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An Application of The Expressive Therapies Continuum with Trauma-Related Symptoms in Women

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An Application of the Expressive Therapies Continuum with Trauma-Related Symptoms in

Women

Capstone Thesis

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Abstract

The intention for this capstone thesis paper is to examine the benefits and usefulness of the Expressive Therapies Continuum (ETC) with trauma survivors. Research suggests trauma is stored in the mind and body, thus supporting the need for mind-body integration within trauma-informed mental health care. Direct correlations between psychological trauma and maladaptive emotional, cognitive, and behavioral functioning have been proven. Review of the literature established the ETC as useful in creating new pathways between physical, emotional, and cognitive components to traumatic memory. The method used was a phenomenological single-study qualitative approach, based in a humanistic person-centered theory, using inductive data analysis. Data was collected through discussion questions, observation notes, and an art response. Based on the author's observations, the ETC was impactful in reducing anxiety and increasing tolerance of emotions and thoughts. The self-directed, open-ended atmosphere gave the participant a sense of autonomy. Themes of self-empowerment, safety, and balance surfaced in the discussion. Results indicate the method may be useful if applied over a longer term. The findings within this research suggest the need for further development and research in trauma-informed care.

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Introduction

Trauma can be defined as any major threat or stressor to life. Per Das-Brailsford (2007) “The English word ‘trauma’ is derived from the Greek word ‘wound.’ This word connotes a physical injury and parallels the psychic wounding that can potentially follow a traumatic episode” (p. 2). In this study, psychological trauma will be investigated. Research has proven lasting effects on brain structure and neurological functioning after exposure to psychological trauma. Some of America’s leading causes of death such as heart disease, cancer, and suicide are common outcomes to psychological trauma (Broderick & Blewit, 2015; Das-Brailsford, 2007; Harris, 2014; Van der Kolk, 2014).

Psychological trauma can be broken down into different categories such as complex, acute, chronic, developmental and transgenerational trauma. This study supports the idea that all types listed can have major long-lasting effects on the brain. Examining the neurological effects can give insight to emotional, cognitive, and behavioral baseline functioning. This paper considers the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* [DSM-V] (American Psychiatric Association [APA], 2013) diagnosis of posttraumatic stress disorder to be limited. The DSM-V (APA, 2013) considers conflict-related experiences such as physical abuse, sexual abuse, sexual assault, natural disasters, witnessing death, or severe threat to life to be the main causes of trauma. Alonzo (2000) found other experiences may lead to trauma-related symptoms such as, but not limited to; "illness experiences associated with cancer, HIV, or other stressful health events, like miscarriage or abortion, [and] affected partners of illness coping behavior" (p. 1475). Research suggests a history of emotional abuse and neglect can lead to

increased anxiety, depression and physical symptoms (Allbaugh et al., 2018). This paper advocates for greater recognition on the internalization and manifestation of the experience rather than the experience itself. Per Alonzo (2000) "At one end of the continuum, an individual may experience full-blown PTSD, while at the other end they may experience more benign, anxiety reactions" (p. 1476). To infer that one must endure conflict-related experiences to have PTSD symptoms is premature and marginalizing. This study supports the notion that the event's impact on cognitive, emotional and behavioral functioning supersedes the qualifications for a PTSD diagnosis.

Maeng and Milad (2017) state more attention towards "the symptoms rather than relying solely on DSM-V diagnoses may foster more insight and effective treatments for PTSD" (p. 2). The human experience of trauma shifts how one experiences the world. Trauma is heavily stored in the brain and body, creating lasting effects. Traditional psychodynamic talk therapy fails at trauma processing and recovery as it does not integrate the mind and body. Additionally, accessible trauma-informed care is likely short-term, focusing on stabilization and resourcing. Dass-Brailsford (2007) found trauma to be "seldom the presenting issue that brings clients to therapy. It is often not until much later in the therapeutic relationship that a therapist discovers an underlying history of trauma in a client's life" (p. 29). The researcher, currently completing an internship at a women's partial hospitalization program, identifies trauma and trauma-related symptoms to be one of the leading causes of admission to the program. Although many of the women do not fulfill the DSM-V (APA, 2013) conflict-related criterion for PTSD, their experiences lead to varying forms of PTSD symptoms.

This study is intended to advocate for long-term trauma-informed care. Furthermore, this study supports the usefulness of art therapy with trauma-related symptomology. Malchiodi

(2012) believes art therapy “can help individuals of all ages create meaning and achieve insight, find relief from overwhelming emotions or trauma, resolve conflicts and problems, enrich daily life, and achieve an increased sense of well-being” (p. 1). Art therapy is based on the belief that all human beings have the innate ability to express creatively. In art therapy, the emphasis is on the process rather than the product (Moon, 2008, p. 45). This study offers the opportunity to implement the Expressive Therapies Continuum [ETC], to create new pathways between physical, emotional, and cognitive components to traumatic memory.

Lusebrink et al. (2013) found “The concept of the ETC can be used in art therapy with different theoretical approaches, thus integrating the therapist’s or mental health specialist’s preferred approach with the demands of their respective workplace” (p. 84). The researcher utilizes the ETC as an informal assessment of clients’ baseline functioning through information processing. This framework suggests interaction with art materials can activate different parts of the brain. Information processing and image formation immediately lead to symbolism and meaning-making; externalizing the internal. The hierarchical levels begin with the most basic, simplest level and move up to a more complex, mature level of processing. Through material selection, manipulation, and formation, a client is then able to verbalize their experience(s) and make new connections. Through observation and Rogerian questioning (Malchiodi, 2012, p. 78), the assessor can compare baseline functioning and post-functioning based on the client’s decision-making thought process and problem-solving skills. A person-centered approach was used due to its inherent goal to “assist people in becoming more autonomous, spontaneous, and confident” (Malchiodi, 2012, p. 77). Through discussion of the process and product, the assessor can guide the client through the ETC eventually reaching the creative level.

The researcher completed this method at a women's partial hospitalization program. The participant assessed qualified for an official PTSD diagnosis, specifically transgenerational comorbid with developmental and complex trauma, in addition to emotional abuse. The researcher includes observation results and a visual art response. The results suggest the ETC is beneficial in assessing cognitive, emotional, and behavioral functioning. Themes of safety, balance, self-empowerment, and self-validation are emphasized. This study supports the need for further research on the development of long-term trauma-informed care.

Literature Review

Psychological Trauma

APA (2013) defines psychological trauma as “variable expressions of clinical distress following exposure to catastrophic or aversive events” (p. 265). Psychological trauma has been under much examination over the past 40 years regarding specific cohorts. Groups such as African Americans, Native Americans, Vietnam and World War II veterans, and Holocaust survivors have been the catalysts for PTSD. Physiological symptoms may develop such as intrusive involuntary recollection (re-experiencing the traumatic event, flashbacks, dreams); hyper-arousal (difficulty concentrating or sleeping, increased startle response); and avoidance (detachment, lack of interest, inability to recall trauma, dissociation) (APA, 2013, p. 271). Within the past 40 years, those exposed to psychological and physical trauma continues to grow in numbers. Domestic violence, sexual and physical assaults, abuse, and acute traumas have become normalized in today's American society. The number for those diagnosed with trauma-and/or stressor-related diagnoses are also on an incline. Per the American Psychiatric Association (2013), diagnoses include reactive attachment disorder, disinhibited social

engagement disorder, PTSD, acute stress disorder, adjustment disorder, and other specified or unspecified trauma-related disorders (p. 265). To further understand this incline, a full examination of how psychological trauma affects the brain and body must be executed.

The American Psychiatric Association (2013) state symptoms of psychological trauma include: “anxiety- or fear-based symptoms, anhedonic and dysphoric symptoms, externalizing angry and aggressive symptoms, and dissociative symptoms” (p. 265). The emotional response may be described as shock, numbness, anxiety, panic, fear, feelings of aloneness, hopelessness, helplessness, uncertainty, horror, irritability, depression, grief, and guilt. Physiological symptoms may be experienced including, but not limited to; increased blood pressure, heart rate, oxygen intake (hyperventilation), chest pains, muscle tensions, fatigue, excessive perspiration, dizziness, headaches, and stomachaches. Dass-Brailsford (2007) states “consistently high levels of cortisol may cause physical disabilities such as “gastric ulcers, bone thinning, and possible brain damage” (p. 33). Behavioral responses may include “withdrawal, no communication, erratic or repetitive movements (i.e., pacing, impulsivity, an exaggerated startle response, irritability, a sense of aimlessness, and an increase in antisocial and high-risk behaviors” (Dass-Brailsford, 2007, p. 32). Poor coping skills such as drug use, alcoholism, risky sexual behavior and more become convenient opportunities for emotional escape. Early death is a common result of psychological trauma (Dass-Brailsford, 2007; Harris, 2014; Van der Kolk, 2014).

The Brain

Per Dass-Brailsford (2007) when a “normal” brain experiences a stressful situation the brain’s fear response is activated; “the release of hormones in the brain and body triggers the flight or fight response in the human species” (p. 33). This release takes place in the limbic system, a complex network of nerves responsible for instinct and emotional mood. Within the

limbic system, the hypothalamus and the amygdala are immediately activated when a human is exposed to stress. The amygdala is responsible for emotional relevance, perception, categorization, and the relational mapping in between the organism and its surroundings (Van der Kolk, 2014, p. 42). The hypothalamus (sympathetic nervous system) secretes a chemical called norepinephrine, most commonly known as adrenaline. Dass-Brailsford (2007) found “The [adrenaline] secreted by the sympathetic nervous system is balanced by the secretion of cortisol by the hypothalamic-pituitary-adrenal (HPA) axis. Cortisol acts as a counterbalance to adrenaline and plays an important role in redistributing energy when a person is under stress” (p. 33). To a normal brain, high levels of cortisol here and there are good and essential to survival. Harris (2014) did a presentation on adverse childhood experiences and its’ effects on development. She creates an image to further explain this flight or fight response as being in the woods and running into a bear. The person may immediately run away from the bear (flight), or immediately try to defend themselves (fight). This response is due to the high levels of adrenaline and cortisol being secreted in the brain (Harris, 2014).

Brain imaging has shown that when exposed to stressful stimuli, different parts of the brain turn on, while others turn off. The right brain is activated while the left brain is deactivated. Van der Kolk (2014) stated “The right brain stores memories of sound, touch, smell, and the emotions they evoke” while “the left brain remembers facts, statistic, and the vocabulary of events” (p. 45). An area that is intensely effected is the Broca’s area, a main speech center in the brain. Van der Kolk (2014) argued “Without a functioning Broca’s area, you cannot put your thoughts and feelings into words” (p. 43). This justifies the common physical responses to a traumatic event including screaming, yelling, crying, or loss of words.

The prefrontal cortex is responsible for planning and anticipation, sense of time and context, inhibition of inappropriate actions, empathic understanding, and shutting off the fear response (Broderick & Blewitt, 2015; Van der Kolk, 2014). The prefrontal cortex capability to make connections, meaning, and mature decision making is less active when experiencing high levels of cortisol and adrenaline (Dass-Brailsford, 2007). This can lead to cognitive complications such as “impaired concentration, confusion, disorientation, difficulty making decisions, and shortened attention span. The [...] sense of vulnerability, more frequent blaming of self and others, lowered self-efficacy, loss of control, and heightened state of hypervigilance” (Dass-Brailsford, 2007, p. 31). Memory and sleep disturbances, in addition to perseveration and rumination also accompany the list of cognitive complications.

This fear response becomes harmful to a person when it is consistently and constantly going off. To continue with Harris’ (2014) example; what if there was a bear living in a person’s home? Every day, the person ruminates on how to get away from the bear, or how to avoid upsetting the bear. This constant response physically changes the chemical balance in the brain, making lasting effects on the body. Adrenaline now spikes quickly and disproportionately, taking longer to return to baseline, or a state of calm (Dass-Brailsford, 2007; Van der Kolk, 2014). An inescapable sense of irritability sets the stage for all emotions felt. According to Dass-Brailsford (2007) “Adrenaline (norepinephrine) keeps the body in a constant state of alertness, causing high blood pressure and constricted arteries” (p. 33). This once helpful trait now does more harm than help.

This study strongly supports the concept of neuroplasticity; the brain’s natural ability for rewiring and reprogramming. In other words, we can always re-train the brain (Dass-Brailsford, 2007; Van der Kolk, 2014). Client’s emotional, cognitive and behavioral functioning can be

assessed through access into the right brain and integration of the mind and body (Belkofer et al., 2014; Buk, 2009; Rankin & Taucher, 2003; Van de Kolk, 2014). Thus, new connections and associations can be made through the creative process.

Trauma informed Art Therapy: Mind/Body Integration

Today, trauma informed care is inadequate. Most accessible care is short-term and pathologizing. Trauma treatment offers cognitive behavioral therapy [CBT], eye movement desensitization and reprocessing [EMDR], pharmacotherapy, crisis intervention, group psychotherapy and community groups to name a few (Van der Kolk, 2014). One needs to be at a high acuity to receive these substantial services. Privileged communities whom can afford private outpatient providers can do long-term individualized trauma care. Societal oppression leaves marginalized groups such as women, people of color, and those physically disabled deprived of quality care. This disadvantage is in addition to cultural adversity towards the concept of mental health. Many cultures turn to religious or spiritual faith, natural supports such as family and friends, and even holistic approaches to ease mental disturbances. Although trauma affects much of the American population, as previously stated, most of the population is disenfranchised and unable to receive quality care.

The trauma treatment that is offered today integrates the mind, paying no attention to the body. Trauma is stored in the right brain and stored throughout the body (Van der Kolk, 2014; Herman 2015). Without attention to the relationship between the mind and body, there is no recovery. Lusebrink et al. (2013) argued “Art therapy is an action-oriented therapy that, when using art media, involves movement of the hand” (p. 170). Mental images form simultaneously with movements in the body and interaction with external stimuli. Thus, trauma informed art therapy leads the way to the future of trauma informed care. All individuals have the innate

ability to express themselves creatively. Malchiodi (2012) argued “art therapy is based on the idea that the creative process of art making facilitates reparation and recovery and is a form of nonverbal communication of thoughts and feelings” (p. 1). Art making and art processing provide another window into communication. It externalizes the internal, giving the creator something tangible to work with and work through.

Malchiodi (2012) found “Art making is an experience that can simultaneously engage many parts of the brain, including the cortical (symbolizing, decision making, and planning), the limbic system (affect and emotion), and the midbrain/brainstem (sensory and kinesthetic systems)” (p. 19). As the left brain, the Broca’s area, and the prefrontal cortex are offline, trauma can be explored through abstract visualizations of thoughts and feelings. In art expression, it is necessary for both hemispheres of the brain to be activated. New connections and new associations can be made, thus reprogramming the brain. For this exploration to happen, the clinician must facilitate and hold a safe space for the creator to express, as art making can cause self-criticism and judgment. Through the creative process and the attunement of the facilitator, the creator can display emotions and thought content without being conscious what induced this response.

Art therapy begins with physical sensory experiences based on the involvement of the sense in the here and now (Malchiodi, 2012). Identifying the trauma is the first step in trauma recovery. Trauma processing, the second and longest step, focuses on how the trauma symptoms effect the individual in the here and now. Understanding how the lasting effects of trauma influence one’s cognitive, emotional, and behavioral functioning can be insightful and empowering. The third step is recovering from trauma, which arguably takes a life-time (Dass-Brailsford, 2007; Van der Kolk 2014). The art therapy process and products become not only the

symbolic manifestation of traumatic memories but also a hermeneutic zone for more positive reinterpretations of memories and perceptions of the traumatic events (Hinz, 2009; Malchiodi, 2012). Trauma processing eases its way to the third and final step: trauma recovery.

The Expressive Therapies Continuum (ETC) Assessment

The ETC provided a new way to understand information processing and image formation through material selection, interaction with materials, stylistic/expressive elements of the product, and verbal communication, meaning making can be achieved. The ETC supports the Gestalt psychological principle of isomorphism: “the correlation between an external state and internal manifestation” (Hinz, 2009, p. 80). Isomorphism suggests disclosure of internal mental information can be expressed in an externally tangible aesthetic when engaging with art materials. This stimulates a consistent and constant conversation between the mind and body. Hinz (2009) argued that “therapists should carefully observe their [client] work and discourage client commentary and questions that will distract psychic energy from the creative process” (p. 193). The back and forth communication between the mind and body promotes muscle memory and enables new brain connections.

As shown in Figure 1 (Hinz, 2009), the ETC is made up of a hierarchical set of information processing and image formation levels from simple to complex. When engaging within each level, different parts of the brain are activated (Belkofer, 2008; Belkofer, 2014; Lusebrink, 2010). The simplest level of processing and formation, the kinesthetic/sensory level engages the brain stem and lower brain functioning. The intermediate level of processing and formation is called the perceptual/affective level, activating the limbic system. The final and most complex level is the cognitive/symbolic level, initiates all cortical functioning. Each level of procession and formation can be attained in a single art-making session, thus reaching the creative level.

Lusebrink (2010) states “[the creative level] can occur at any single level of the ETC or can represent the integration of functioning from all levels” (p. 173).

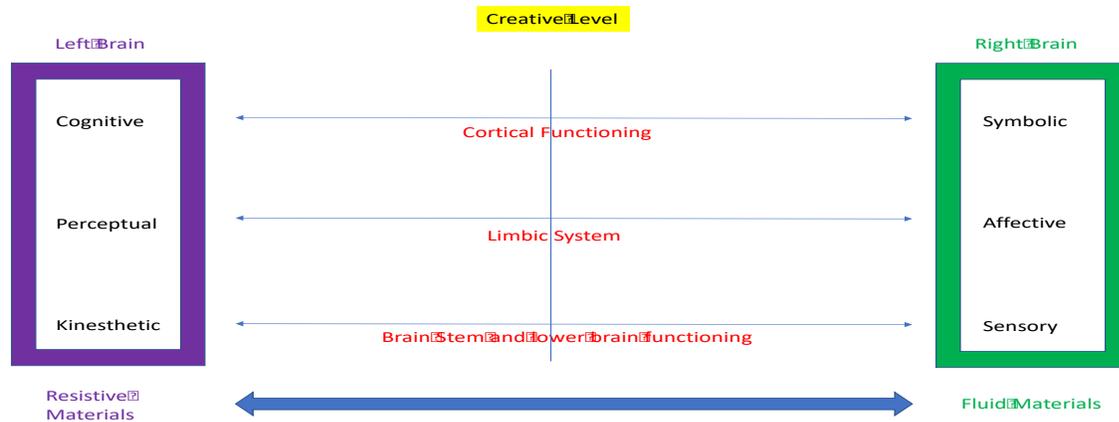


Figure 1 The Expressive Therapies Continuum per Hinz (2009)

Per Hinz (2009) the simplest information processing occurs on the kinesthetic/sensory level. Lusebrink et al. (2010) stated the kinesthetic/sensory level “represents simple motor expression with art media and their corresponding visual manifestations of energy and sensory involvement” (p. 171). This simple processing level promotes experimentation and bodily expression. Moving up the ETC to the perceptual/affective level, information processing, and image formation can be absorbed and take the form of an image (Hinz, 2009). Malchiodi (2012) found the perceptual/affective level to encourage the individual to develop some reflective distance to self-observe his or her process with the art form” (p. 134). At this level, verbal communication regarding internal manifestations may occur. Lastly, the most complex level of information processing is the cognitive/symbolic level which directly mirrors cognitive functioning (Lusebrink et al., 2010). Malchiodi (2012) found “A person operating on this level is able to use analytic, logical, and sequential skills while engaging in the art process” (p. 134). Verbal communication and symbolism are accessible within this level promoting personal

meaning and self-reflection.

Table 1

ETC Spectrum

Materials

<u>Resistive</u>	<u>More Resistive</u>	<u>More Fluid</u>	<u>Fluid</u>
Led pencils with eraser, black pens, assortment of colored pencils, paint brushes, carving clay tools, glue sticks, scissors, beads, computer paper,	Pipe cleaners, assortment of colored construction paper, magazines, oil pastels, crayons, markers	Tissue paper, feathers, loose glitter, Elmer's glue, chalk pastels, playdough,	Watercolor paints, finger paints

Table 1 Materials Spectrum Based on Hinz (2009)

As shown in Table 1, the ETC also organizes media type along a spectrum, from resistive materials to fluid materials. Hinz (2009) argued resistive materials require more pressure and cognitive functioning, as they have more structure and inherent solidarity (p. 30). When engaging with these materials, activation in the left brain is engaged. Some examples of resistive materials are writing utensils, stone/wood, and plasticine clay. On the opposite end of the spectrum, fluid materials refer to those easily manipulated with less inherent structure. These materials engage the right brain, evoking emotion and feelings while in use. Some examples of fluid materials are finger paints, watercolor paints, and wet paper. Table 2 references the rationale for observation questions based on the intended element assessed. These questions were taken from the informal ETC assessment per Hinz (2009) and analyzed through a trauma-informed lense per Van der Kolk (2014). The researcher answered these questions in real time while participant engaged in the process.

Table 2

ETC Observation Notes

Questions

<u>Assessment Elements</u>	<u>Observation Questions</u>
Selected Medium	- What material was selected?
Interaction with Medium	- How was the material handled and touched (present-focused)?
	- Were there any para verbal communications (sounds, body language, facial features) that you noticed?
	- Any differences between the initial interaction and a shift in how materials were used or interacted with?
	- Did any experimentation occur?
	- How much or how little distance occurred from the material?
	- What levels of the ETC were utilized in the process of creation? Describe when and how?
Stylistic/Expressive Elements of Final Product	- Describe the product?
	- What are the graphic notables?
Verbal Communication	- Did any verbal communication occur during the process?
	- Key notables during reflective distancing?

Table 2 Observation Notes Based on Hinz (2009) ETC Assessment

Method

Purpose

The method presented was intended to assess a client's baseline functioning using a strengths-based inductive analysis. The method used the ETC formal assessment with an open-ended directive: "create an image using these materials". The researcher was the assessor for this study. The primary anticipated outcome was to promote emotion and affect regulation by reaching the creative level of the ETC. The method was intended to encourage synthesizing and self-actualization in the individual. Through isomorphism, the individual can process and make new connections while the assessor examines cognitive, emotional, and behavioral functioning. The second anticipated outcome was to determine the usefulness of the ETC for the pursuit of further research and advocacy for long-term trauma-informed care.

The method used was a phenomenological single-study qualitative approach using inductive data analysis. This approach allowed the researcher to condense varied raw data into a brief, summary format, identify connections between research objectives and summary findings, and to ultimately develop a model or theory based on said findings (Thomas, 2003, p. 2).

Setting and Participant

The researcher is a current clinical intern at a women's partial hospitalization program [WPHP]. The WPHP is a group therapy program that focuses on stabilization and building healthy coping skills for adult women, ages 18 and older, with severe symptoms related to mental health diagnoses, including post-traumatic stress and dissociative disorders, mood disorders, anxiety disorders, and addictive disorders. The WPHP offers treatment for adult women dealing with depression, anxiety, suicidality, self-injurious behaviors, dissociation and depersonalization, substance abuse and more. While the program offers a short-term level of care, the focus is on personal-growth and stabilization through validation, education, and caring. Dialectical Behavioral Therapy [DBT] and Cognitive Behavior Therapy [CBT] are the main frameworks offered, and the curriculum is set to serve individuals in care anywhere from two to four weeks of stay. The WPHP runs Monday through Friday from 10:00 am to 3:15 pm, offering five group sessions a day, individual therapy sessions once a week, and appointments with an on-site psych-pharmacologist twice a week for medication evaluations. The researcher has individual clients and runs three groups a day, three times a week, including psychoeducational and art therapy groups.

The researcher used a single study inductive approach on one 24-year-old female. The participant qualified for transgenerational trauma in addition to the diagnoses of posttraumatic stress and generalized anxiety disorders. The participant had the following diagnostic criteria: dissociation, depersonalization, nightmares, flashbacks, paranoia, severe physiological anxiety symptoms, intrusive suicidal ideation, and substance use. The participant had attended multiple expressive therapy groups and individual sessions led by the researcher prior to this assessment,

ultimately establishing a safe rapport. The method was done in a group room with a single table within the WPHP.

Procedure

The assessor provided a wide range of materials from fluid to resistive, refer to Table 1 for a complete list, as well as all utensils needed. The participant was given 20 minutes to “complete an image using these materials.” Observation questions were developed based on the ETC assessment elements discussed in Hinz (2009) and Lusebrink (2010; 2013). The assessment elements captured were the selected medium, the interaction with the medium, the stylistic/expressive qualities of the product, and the verbal communication. These observation questions were answered by the assessor in real-time, refer to Table 2 for a complete list, while the researcher paid attention to the assessment elements. For closure, the participant was given a chance to describe her process and finished product. The researcher began this discussion by asking an open-ended question: "would you like to tell me about your process and/or image?". The participant thus took 10 minutes explaining her process and product.

Results

Data collection is through a subjective participant researcher perspective to interpret raw data. For further qualitative analysis, the researcher took a person-centered theoretical approach and considered all relational aspects present during the procedure. Malchiodi (2012) found the person-centered approach promotes “self-realization and self-actualization” (p. 78). The researcher created an artistic response to the relationships between assessor/participant, participant/artwork, and assessor/artwork. The researcher allowed 20 minutes for the art-making process to reflect the time allotted for the procedure. This time limit allowed for raw data to

emerge, unedited and unfiltered by the artistically trained researcher. In addition, a wide range of materials from fluid to resistive was provided. The response artwork is depicted in Image 1.



Image 1. Creative Response

Baseline Mental Status and Selected Material

Upon arrival, the participant presented with anxious mood and congruent affect as evidenced by physical trembling and irregular breathing. Participant presented alert, well-groomed, and oriented to person, place, and time. Eye contact, speech, and tone were all within normal limits. Participant's thought process appeared linear and thought content relevant. Materials selected were hot pink play-dough, a single bright red feather, and a single deep purple feather.

Stylistic/Expressive Elements of the Final Product

Made up by two hot pink play-dough spheres attached vertically and two feathers attached horizontally, the emergent product was bird-like in nature. The entire form measured 2" x 1.5" x 3". The top play-dough sphere contained two needle-size concave points that were later identified as "eyes". Below these points, was a pointed convex prism creating a beak-like shape.

The bottom play-dough sphere contained two flat rounded convex feet-like shapes at the base. Directly across, on the opposite/back side of the base, a tail-like shape was created by a convex prism, similar in size to the beak-like shape previously added. At the intersection of both spheres, a single bright red feather protrudes outwardly to the left of the play-dough form, while a single deep purple feather protrudes outwardly to the right. The feathers were later identified as "wings".

Interaction with Medium Through the ETC

A sensual rhythmic experience with playdough seemed to have a significant impact after working with hands for 8 minutes. Hinz (2009) found the sensory level of the ETC “evokes emotions or reconstitutes memory when slow sensual experience eases cognitions and emotions, or when a vigorous sensual experience helps clients focus attention for future efforts” (p. 68). Shifts occurred in affect presentation as evidenced by decreased physical trembling and a change to paced breathing. As this emphasis on the sensory experience occurred, the kinesthetic action slowed and decreased (Lusebrink et al., 2013). This shift allowed for movement along the ETC to a more complex perceptual level. A form was developed while smoothing and shaping with hands and artificial nails.

Forms and their differentiation appeared to be important as forms and colors acted as boundaries (Lusebrink et al., 2013). Hot pink spheres were made to make the body of the form and experimentation was utilized in regards to balance; both in proportion and attaining a free-standing product. “This intense focus on the perceptual had the unexpected associated benefit of containing affect” (Hinz, 2009, p. 83). The red feather was chosen instantly, while the purple feather was taken towards the later end of the process. The feather’s appeared wing-like in use of placement and boundaries. Hinz (2009) found the perceptual level to demonstrate regularity,

harmony, order, wholeness and stability (p. 81). The feathers appeared to be significant as they were re-positioned on the playdough form multiple times. Throughout the changes, the feathers maintained equilibrium on the hot pink playdough form.

Another transition to the most complex level occurred, the cognitive/symbolic. Complex thought processes were activated when finalizing the product. Intentional and deliberate problem solving, along with analytical and logical thought processing occurred supporting the cognitive level of the ETC (Hinz, 2009). Form stability was checked several times through reflective distancing using the table and re-shaping using hands. Hinz (2009) defines reflective distancing as “the time span between an impulse or stimulus and the individual’s reaction to it” (p. 130). While the cognitive level is achieved, the symbolic level is activated through “self-oriented concept formation, metaphoric representation [and] syncretical thought” (Hinz, 2009, p. 145). The symbol of a bird was formed and meaning-making occurred. Lusebrink et al. (2010) found “The creative transition area between the cognitive and symbolic poles encompasses intuitive problem solving, images of self-discovery, spiritual insight” (p. 173).

The entire procedure appeared to increase mood and affect as evidenced by smiling, laughing, and verbal humorous commentary throughout. Through use of color and symbol, the participant engaged in isomorphism, reaching the creative level. All levels of the ETC were accessed, starting at the primal level, kinesthetic/sensory, and ending within the most complex, cognitive/symbolic.

Verbal Communication

Throughout the process, verbal statements were expressed. Much of the commentary were statements of self-criticism and self-judgment. Humor was used defensively and automatic apologies were made several times. During the discussion of the process and product,

identification of the form was confirmed. The symbolism of the "bird" was notable as connections were made to the participant's realities and future goals. Wanting the bird to "take-off", while acknowledging the "heaviness" and "stuck-ness" of the bird, directly connected to where the participant is in her trauma recovery. The color selection and bird imagery were associated with safety and positive childhood memories. In addition, the ability to problem solve and cope with what was provided was identified and validated.

Discussion

The results prove the usefulness of the ETC as an assessment tool for baseline functioning. Results indicate the ability to assess cognitive, emotional, and behavioral functioning throughout the assessment elements and observation questions. In addition, three major themes surfaced: 1) self-empowerment and self-validation, 2) balance, and 3) safety. Although these results support current research, limitations to this study were considered. Implications and recommendations for further research are included in support of long-term trauma-informed care.

Assessment of cognitive functioning

Attention to the medium selection, experimentation, the use of symbolism, and verbal communication provided ample information on mental status. The participant presented alert and oriented to person, place, and time. With good eye contact, the participant's speech and tone were within normal limits. Throughout the assessment, the participant presented with linear thought processing and relevant thought content. The participant had a full understanding of the task and needed no further instructions nor redirection. This supports good concentration abilities. Engagement with the materials appeared normal, no misunderstanding or clarification on specific

materials was needed, indicating the participant's familiarity with the arts. This could imply the usefulness of continued art therapy with this individual.

The participant appeared present focused, as no dissociation was present and little distancing from materials occurred. This could imply that dissociation is not a prevalent symptom for this participant or the interaction with the art materials demanded immediate attention. During the discussion, the participant presented with a working memory, as she could recall childhood memories. The ability to use symbolism and metaphor was strong, as she connected imagery with memories and associations. A great deal of reflective distancing allowed her to relate her internal manifestations onto an external product and discuss her goals in a protective and sacred manner.

Assessment of emotional functioning

Shifts with medium engagement, para verbal and verbal communication, in addition to reflective distancing, was considered when assessing emotional functioning. The participant presented to the assessment with a euthymic mood and anxious affect as evidenced by trembling legs and hands, in addition to irregular breathing. Eight minutes of sensory engagement with play-dough appeared to have a self-soothing effect, as trembling slowed and breathing became paced. This supports the participant's ability to regulate emotions and affect independently, now choosing what she needs. While engaging with the materials, the participant laughed and made self-critical statements using humor. This may reflect the participant's learned defense mechanisms and coping skills. As art therapy, can be ambiguous, deflective humor may be a way the participant tolerates the discomfort. This may imply how to engage with this participant going forward. The researcher can now identify when and how the participant is feeling discomfort in future sessions.

Assessment of behavioral functioning

Attention to experimentation, shifts in material engagement, reflective distancing, and verbal communication provided insight into behavioral functioning. Following eight minutes of somatosensory experience, the participant was not only able to develop a plan, but also follow through with it and make any changes necessary. This emphasized the participant's willingness to change and work through her present crisis. The participant wanted to make a 3-dimensional "bird", able to stand freely on a flat surface. Much of the twenty minutes were spent on achieving this goal of stability. The participant tried several different ways to distribute the weight of the bird so this goal could be attained. Another goal mentioned was to make a "red bird". The participant chose hot pink play-dough, 1 red feather, and 1 purple feather, as she reported were the closest she could get to red. The persistent readjustment of her goals may reflect her perseverance and continued efforts to work towards her goals.

The discussion of the product permitted the participant to engage in reflective distancing, ultimately making connections with her internal expectations and her external realities. The participant having a plan, yet it not working out in the way she imagined. The participant wanted the bird to look "light and airy" as if it could take off. Instead, she felt it looked "heavy" and "stuck". The participant connected this dialect with her own goals of taking off and making a change while feeling stuck in many aspects of her life. The participant identified her frustration with the material selection, stating she "worked with what was here." In addition, she could take responsibility for her own decisions and choices, stating play-dough "is not the sturdiest material."

Although her verbal communication consisted mainly of self-critical statements on her "artistic abilities", the participant came to a sense of ownership. Again, this reflects the ability to

hold two opposing truths. In the discussion of her artwork, the participant stated this was "the best piece of art I have ever made" and asked if and how she could transport it home. The participant showed enthusiasm when exiting with her artwork.

Self-empowerment and Self-validation

A major theme of self-empowerment and self-validation arose from the data collection. As many art therapy pioneers believe (Hinz, 2009; Malchiodi, 2012) art therapy is about putting the participant/artist in the driver's seat. For many trauma survivors, lack of autonomy is a natural emotional symptom. The ETC, as an assessment tool, "can naturally embrace the person-centered approach because of its versatility and its nondirective stance" (Malchiodi, 2012, p. 78). The ETC permits the participant/artist freedom and control. It is ultimately up to the participant to choose what materials to use, and how to engage with them. As much will they put into the process, the more is put into the therapeutic relationship. By giving the participant autonomy and choices, a strong sense of trust and humanism is created. This can build and grow into a healthy rapport for the client and therapist. As an assessment, the therapist can get ample information on baseline functioning while understanding how the participant experiences the outside world and their inner selves.

The participant/artist also develops goals for themselves in this process; they must come up with an image to develop. This image, or goal, may reflect internal goals as demonstrated in this method. The participant wanted the bird to look light enough to take off, as she internally wished she could do herself. She not only developed a personal goal, but she understood her goal as personal expectations. Through active and empathetic seeing and acceptance (Malchiodi, 2012), the participant and therapist have insight into how problems are solved and goals are achieved in her life. The participant in the method identified her image as looking heavy and

stuck, reflecting how she feels in her current situation. The participant thus giving and allowing acceptance of self. The goals that surface in the discussion can influence intervention objectives, giving the participant input into their overall mental health treatment.

Safety and Balance

Using the ETC in a person-centered approach "avoids evaluation and interference with the creative process to encourage self-direction, self-evaluation, and responsibility in treatment" (Malchiodi, 2012, p. 79). This use promotes the ability to establishing essential safety in therapeutic relationships for trauma survivors. As noted in this method, the researcher and participant had established a therapeutic rapport prior to this assessment. Physical and emotional safety had developed, allowing the participant to engage willingly and honestly. If this method were used in the first sessions, information regarding the participant's impression of safety would be revealed. Malchiodi (2012) found the effectiveness of using the ETC in this way "is to express and release thoughts and feelings through the modality" (p. 79). In the method, it took eight minutes for the presented anxious affect to calm in intensity. The participant identified components that cultivate safety, referencing red, the symbol of a bird, and nature. This identifying information can maintain safety in interventions, address treatment objectives, and accelerate recovery.

The last theme that surfaced was the ideology of balance. During the method, the participant spent most of the assessment trying to achieve balance in the object. The participant voiced this goal while building the body of the bird and engaging in reflective distancing. This abstract concept of balance and stability coincides with the idea of establishing safety. Trauma survivors often seek stability and balance in their lives (Van der Kolk, 2014). It is crucial for trauma survivors to build on their relationships with themselves in addition to making changes

for themselves. One must learn how to establish self-compassion and willingness to change. Equally as important is the balance between client and assessor. In this method, the researcher made a conscious effort to balance out the power in the session. Giving the participant balance in power allows further autonomy in their recovery, and builds rapport.

Visual Response

The researcher selected a pre-prepared canvas measuring [measurements]. Other materials selected were: acrylic paints (red, white, yellow, and blue), string, sewing needle, red thread, mod-podge, and a single red feather. The needle and thread seemed to have an impact in the first 8 minutes as evidenced by paced breathing for the researcher. Added para-verbal communications appeared to be shifting of physical disposition and deep sighs of frustration throughout the process. Reflective distancing occurred multiple times, specifically with the orientation of the feather on the canvas. About 5 minutes were spent on re-orienting the feather. Smoothing/gluing down the feather with fingers and mod-podge appeared to have an impact as evidenced by a shift in reduced pace. Experimentation was utilized with string and red and white paint. The paint was smoothed onto string using fingers and then pressed down onto canvas for a printed effect. This appeared to be experimental as the researcher spent some time performing this method on a separate piece of paper prior to the canvas. All levels of the ETC were accessed, including the creative level per the researcher's insights and reflections.

As presented in image 1, a transparent layer of red, yellow, and white acrylic paint coats the entire canvas, each color blending into the next. Located in the bottom right corner of the canvas is a red thread woven into the canvas, repeatedly in no clear pattern. Thick layers of red, white, and yellow acrylic paint are layered on top of the woven thread. Located in the bottom left quarter of the canvas, are multiple thick red, white, and yellow rounded lines, creating a spiral

effect. Saturation of paints appears thicker towards the center of the spiral. Protruding diagonally upwards out of the spiral is a red feather, flattened and glued down to the canvas. Layers of red paint are coated on top of the feather in addition to a few white lines of white paint, giving a highlighted effect. At the tip of the red feather is a light purple painted form creating a feather-like shape. The top half of the canvas contains over-lapping red and white diagonal lines, with painted dots at their intersections. Cloud-like forms, painted in red and white, overlap some of the areas of the diagonal lines. No verbal communication was presented throughout this process.

Limitations and Recommendations

Prior to the start of this study, poor attendance was anticipated due to the nature of the partial hospitalization program. This turned out to be the case, as the participant's admission was a total of 2 weeks. The researcher ideally anticipated three sessions to test reliability and notice any pattern. Further experimentation with the ETC assessment in a partial level of care should include a minimum of three sessions throughout a client's admission. An optimal model would be an initial ETC assessment during intake (initial session), a second assessment halfway through admission, and a final assessment at discharge. By assessing clients' functioning multiple times throughout their stay, there are optimal opportunities for growth in self-empowerment, safety, and balance.

The ETC assessment is boundary determined. Per Hinz (2009) "the physical boundaries of the materials themselves limit the expressive potential" (p. 33). For example, in this study, the amount of playdough provided was limited, restricting the physical size of the developed product. 1 Ounce containers of playdough were provided, limiting the participant's ability to create her intended image large scale. The physical amount of materials provided inadvertently influence the client's image, thus providing insight and perspective into their ability

to problem solve. Oppositely, this limitation may be harmful if all materials provided are low in quantity. Low quantity may contribute to participants' willfulness and invalidation. Awareness of physical amounts of materials is crucial for this assessment.

In addition to being boundary-determined, Hinz (2009) argued the ETC assessment is also quantity-determined meaning "the amounts of a given substance determines the limits of expression" (p. 33). In this study, there was no red playdough provided, leading the participant to choose pink playdough. A plethora of materials should be provided, in addition to the physical amounts. The researcher provided a wide range of materials from fluid to resistive, however, there could be more. Wet clay or model magic could have been provided ultimately changing the course of the art-making processes. The materials provided influence the final image produced. Awareness of the different types of materials is vital to the assessment. In doing multiple assessments, the clinician may have more insight into the participant's preferred materials. Additionally, increased insight on adverse materials can make room for contained challenging in treatment.

Conclusion

This paper supports the argument for the usefulness of the Expressive Therapies Continuum. Per Lusebrink (2004) art therapy involves "different motor, somatosensory, visual, emotional and cognitive aspects of information processing within the activation of the corresponding neurophysiological processes and brain structures" (p. 124). The self-directed, open-ended nature of the ETC assessment, allows for a sense of natural autonomy for both the assessor and the participant. The ETC provides an adaptable framework for art therapists and clinicians from a variety of different theoretical approaches. For trauma survivors, autonomy can

lead to great insight and improved judgment. Simultaneously, the therapeutic rapport is benefitting from the balanced autonomy offered to both the assessor and client.

The creative process engages the mind and body, activating multiple parts of the brain thus creating new connections and associations. Isomorphism is promoted and contained, allowing for meaning-making and another avenue for communication. This study suggests the creative process can help one gain self-empowerment, self-validation, and a sense of safety and balance within themselves. Results and limitations indicate the method may be useful if applied over a longer term. The findings within this research suggest the need for further development and research in trauma-informed care.

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THESIS APPROVAL FORM

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

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