arts - movement, drawing, painting, sculpting, music, writing, sound, and improvisation - in a supportive setting to experience and express feelings" (p. 115). Likewise, Malchiodi (2015) posited that "expressive

therapies are defined as the art, music, drama, dance/movement, poetry/creative writing, bibliotherapy, play, and or sandplay, within the context of psychotherapy, counseling, rehabilitation, or medicine" (p. 12). These two definitions are similar in that they recognize the use of the different modalities within a therapeutic environment to promote growth and healing. The use of the arts for therapeutic purposes is beneficial because the arts speak and if the client listens it can help to provide self-analysis and self-insight (Levine & Levine, 1999).

For years the expressive arts have been the treatment of choice for therapists working with children because of its abilities to captivate the child, tap into their creative worlds, and has elements of fun. Specifically, there has been an increase in the research being conducted to support the use expressive therapies with children and adolescents who have experienced trauma. According to van der Kolk and Perry (as cited in Van Westrhenen & Fritz, 2014), there is growing neurological evidence in favor of using creative arts therapies, specifically for trauma, which is based on the visual and sensational nature of traumatic memories stored in the brain without translation into the narrative (p. 527). Expressive arts therapies do not rely on thinking and verbalization but can access contained memory without being intrusive and triggering. They are accepted ways of accessing nonverbal material. Through the creative arts, an opportunity is presented for the child or adolescent to engage with traumatic memories in a safe and conducive environment.

Malchiodi emphasized that the main benefit of expressive approaches is their sensory quality- kinesthetic, auditory, and visual- and their relationship to neurological functioning, and neurological development (as cited in Steele and Malchiodi, 2012). This suggests that expressive arts therapies can create positive change, growth, and healing on various levels, which highlights the powerful nature of the arts when used in therapy. It possesses the ability to transform

negative feelings into positive pathways. During therapy "a child can express painful emotions through creative arts and still maintain a protective distance from his or her own personal experience" (Edgar-Bailey & Kress, 2010, p.162).

In working with traumatized children and adolescents, expressive arts therapists employ either an individual or a group therapy format. However, group therapy is highly recommended when working with this population. Ford, Fallot, and Harris noted group therapy has a long history in the treatment of children, particularly in trauma treatment because groups help to counter the isolation resulting from traumatic exposure (as cited in Haen, 2015, p. 237). Group expressive arts therapy has been seen as the treatment of choice because it lends itself to greater healing for traumatized children, it provides catharsis, group cohesion, interpersonal learning amongst others (Shechtman & Mor, 2015). Soo and Schamess suggest that the therapeutic factors of cohesion and group support create symbolic families that protect and hold even the most intense emotional reactions (as cited in Shechtman & Mor, 2015).

Weille offered insight into group work with this population which highlighted that the sense of shame that often accompanies victimization and trauma can be addressed effectively through children's groups, in which children can share their stories with one another and learn that similar events have happened to others whom they like and respect (as cited in Carbonell & Parteleno-Barehmi, 1999, p. 288). Shechtman and Mor (2015) postulated:

> The group provides a place for sharing such intimate experiences because these are the required norms in an effective group; children comply with group norms, imitate one another, are provoked by other group members through identification and feedback, and learn improved ways of coping from one another. The universality of the experience helps to normalize children's reactions to the stressful event. The altruistic behavior often

> promoted in the group process helps children feel more competent and have more hope in the future. (p.225-226)

Thus, it can be concluded that the use of expressive arts therapy, more so group expressive therapies with children and adolescents who have experienced trauma can be greatly beneficial.

To establish a deeper understanding of the arts in therapy, the following section will focus on art therapy, dance/movement therapy, music therapy, and drama therapy. The following information is to augment one's understanding of the stated modalities. Highlighting the caveat, that delving into each modality and teasing out all terms is beyond the scope of this paper and will require a separate article. Thus, the information presented is to provide insight into the basic facets of the modalities.

Art Therapy

The American Art Therapy Association (2017) states:

> Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change. (para. 2-3)

The therapeutic process engages in the use of different materials such as paints, watercolors, paper, canvas, paint brushes, pastels, colored pencils, crayons, markers, clay, felt pens, collage material, glitter, stickers, pipe cleaners, and fabric to name a few. The art therapist carefully

listens, watches, and processes the unfolding of the art-making, while creating a safe holding space that is supportive and favorable to contain difficult feelings which may be aroused in the client or clients.

The art therapy profession caters to multiple populations and has shown to be effective. Notably, with traumatized individuals, art therapy has been providing the avenue to help with restoring some normalcy to their lives (Pifalo, 2002). Regarding traumatized children and adolescents, the creation of the art during therapy offers a level of psychological distance which is needed by the population. Pifalo (2002) explained:

> The person who creates the artwork has the option of "owning it" or not. It can be "just a picture" if it needs to be, or it can serve as a useful tool for further exploration. It is what its creator says it is. What is most important is how the individual chooses to interpret, with form, action, and words, whatever she or he perceives the "message" to be. In this way, the art protects the vulnerability of the artist, and it also controls the level of exposure with which she or he can cope at that particular time. (p. 13)

To an extent, the art acts as a wall between the child or adolescent and their world of reality. It can be lowered or raised by them based on how threatening the content is perceived to be. Art therapy provides an opportunity for the traumatized to bypass some of the difficulties inherent in traditional verbal psychodynamic psychotherapy because the emphasis is on the art-making process, which allows the therapy to attend to the images and metaphors produced during sessions (Gantt & Tripp, 2016). "It is important to note that art therapy is not only useful for obtaining information, but it also plays a critical role in processing that information" (Pifalo, 2002, p. 13).

Dance/movement Therapy (DMT)

The American Dance Therapy Association (ADTA) (2016) defines "DMT as the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual" (para. 1). Similarly, Levy (2005) noted that DMT is defined as the psychotherapeutic use of movement to support the integration of the mind, body, and spirit in the healing process. Therefore, it can be inferred that DMT utilizes movement in therapy to achieve positive growth and healing of the individual. The American Dance Therapy Association website provides an overview of the profession which includes:

> DMT is focused on movement behavior as it emerges in the therapeutic relationship. It is practiced in mental health, rehabilitation, medical, educational and forensic settings, and in nursing homes, day care centers, disease prevention, health promotion programs and in private practice. It is effective for individuals with developmental, medical, social, physical and psychological impairments and used with people of all ages, races and ethnic backgrounds in individual, couples, family, and group therapy formats. (para. 1-5)

Dance/movement therapists strive to develop a conducive environment for therapy while engaging the client in a therapeutic process which unfolds naturally. The restorative process engages the mind, body, and heart through this deeply embodied therapeutic modality (Gray, 2015). Sessions are sometimes accompanied by music and may include props such as scarves, parachutes, stretch bands, body bands, and octa-bands to name a few, but the primary tool is the client's body. The profession emphasizes the nonverbal aspect of therapy and developing meanings from the creative process. Bodily movement which is seen as a primary language across cultures and the basic mode of communication (Gray, 2015; Pallaro, 1997), is at the center of the therapeutic process. "Dance/movement therapists engage at the locus of the human body

an extraordinary fount of meanings - physical, affective, cognitive, developmental, and even spiritual" (Harris, 2007, p. 137).

Levy (as cited in Gray, 2015) highlighted that dance/movement therapists believe that there is an intricate and undeniable connection between people's history, thoughts, feelings, and behaviors, and their bodies (p. 171). This belief is used to fuel the therapeutic interventions used in therapy, and it aligns with the treatment recommended for traumatic populations. Research has shown that treatment of trauma should include "integration and master of body and mind" (van der Kolk, 2005). Markedly, "DMT is particularly well-equipped for overcoming cultural differences while helping traumatized persons gain the skills they need both for grounding themselves "in their bodies," and for comprehending the relationship between bodily sensation and traumatic memory" (Harris, 2007, p. 137).

Particularly for children affected by trauma DMT is a powerful therapy (Gray, 2015). The non-verbal creative aspect of the therapy provides comfort to children who have difficulty verbalizing their feelings and experiences. In other words, dance/movement therapy, through an expressive approach, is an interesting model for psychological intervention, especially for psychologically traumatized children who lack the appropriate verbal skills (Monahon as cited in Tsung-Chin, Yaw-Sheng, Chung-Hsin, & Ming-Hung, 2013, p. 151). Ostrobuski expounded that children tell their stories by using their bodies; movement appears to be their preference; when an adult joins them in this preferred mode, a child feels not only seen but heard (as cited in Gray, 2015, p. 171). Within the therapeutic process, the child can "move through" the traumatic experience which promotes social engagement and restoration to well-being (Gray, 2015). This form of therapy has the potential to help the child develop creative ways of coping, managing, and healing from the effects of their trauma.

Music Therapy

A working definition of music therapy which is adhered to and used by music therapists is found on the American Music Therapy Association's (AMTA) website:

> Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation. (para.1-2)

Many music therapists hold to the notion which is posited by Bowman that emphasizes music is more than just a medium of entertainment; it is a powerful tool that can capture attention, elicit long forgotten memories, communicate feelings, create and intensify moods, and bring people together (as cited in Davis, 2010, p. 127). Over the years this concept has been seen and observed across cultures. According to Hilliard (2015) which states "music has been a source of healing for centuries, and humankind has utilized this powerful medium to develop a sense of connectedness and to express emotions and thoughts" (p. 75). Utilizing these fundamental premises about music, music therapists work with their clients by tapping into a familiar place. Music in and of itself is a part of many individuals' lives and is used as a medium to express what one is unable to, on their own. "Quite often, words fail to convey the depth and breadth of one's emotions, and the elements of music (melody, harmony, and rhythm) can serve us when verbal expression is too limiting" (Hilliard, 2015, p. 75).

Music therapy sessions include clients listening, playing, composing, improvising to music, or singing along to known songs. The mode of intervention in sessions is based on the

clients' psychological, physical, and cognitive abilities. While paying particular attention to traumatized individuals, music therapy provides a medium to express feelings and communicate complex inner experiences. Hilliard (2015) contended that music has been effectively helping traumatized children and adolescents. This was confirmed by Ardenne and Kiyendeye (2015) where it was posited that music therapy provided "safe grounding in the present, accessing traumatic memory with reduced emotional pain, enhancing mood and introducing a chronological link to memories before and after trauma" (p. 567). Notably, the therapeutic use of music with traumatized children and adolescents can have far yielding benefits.

Drama Therapy

"Drama, as far back as Greek times, has been seen as a way to generate and face strong emotions" (Curtis, 1999, p. 184). This statement suggests that when coupled with therapy it can have the same effect or even greater, which is a premise of the drama therapy profession. The North American Drama Therapy Association (NADTA) (2018) defines drama therapy as "the intentional use of drama and/or theater processes to achieve therapeutic goals" (para. 1). Haen (2015) explained that "drama therapy is a modality that integrates role play, stories, improvisation, and other techniques derived from theatrical performance with the theories of psychotherapy" (p. 236). Basically, "drama therapy harnesses the healing power of drama and combines it with sound psychological and sociological theories" (Curtis, 1999, p. 185). Drama therapy has given birth to various action methods for example, psychodrama and sociodrama. These action methods are rooted in the belief in the healing power of drama.

The drama therapy profession is based on make-believe and pretend combined with play, sessions and interventions are tailored to suit the clients. The NADTA (2018) explained that "processes and techniques may include improvisation, theater games, storytelling, and

enactment; many drama therapists make use of text, performance, or ritual to enrich the therapeutic and creative process" (para. 2). Due to its experiential and active nature, the clients are involved in the process at every phase. Drama therapy creates a safe environment for clients to have the opportunity to explore inner experiences, to achieve catharsis, problem solve, establish goals, develop relationships, convey feelings, and tell their stories (NADTA, 2018).

Curtis (1999) alleged that "drama is an interesting, entertaining teaching tool" (p. 184), which affects everyone equally despite their role, whether watching or performing; while Black recalls the words of the actress Colleen Dewhurst which emphasizes that theatre allows one to "get it all out" (as cited in Curtis, 1999, p. 184). When combined, these two notions provides the image of what transpires in a drama therapy session. The client gets it all out while engaging in an entertaining teaching tool. Distinctly, drama therapy processes can be used for externalization and containment for traumatic material (Haen, 2015). "Dramatic enactments engage clients in grounding to the present moment and to being aware of their presence in their own body" (Edgar-Bailey & Kress, 2010, p. 169-170). Additionally, "the drama does not entail denying one's experience or the suffering associated with it but restructures the person's understanding of the trauma and offers tools for coping with its effect" (Carbonell & Parteleno-Barehmi, 1999, p. 289).

Regarding the treatment of children, drama is seen as a natural way for them to express their feelings and concerns (Curtis, 1999). It utilizes the children's imagination in a therapeutic setting. During drama therapy a dramatic play space is created, the space functions as a means for the children to feel free and explore freely. "In the dramatic space, victims become conquerors, midgets become giants, and children who feel cornered can learn to see many pathways" (Haen, 2015, p. 251). Remarkably, "research advances in the fields of traumatology,

developmental psychopathology, neurobiology and attachment studies, provide strong support for drama therapy as a treatment method for traumatized children" (Haen, 2015, p. 237-238).

The use of drama therapy techniques offers traumatized children and adolescents a degree of psychological distance from the material, which lessens the effect of re-traumatizing the individual. Butler, Guterman, and Rudes explained that:

> Objects such as dolls, puppets, sandtray, and toys are used to assist children in externalizing their problems. The objects offer possibilities for exploring stories and their characters, while also assisting children in separating themselves from their problems so they may replace dominant stories with preferred narratives about their lives. (as cited in Desmond, Kindsvatter, Stahl, & Smith, 2015, p. 442)

Therefore, through their imagination, they are capable of communicating and exploring their trauma within a safe physical and cognitive space. A sense of security and control is developed because the child or adolescent has the power to maneuver how the session unfolds.

Group Expressive Therapies with Children and Adolescents who have Experienced Trauma

In previous years research has been conducted by different researchers on the application of group expressive arts with traumatized children and adolescents. Researchers have found interesting information through their work which supports this type of therapy as a treatment option. To fully grasp the nature, structure, and outcome of these groups, the following research offer insight into the use of art therapy, DMT, music therapy, and psychodrama with traumatized children in a group therapy context.

Pifalo (2002) conducted a research study entitled Pulling Out the Thorns, which utilized group art therapy for a period of 10 weeks with 13 sexually abused females ages eight to 17

years old. Due to the varying age of the females, they were separated into three groups, "little girls' group, ages eight-10, latency age girls' group, ages 11-13, and adolescent girls' group, ages 14-17" (Pifalo, 2002, p. 15). Each group was run for one hour and a half, once a week. It was hypothesized that the "10-week cycle of art therapy sessions consisting of directives that target anxiety, depression, posttraumatic stress, anger, dissociation, sexual preoccupation, and distress, the specific issues relevant to sexually abused children and adolescents would reduce the symptomatology associated with such trauma" (Pifalo, 2002). Pifalo (2002) believed that "not only does art therapy provide victims with the necessary tools, it also allows them to become immersed in the creative process-a powerful antidote for the devastating and poisonous effects of this particular type of trauma" (p. 12).

At the beginning of each session the participants were given prompts which they internalized, and through their drawings, three-dimensional clay work, construction of puppets and verbal processing they depicted the meanings they derived from the prompts. "The members of the groups in this study were able to occupy themselves with the art materials, allowing them to feel less exposed and scrutinized than they might have felt in a strictly verbal group" (Pifalo, 2002, p. 13). They appeared to be relieved by the act of doing rather than sitting and talking. Participants worked on personal art as well as group combined art. "The images that participants created individually and as a group gave a voice to the powerful emotions that they had previously suppressed" (Pifalo, 2002, p. 21). The art therapy group created a safe place for the participants which allowed them to express themselves without fear unreservedly.

At the end of the group therapy program, the results highlighted a considerable decrease in anxiety, posttraumatic stress, and dissociative symptomology in the participants (Pifalo, 2002). But, significantly, Pifalo (2002) found that:

> The overall findings suggest that following their participation in the 10-week cycle of art therapy groups, the clients may have experienced a reduced sense of threat of harm, a diminished sense of traumatization, and a greater capacity for coping with such threats through more self-protective behaviors. (p. 21)

Likewise, in a short-term dance therapy program conducted by Tsung-Chin et al. (2013) with children who were at high risk for post-traumatic stress disorder (PTSD) following an earthquake on September 21st, 1999 in Taiwan, the researchers found that "the intensive program may have enhanced their self-awareness through dance/movement dynamics" (p. 156). The two-day program was entitled "Happy Growth" and consisted of 15 elementary school children, ages seven to 11 years old. Over the course of the two days, the nine boys and six girls participated in the program for six hours a day with a total of 12 hours. The sessions followed a basic dance/movement therapy structure with a warm-up, middle, and an end. The researchers "invited the children to explore themselves through games/playing and creative body/movement activities, and the children were encouraged to freely express their authentic feelings" (Tsung-Chin et al., 2013, p. 152). Both days props such as toys, stretch fabric, tambourines, ribbons, cloth rooms, cushions, mops, buckets, and other things, they had picked up around the room were utilized during the session.

Over the course of the two days, the warm-up maintained a similar structure while the middle and end were different. During the warm-up "the group formed a circle, and then each participant called out his or her name and simultaneously made a movement, while the others mirrored the movement" (Tsung-Chin et al., 2013, p. 152). The warm-up served as a means of introduction and helped participants to become familiar with each other. Tsung-Chin et al. (2013) pointed out that the warm-up was not just movement, but the children's movements

resonated a level of empathy. The middle and the end included playing with stretch fabric, an embodiment of the expression of imagination and props, making coffins and toms, and review and prepare for termination. At the end "the children were asked to organize their experiences over the two days into a simple skit to present" (Tsung-Chin et al., 2013, p. 154). Following the skits, each child walked along a path and was cheered on by the other participants.

Tsung-Chin et al. (2013) noted that the program did not go as they had planned but unfolded naturally. "The conditions allowed the therapeutic embryo to gradually evolve through guided activities, props, situations, and language in accordance with the physical dynamics of the moment" (Tsung-Chin et al., 2013, p. 156). The researchers found that the participants' level of self-awareness was enhanced but further follow up would be needed to confirm their findings. Nonetheless, it is believed that the outcome was in accord with the view that implicit memory is often expressed symbolically to make traumatic experiences safer while overcoming the underlying loss and fear of death (Rothschild as cited in Tsung-Chin et al., 2013, p. 156). The body was used as the vehicle to begin the healing process. Tsung-Chin et al. (2013) asserted "the dance/movement therapy approach does not directly teach children the relationship between knowledge and experience but instead allows their bodies to direct them toward re-experiencing the past and creating something in that context" (p. 151). The group appeared to be suited for the population and allowed them to move towards a greater understanding of themselves and their situation. The DMT group used existing conditions to create change. Tsung-Chin et al. (2013) explained that:

> It addresses what exists in the circumstances and makes connections, rather than dealing with what does not exist or what is deviant, until the possibilities of the circumstance are realized. This is a process of developing a new self, with greater importance placed on

> performance than on cognizance. The performing manifests in the result that even if the person is unaware of the trauma, that person may still maneuver it and engage it in possible dialog, using it to achieve the transformation of self. (p. 156)

In the article by Felsenstein (2012) the application of music therapy is presented with preschoolers who had been traumatized by the loss of their homes due to forceful removal. "The objective of working through the trauma was to minimize the ossification of bitter memories and emotions connected to the evacuation and to enable a more balanced healthy outlook encompassing positive memories of their former homes and childhood" (Felsenstein, 2012, p. 81). The program included children ages three to five years old and began three months after the evacuation. It was held on a weekly basis for five months. The children were separated into three groups of seven to eight participants based on their ages. "In order to create structure, each session opened with the same short song that greeted each child individually and elicited a short response and the sessions all concluded with a closing song that summarized the session and related to the next up-coming meeting thereby creating a feeling of continuity" (Felsenstein, 2012, p. 75). The middle of the sessions was creative, with multisensory activities. Felsenstein (2012) explained that:

> This included the use of live music (improvisation, orchestration, and singing) and the use of recorded music (listening, karaoke, song-writing for existing melodies). In addition, music was used to accompany other creative activities such as children's stories, arts and crafts, movement and dance and role-playing. An eclectic mix of musical genres was used throughout the intervention enabling all children to feel connected to the music presented. This included children's songs, Israeli songs, popular international musicals, classical music, ethnic and religious tunes and self-composed songs. (p. 75)

The process was enlightening and allowed participants to begin the process of conceptualizing the ordeal they had encountered. Felsentein (2012) noted that "over time, the children began to recall some of the memories in front of the group; the group setting gave them a sense of security allowing them to release their inner emotions and bitter memories" (p. 81). The group acted as a safe haven for the children. "Making music with others provided an extra dimension to the therapeutic process allowing participants to both hear and be heard and children who had difficulty participating in an individual setting became more responsive when the setting was peer-based" (Felsenstein, 2012, p. 82).

In another study, the researchers "evaluated the effectiveness of psychodrama groups with traumatized middle-school girls" (Carbonell & Parteleno-Barehmi, 1999, p. 285). The research was conducted on a group of 28 sixth-grade girls whose ages range from 11 to 13 years. "Because two of the girls left the school during the early stages of the intervention, the two treatment groups had a total of 12 members, six in each, and the control group had 14" (Carbonell & Parteleno-Barehmi, 1999, p. 291-292). The researchers' aim over the 20 sessions was to provide experiences of safety and competence, through a structure that included a three-phase format of a warm-up, action, and sharing (Carbonell & Parteleno-Barehmi, 1999). The phases were not completed in one session, but, rather, each phase lasted several weeks and served different purposes. "The psychodrama provides an organizing shared framework from which to discuss fears, horrors, possibilities, and alternatives; its structure gives shape and provides examples for the sharing of feelings" (Carbonell & Parteleno-Barehmi, 1999, p. 295).

The warm-up phase served as the foundation for the sessions. It was designed to build cohesion and trust while giving the children the opportunity to the gain insight into action methods associated with psychodrama. "The emphasis at this stage is on fun and goodness,

building the base from which it may be safe to venture into the "dark places" that the enactment of traumatic experiences is likely to lead the children" (Carbonell & Parteleno-Barehmi, 1999, p. 293). As the weeks progressed, the group moved to the action phase, which built on what was established in the warm-up stage. "During this stage the child works on reenactment of the traumatizing event and is helped to show as well as tell what has happened to him or her" (Carbonell & Parteleno-Barehmi, 1999). At this phase the children's enactment provided safety but tapped into emotional areas, "the drama is, after all, "only a play" and can remain so to the degree that the protagonist (child) needs it to be distant (Carbonell & Parteleno-Barehmi, 1999, p. 293). It was noteworthy that, "although the method may appear threatening, the child is given control over the unfolding drama, an experience that differs vastly in nature from that of the traumatic event it- self" (Carbonell & Parteleno-Barehmi, 1999, p. 293). At the sharing phase, discussions were held about their experiences in the psychodrama group, with an emphasis on feelings rather than on the analysis of the experience (Carbonell & Parteleno-Barehmi, 1999). "The ending, wrap-up sharing exercise reflects the goals of containment, connection to others (decreased isolation and shame), choice, and self-efficacy (the opposites of helplessness), which represent the core of healing from trauma" (Carbonell & Parteleno-Barehmi, 1999, p. 294- 295).

At the end of the 20 sessions, researchers recorded positive changes in the control group of participants. Carbonell and Parteleno-Barehmi (1999) highlighted that "despite the relatively small number of participants, significant findings emerged in several areas" (p. 296). In the Youth Self Report (YSR) subscales of "Withdrawn" and "Anxious/Depressed" there was recognizable changes in the pre-test and post-test scores for both the control and treatment group. "For both subscales, the treatment group's problem scores decreased, whereas those of the control group increased slightly, indicating that in the areas of withdrawn behavior and

anxiety/depression the treatment group experienced more positive changes" (Carbonell & Parteleno-Barehmi, 1999, p. 296). These two symptoms areas are seen as important in the recovery process of a traumatized individual. Carbonell & Parteleno-Barehmi (1999) posited that:

> The action-oriented nature of the intervention made it possible for the girls to experience competence, self-efficacy, and agency in relation to the traumatic events they had undergone. It also appears that the group format, with each member having an opportunity to direct others' behavior to address her needs, helped build trust and positive attachment among the participants. (p. 302)

The group allowed participants to see that there was more to their identity than that of a victim and more to their life than trauma. Overall, "the findings of this study indicate that psychodrama groups are a potentially effective intervention in the treatment of trauma" (Carbonell & Parteleno-Barehmi, 1999, p. 301).

Discussion

The literature reviewed has shown that trauma, is a subjective experience and affects each individual differently. Childhood trauma, specifically occurs during the child or adolescent developing years. It has the potential of causing physical, psychological, emotional, social, and even spiritual problems in an individual's life. Trauma is an unfortunate reality, but it can be overcome through supportive and healthy counseling interventions (Davis, 2010). Children and adolescents can prove to be a challenging population to work with but harnessing their natural creativity and expressive potential, which creative arts therapies offer, can direct and sustain positive growth and healing (Pifalo, 2002). The research suggests that utilizing expressive therapies with children and adolescents who have been traumatized can be useful. Expressive

arts therapy helps children and adolescents to express their traumatic experiences in a safe way and facilitates the development of competence and hope, which is needed for them to live their lives to its fullest capacity despite their traumatic history.

Mainly, group expressive therapies with the population appear to be the most suggested mode of intervention for the population. As Carbonell and Parteleno-Barehmi (1999) explained: "the group experience in itself models an alternative to the overwhelming loss of control that is inherent in traumatic experience" (p. 295). Utilizing group expressive art therapy allows the therapist to treat children and adolescents who have experienced trauma in a unique and uplifting way; it is used in such a way to desensitize and unveil traumatic memories in a safe and therapeutic environment. This is done by re-exposing them to tolerable aliquots of their experiences which is expressed via dance/movement, art, music, drama, and play, thus encouraging a favorable mindset concerning their expectations and perceptions of the future.

Conversely, there is a trend of small sample sizes appearing in expressive arts therapy research. This factor can be seen as one of the causes that have been contributing to the lack of validity of the profession because generalization is difficult to obtain. Also, research on the application of group expressive arts therapy with children and adolescents who have been traumatized appears to be limited in comparison to other fields in the helping profession, despite the enormous benefits it can offer the population. Agreeable, creative techniques should be used both for research purposes, with the intent of better understanding children's experience directly from children, and as a therapeutic intervention (Stutey et al., 2016). More documented research with larger and diverse sample sizes is recommended in an effort to validate, strengthen, and obtain the due recognition the field deserves.

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