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The Metaphor of Protected Space in Therapy with Survivors of Trauma:

Development of an Art Therapy Method

Capstone Thesis

Lesley University

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Art Therapy Specialization

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Abstract

Building a sense of safety is a key component of working with clients who have significant trauma histories. This capstone thesis explores the current literature on the symbolism of containers in the therapeutic relationship as well as the effectiveness of using containers such as boxes, books, mandalas, in art therapy, and imagined containers in EMDR in supporting clients to heal from trauma. Quantitative studies demonstrating the efficacy of creating mandalas to reduce Post Traumatic Stress Disorder symptoms is significant. After reviewing the relevant literature, a preliminary treatment directive was explored in which clients design and draw an image of a container where they metaphorically place intense emotions evoked in the therapeutic session. Limited results show that an end of session art directive focused on containment may help clients transition from an emotionally laden therapeutic session back into their everyday lives with greater ease. The potential for research into the use and impact of container directives to treat trauma is discussed.

Keywords: Containment, Boxes, Safety, Mandala, Art Therapy, Trauma, PTSD

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Development of an Art Therapy Method

Introduction

“The task of therapy is not to eliminate suffering but to give a voice to it, to find a form in which it can be expressed” (Levin, 1995, p. 15)

Containers have been used as significant symbols throughout history, as seen in chests, jewelry boxes, and sarcophagi (Farrell-Kirk, 2001). For the purpose of this paper, containers are defined as any object or marking, tangible or imagined, that circumscribes a given space and holds or may hold contents within its bounds. Containers are a form in which distress, trauma, or personal experience of any kind can be expressed. Similarly, the therapeutic relationship between client and clinician or between clients in group therapy can be seen as containers or spaces of holding. The discussion of containers such as mandalas is significant in the history of psychology; Jung believed mandalas could be a healing tool. He saw mandalas as a form of expression and a way to gain a deepened self-understanding (Slegelis, 1987). In art therapy, containers have been used imbue an object with special significance, used as a safe or hiding place, and used to unite seemingly disparate parts of the self (Farrell-Kirk, 2001; Kaufman, 1996). This thesis continues the study of containers as it applies to therapy generally, Eye Movement Desensitization and Reprocessing (EMDR) therapy, and art therapy. While research supports the use of mandalas in therapy, and there is a tradition of using containers in art therapy, study of containers as a larger theme across therapeutic approaches to treating trauma and anxiety is currently lacking in current literature.

In researching containers in Art Therapy, literature on the effectiveness of working with mandalas to decrease mental health symptoms was significant (Curry and Kasser, 2005;

Henderson, Rosen, & Mascaro, 2007; Vennet and Serice, 2012). Research showed that coloring a pre-drawn mandala reduced participants anxiety levels (Curry and Kasser, 2005; Vennet and Serice, 2012). Similarly, Henderson, Rosen, & Mascaro (2007) found that creating one's own mandala to symbolize past trauma reduced PTSD symptoms immediately after and one month after the drawing task.

Beyond art therapy, creating mental images of containers is used in the early stage of EMDR therapy (Murray, 2011). EMDR therapy has been shown to be highly effective therapy for PTSD (Maxfield, 1999). In EMDR sessions, clients are asked to create a mental image of a container, such as a box or safe, where they will keep painful memories stored between sessions (Murray, 2011). Additionally, it is also common in EMDR for clients to create a mental image of another type of container, a safe space (Murray, 2011; Tobin, 2006). A safe space image is a container as it is a delineated mental space which contains images representing safety.

While EMDR uses imagined objects and art therapy uses physical objects, the metaphor of a container can be applied to the therapeutic holding space that clinicians provide as well. Hilbuch, Snir, Regev, & Orkibi (2016) found that the art created by clients in sessions was perceived by clinicians to be both expressions of client's inner experience and containers for material related to transference in the therapeutic relationship. It has been shown that clinicians identify a key component of relational depth within the therapeutic connection to be a sense of safety (Knox, 2008). Based on research findings, Naff (2014) recommended therapy with trauma survivors include a containment stage early on which focuses on safety.

The topic of containers is important as it is a component of interventions and therapy that effectively treats trauma and anxiety. A deeper look into the role of offering containment interventions early on in trauma informed therapy may lead to the development of future

effective treatments for trauma. Additionally, studying the use of containers in therapy offers an additional lens from which to explore the therapeutic relationship: the metaphor of the container. This paper presents beginning explorations of a formal procedure for using containers in art therapy sessions with clients diagnosed with PTSD or who have experienced significant trauma.

In this paper, I synthesize research about the use of containers in various forms of therapy used to treat anxiety and post-traumatic stress. I then present a therapeutic art directive involving a container and explore the experience of using this protocol with clients. The remainder of the paper is structured as follows: literature review, methods, findings, and discussion.

Art Therapy and Trauma

Naff (2014) explored the way that three Art Therapists approach their work with clients who have experienced cumulative trauma. Each participant was engaged in a semi-structured interview process lasting between 45 and 50 minutes. After interviewing the participants, the researcher created response art. Open and axial coding was used to develop relevant themes within and across participants interviews. The author coded formal elements found in her response art as well. Themes emerging from the researcher's art were: symptom presentation, treatment approach, essential elements of therapy, and the use of art as a treatment modality. The author found that Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) alongside Art Therapy was used unanimously among participants. Additionally, data analysis revealed that key themes included unconditional positive regard, consistency or routine, authentic healing connection, and goal setting. Based on the findings, the researcher recommended that those working with clients who have faced cumulative trauma follow four stages in their work with clients: the preparation stage which centers on hope, the containment stage which focuses on safety, a narrative phase based on tolerating thoughts and feelings, and finally the integrative

phase which involves internalizing healing.

Just as Naff discussed the importance of the second stage of containment, Avrahami (2006) found containment to be an important step in treating trauma. The author presented two case studies of clients diagnosed with PTSD who were engaged in art therapy. The first client, called H, was 65 and developed PTSD when fighting in the Six Day War. The second client, R, was 58 and developed PTSD during the Yom Kippur War. The author identified three major components of using art therapy to treat PTSD with these clients: working with memories of the trauma, developing and integrating symbols of the trauma, and finally containment, transference, and countertransference in the process. Containment was a theme in each client's artwork; one client drew a cabinet in an early session and unpacked pieces of traumatic memory from that container over the next several sessions. The second client used borders and frames in his work. Avrahami (2006) recommended art therapy as a treatment for trauma because the artwork "enables the client to contain the boundless chaos of the trauma within the borders of a concrete art product" thus giving client a sense of control or mastery over the past events which were previously, by definition, out of the client's control (p. 6). For Avrahami (2006) art materials themselves act as containers for that which clients express; in a drawing, the edge of a page contains the expression.

Containers in Art Therapy

Boxes

While Avrahami sees art materials in general as containers, Farrell-Kirk specifically explores the way one specific material, the box, can pointedly give clients this sense of containment and mastery. Farrell-Kirk (2001) theorized on the potential symbolism of boxes within art therapy. The study discussed three categories of symbolic potential: "enclosure and

space”, “enclosure of contents” and “unification of opposites” (p. 89-90). Enclosure of contents meant that putting an item in a box both can both be an expression its importance and add a sense of significance to an ordinary object. When the author completed working at her counseling internship site, she collected related materials, objects, and artwork and placed these pieces in a box. For Farrell-Kirk, this box represented all that she had learned and gained from the time limited experience. Clients joined the author in this process as well to engage in commemorating this special time together. In exploring the box as a site for unifying opposites, Farrell-Kirk posited that the box can be used to integrate the tension of outside vs. inside as well as parts or sides of the box vs. the whole. These dialectics concerning the structure of the box can act as a metaphor for exploring dialectics within clients as well. Concerning enclosure and space, Farrell-Kirk explained that boxes can may act as safe or secure spaces, framed by their borders, in which clients can explore sensitive subjects. Boxes were regarded as having the ability to make complicated issues feel more manageable given the finite space given to explore the topic, just as a sand tray is a finite space for inner exploration. Ferrell-Kirk went on to state that boxes could represent the protected or safe space of relationship between client and therapist.

Along similar lines, using a heuristic model, Kaufman (1996), researched the meaning and use that boxes can have in art therapy. The researcher collected data by making a sculpture and then responding to that sculpture by writing in a journal. The three-dimensional sculptural art was produced within a wood box that had glass, flower petals, tulle, and pink lights on its top and a hard wood bottom. Within the box was a child-like skeletal figure made of sticks with a heart shaped box in its chest. The researcher’s journal consisted of feelings, thoughts, and associations related to the work. The author then found themes in the journal and in the three viewings of the final work.

The analysis process used to form these themes was not specifically described, nor were the researcher's identities, the amount of time spent making art, or the length of the period of time in which the art was created. There were no participants other than the researcher. The overarching theme discovered was human development, on a physical, emotional, and mental level, throughout the life cycle. Additional themes that came from creating the sculpture within the box included: the box as a container for disparate and unified meanings, unfilled spaces, responding to suffering through art, preservation, transformation, as well as limits, infiniteness, and boundaries more generally. Kaufman (1996) relied solely on arts-based research and did not explain the mode by which themes were uncovered.

Journals and Books

When thinking about containers, boxes are an obvious category, however, altered books may function similarly. Like boxes, books can be filled and closed; they can also be used as a metaphor to explore outside and inside the self. Chilton (2007, p. 62) explained, "Books, like boxes, act as containers that can enable symbolic and physical safety through their limits and boundaries". Different processes can be involved in altering books: artists may draw or paint on the pages, add or remove text, poetry, words, and images, and even cut niches into the book and place objects inside (Chilton, 2007) In this way, altered books share much in common with boxes in art making. Chilton (2007) presented a case-study of her experience working with adolescents in foster care. One of the clients, with whom Chilton worked, presented with hoarding behavior and placed objects into concave niches carved out of the altered books. Chilton explored the ways in which the book became a "boundary for [this client's] hoarding behavior" (Chilton, 2007, p. 62). Chilton (2007) also asserted that making the altered books helped clients contain and explore memories as told the story of how their life experiences have

shaped them. In this way, altered books may be a bridge between stages 2 (containment and safety) and 3 (the narrative phase) of Naff's (2014) recommended sequence for working with survivors of trauma.

Books may act as a holding space for clinicians as well as clients. Gibson (2018) explained that an art journal can act as a "contained space" for clinicians to unpack their reactions to clients as well as to explore the material brought up by clients in sessions (p. 99). While working in a medical center with clients who had recently experienced trauma, Gibson (2018) engaged in visual journaling in response to client sessions for 6 weeks. At the end of each workday, Gibson set a timer for 30 minutes and created a visual as well as written entry in her journal. When time was up, the author placed the journal in a cabinet with a lock on it. In order to identify themes that emerged in the journal, Gibson (2018) worked together with her art therapist supervisor to generate a list of the most common words used in her written passages. They also created a second list of words used to describe the visual imagery. The words that were most frequently used, between both lists, were "loss, pain, strength, and hope" (Gibson, 2018, p. 100). At the end of the six weeks, the author created an image focused on integrating the four themes. Gibson reported that her secondary trauma experiences decreased during the 6 week period; she expressed a lessening of nightmares, anxiety, hypervigilance, and depression. Additionally, the author found that "the visual journal provided [her] with a container for [her] thoughts and emotions" concerning her clients, which gave her a greater sense of spaciousness from which to attend to herself and her family (Gibson, 2018, p. 103).

Mandalas

In reviewing the literature on the use of different types of containers in art therapy interventions, quantitative research on the effect of mandalas was significant. Mandalas fall

under the definition of containers I have created for the purpose of this thesis; the outermost circle of mandalas circumscribes a defined space which an artist can fill. This paper reviews two articles that explore the use of mandalas with two different populations, those with anxiety and those who have experienced trauma. The following section critically examines research methods and the usefulness of the articles in studying container use in art therapy.

Authors Vennet and Serice (2012) conducted a replica study based on Curry and Kasser's (2005) research that tested the efficacy of using mandala coloring to reduce anxiety. Participants in this replication included 50 psychology students: 41 women and 9 men. 38 were graduate students, and 12 were undergraduate students. All participants were attending the same southwestern university. The participants ages ranged from 21 to 59 with a median age of 34.2. 56% of participants were Caucasian, 24% were African American, 22% were Hispanic, and 4% were Asian American. The participants were randomly assigned to one of three groups; the first group was given pre-printed mandalas, the second was given a plaid design, and the third group was given a blank piece of paper. Each participant was given a set of six pre-sharpened colored pencils with which to color for 20 minutes. The researchers measured participants' anxiety levels using the State Anxiety Inventory (SAI). Anxiety level was noted at base level, after a writing prompt meant to induce anxiety, and after drawing. Each group met separately and took approximately one hour. The researchers' findings were in line with Curry and Kasser's (2005) original study. Both sets of researchers found that coloring pre-drawn mandalas for 20 minutes can reduce anxiety to a statistically significant degree.

Similarly, Henderson, Rosen, and Mascaro (2007) researched the effects of mandalas drawing with people who have experienced trauma. The authors hypothesized that creating mandalas would benefit participants psychological and physical health as assessed by the

following tests: The Posttraumatic Stress Disorder Scale (PDS), the second version of The Beck Depression Inventory, The State–Trait Anxiety Inventory, The Spiritual Meaning Scale, and The Pennebaker Inventory of Limbic Languidness (which assesses physical health symptoms). Participants included 36 college students (8 male, and 28 female) attending a southwestern university. Participants ages ranged from 18 to 23 with a mean age of 18.4. Participants were randomly assigned to either a mandala group or a control group. On three consecutive days, both groups were given a box of crayons and a pencil and told to draw for 20 minutes. The control group were told to draw a specific object. The mandala group was asked to draw a circle and fill it in with “representations of feelings or emotions related to their trauma using symbols, patterns, designs and colors (but no words) that felt right to them” (2007, p. 150). Each group took the mental and physical health assessments before the three days of drawing interventions, immediately after the third intervention, and one month after the third intervention. Researchers found that PTSD symptoms were significantly decreased in the mandala group versus the control, and that there were no other significant changes in non-PTSD mental or physical symptoms for either group.

Both approaches presented by Henderson, Rosen, and Mascaro (2007) and Vennet and Serice (2012) articles were suggested to be useful by their authors, in that they have found mandalas to be effective in reducing anxiety or PTSD symptoms. Vennet and Serice (2012) were able to replicate results from a previous study, adding further evidence to support their claim. While Vennet and Serice included the racial breakdown of participants, Henderson, Rosen, and Mascaro (2007) did not, and neither researcher group published the socioeconomic make up of their participant groups. This missing information could be significant in generalizing the results to a wider population. Similarly, both studies were limited because they were conducted on a

small sample size of students in one geographical location. It is worth noting that Vennet and Serice (2012) found that filling in a pre-made mandala improved SAI scores while Henderson, Rosen, and Mascaro (2007) found that SAI scores were not significantly impacted by participants drawing their own mandalas, though PTSD symptoms were impacted. Future research could explore the different effects of drawing a mandala oneself using symbols related to trauma versus filling in a premade mandala with colors. Henderson, Rosen, and Mascaro's article aligns with this thesis research more fully because it discusses the population of trauma survivors and the study asks participants to represent their trauma within the confines of a circle they draw.

Therapeutic Safe Space

Just like Mandalas, the therapeutic relationship too can be seen as a safe container for traumatic content that comes up in sessions. Knox (2008) explored the ways in which relational depth brings a sense of safety to the relationship, making it more of a container. Knox (2008) researched art therapy clients' experiences of relational depth in the context of person-centered therapy. Participants included nine women and five men, aged 20-60 years old, who lived in England. Further, all participants held the dual identity of both therapist or therapist intern, and client receiving person-centered therapy. Two participants identified as Asian, eight identified as White, and the remaining participants each identified as Afro-Caribbean, Swiss-Italian, and Australian. Qualitative semi-structured interviews were conducted individually, and each person was asked to talk about moments they experienced, as clients, relational depth in the therapeutic process. The duration of each interview ranged from one to one and a half hours. The interviews were later recorded and transcribed. Using grounded theory, the interviews were coded and recoded as thematic categories and subcategories immersed from the data. Analysis showed that

participants found moments of relational depth to be decidedly significant. Results indicated that when participants described their experience of relational depth, nearly all participants spoke of feeling safe, sometimes mentioning safety multiple times. Mutuality and connection was also a significant descriptor.

Similar to the study of therapeutic relational depth, is the study of therapeutic presence; Both contribute to a felt sense of safety and containment in therapy. Schwarz, Snir, and Regev (2018) conducted a study of therapists' perceptions of therapeutic presence and its impact on clients. Participants included 14 art therapists, all of whom worked as supervisors for other therapists. Participants were all female, all had master's degrees, and three were enrolled in a PhD program at the time. All interviewees were Jewish and practiced in Israel. Participants identified themselves as psychodynamic, with the exception of one relational therapist. All interviews were semi-structured, conducted by Schwarz, and focused on participants theoretical orientation, self-perception as a therapist, relationship to client and art, as well as clients' comments. Interviews lasted between 60-140 minutes. Analysis of interview data was conducted using grounded theory. Interview data was coded and themes emerged to show that clinician's in-session relation to client, preparation beforehand, time, art materials, and accessibility (defined as paying attention to what was on the therapist's mind in terms of theory or emotions), all significantly impacted therapeutic presence. Sub themes of clinician's presence included attention to the client or process, joining with the client, being present in the moment and with unknowns, and feeling a sense of flow.

Both Schwarz, Snir, and Regev (2018) and Knox (2008) used similar qualitative approach; semi-structured interviews were conducted, and each data set was analyzed using grounded theory. Given that both studies were conducted on participants who are therapists,

future research could explore the way non-therapist clients view and describe meaningful therapeutic engagement. Results of both research studies could be limited by the small sample size of participants involved and the homogeneous populations of each study. Similarly, each study was limited by its small geographical reach in terms of participant recruitment. Each article is relevant to better understanding the therapeutic relationship as a container, though Knox's (2008) study more closely aligns with this exploration because safety, associated with containment, was found to be a key component of relational depth. Similarly, Knox studied client-centered therapists, and the author of this paper identifies with that theoretical orientation as well. Further research as to how theoretical orientation informs therapist and clients sense of therapeutic presence or relational depth is warranted. Additionally, research that compares clients' sense of and experience with therapeutic presence with therapists' experience of facilitating the phenomenon is recommended.

Imagined Containers in EMDR Treatment

The therapeutic relationship is one example of a non-tangible container used to promote the experience of safety in therapy; Similarly, imagined containers in EMDR are intangible, yet have been shown to be effective (Korn and Leeds, 2002). EMDR therapy has been shown to be effective in treating PTSD (Maxfield, 1999).

Murray (2011), provided a script for working with clients to develop their own mental image of a container to use as a resource in EMDR therapy. The container is seen as a resource because it is not part of the reprocessing done in the later stages of EMDR; instead, it is meant to provide clients with temporary relief between sessions if the client struggles with unresolved intrusive memories. Murray (2011) described the various steps involved in working with the imagined container. First, the clinician is to ask the client to imagine and describe the properties

of the container: its size, shape, color, material, the way it closes or locks, etc. Once the container is developed, a form of bilateral stimulation (BLS) may be used in the same way BLS is used to reprocess traumatic memories, as long as this does not illicit distress in the client. Murray then recommended asking the client to allow distressing material to flow into the container and imagine it closing. The next step would be to test the security of the container and only visit these memories in sessions once the client has imagined the box opening to allow such access.

While the literature exploring ways to join Art Therapy with EMDR is limited, Tobin (2006) explored how physically drawing the images called upon in EMDR, including containers, may support EMDR therapy. In considering the benefits of bringing art therapy to EMDR, Tobin (2006) theorized that making physical art as opposed to imagining mental images in EMDR therapy provided a greater sense of control. Tobin (2006) suggested this may be because the physical images could be contained or put away. “The therapist may direct the client to paint a strong border or frame around the outer edge of the page to enhance the client’s sense of containment of or boundaries around whatever emotions the image activates...[and] the negative picture may be left with the therapist when the client leaves the session” (Tobin, 2006, p. 38). In this way, bringing art therapy to EMDR may give trauma survivors a greater sense of safety and a greater ability to engage in the modality. The author suggested a protocol for bringing together EMDR and art therapy.

Method

Participants

Participants engaged in this protected space method, included two individuals with the pseudonym Y and F. Participants were recruited to participate from a case load of 16 individuals. Y and F were chosen due to their inclination to make art in session, their tendency to explore

material that is overwhelming to them, and because each had a significant trauma history. Clients were selected with consultation from a board certified Art Therapist supervisor. Both clients were engaged in outpatient mental health treatment at a community mental health clinic and the sessions described were part of their treatment.

F was in his early 20s, White, and described himself as enthusiastic and creative. F carried a diagnosis of Unspecified Psychotic Disorder, though at the time of the intervention was not presenting with psychosis. F had significant trauma history which included childhood sexual abuse, financial abuse, and emotional abuse. The client's support systems consisted of a close local friend and a parent with whom he lives.

Y was 8 years old, White, and was described by his mother in his initial appointment as being highly intelligent and ahead of his peers academically. Y had worked with a team of in home therapists and was diagnosed with Post Traumatic Stress Disorder, as well as Unspecified Anxiety Disorder. Y had a history of complex trauma primarily resulting from an older sibling. Client's support systems consist of his mother and his in home therapist.

Setting

Both sessions took place at a community mental health clinic located in a rural eastern town with about 18,000 residents. The town is located in a wider area known to be highly impacted by the opioid epidemic and other substance use issues. The town is primarily White and poverty rates are high. The clinic serves clients with a variety of strengths and mental health experiences, toddlers to adults, living in the town and in surrounding hill towns. The outpatient clinic is just one component of a larger organization which includes crisis services, an intensive outpatient program for substance use, peer counseling, in home therapy, therapeutic mentorship, and more. The organization as a whole, prides itself on being committed to a trauma-informed

approach to mental health care, where trust, safety, choice, empowerment and collaboration are core to its mission.

The outpatient clinic is composed of over 60 outpatient clinicians. When client's walk in to the building, there is a waiting area with a pharmacy off to one side. Clients check in with a receptionist at the front desk and clinicians meet clients in the waiting room. From there, clients and clinicians walk together to individual offices which line the hallways.

More specifically, the office in which the following protocol was explored was at the back of the building, with only three more offices further from the entrance. The office was fairly small, about 10' by 6' and contained a desk with a computer on it and a rolling chair tucked into it, a chair in which the interning therapist facilitating the session sat, an armchair where the client sat. Pushed against the wall was a small table about 1.5' by 1.5', which was placed in the center of the room during art making portion of the session. The office was sparsely decorated with some children's toys on display, white walls, no windows, and was warm in temperature.

Materials

Each participant was given one 8.5" by 11" white printer paper. Participants were presented with a choice between 50 different colored pencils and a 10 pack of ten fine tip markers. F chose to work with markers and Y chose the colored pencils.

Protocol

Each intervention took place during the last 15 minutes of an hour long individual therapy session. Firstly, each client was asked if he would like to do a closing art activity. Once clients consented, each were presented with a choice to use either colored pencils or markers and were handed a single sheet of paper. The client was then told, "this session brought up a lot of

intense feelings”. The interning clinician facilitating the intervention then reflected back the specific feelings that the client brought up before the directive. The client was asked to “draw a container where we can safely hold all of those intense feelings until our next meeting”.

Examples of containers such as “a box, a circle, a treasure chest, safe, or something else” were given. Each client was observed as he drew. Once the drawing was complete, each client was asked to share a bit about the drawing and his process. After discussing the art, each client was reminded that their art would be kept safe in a folder until the following time when it could be revisited if he so chose.

The procedure was identical working with each client, however, after F discussed his art, he was asked if he would like to further contain the image by folding it up.

Record Keeping. Observations from the closing directive were recorded during a 10 minute period immediately following each session. Each client’s report of progress since last session, a summary of therapeutic interventions delivered in the session, and client’s response to the intervention was recorded at this time as well. Further observations and themes were written down at the end of the day.

Results

Observations of F

Pre-Directive. F came into the session displaying signs of hypomania. F walked from the waiting room to the office space very quickly. He walked ahead of the interning clinician and sat down in his chair. His speech was pressured and quick. His body movements were accelerated; he tapped his fingers against the chair as he spoke. While F usually states that he is unsure of how he wants to start sessions and usually asks his clinician to offer some structure, he started off immediately saying he would like to talk about a text message he received that had shaken

him. F was activated as he discussed the contents of the text message, his experience of receiving the information, and the way he wanted to respond to the message. The interning clinician attempted to engage F in co-regulation and attention to the present moment through a mindfulness activity utilizing the five senses. There was no indication that co-regulation or engagement in the mindfulness activity helped F to find relief from his intense reaction. F's pre-directive emotions included fear, shame, self-hatred, disappointment, and confusion.

F's Art and Process. After hearing the directive, F announced that he would simply draw a circle. He drew a blue circle in the center of the page using a marker. He then drew three parallel horizontal red lines towards the right side of the circle and a similar set of red lines towards the left side of the circle. He drew at a measured pace and was precise in each mark he made. F then drew four blue water drop shapes centered toward the bottom of the page. Finally, used a green marker to draw what looked like leaved on a vertical vine filling the spaces between the other elements. F did not speak as he drew. When he was done drawing, F explained that the vines represented a plant that he had bought with the person who sent him the text message that was bothering him. F stated that the drops represented tears and sadness, and that the red lines represented self-harm that the person who texted him used to engage in. F explained that some of what was coming up for him was a fear that the self-harm would begin again for this person and he felt helpless to stop it if it did. The space outside of the circle remained white as X did not draw outside of the circle.

Post-Directive. After completing the directive, F seemed more grounded and his movements had slowed down. F was no longer tapping his fingers against the chair. His facial expression immediately after the directive was one of slight distress. When asked if he wanted to

further contain the image through folding it up he exclaimed, “It really needs that!”. Once he did so, his expression read as calm.

Observations of Y

Pre-Directive. In Y’s previous session, he brought up themes of panic, fear, destruction, and safety in his artwork. These themes were closely related to his trauma experience. The element of safety that Y drew in his drawing was very small on the page in comparison to the more fearful elements. Y’s drawing filled the entire page, with no blank space included. His line quality was jagged and read as chaotic. The chaotic nature of his line quality was not reflective of his fine motor or drawing skills. After making that drawing and discussing his story behind it, Y was asked to end the session by listing one thing he was grateful for as is the routine way Y’s sessions end. When the session was coming to an end, Y assisted the interning clinician in putting away the art materials he used and then opened the door and walked hurriedly ahead of the clinician down the long hallway. When Y got back to his mom in the waiting room, he reached out and physically clung to her.

The first 45 minutes of the session in which the directive was given was similar to the previous session. Y again created an art piece centered on themes of panic, fear, destruction, and safety. The safety elements in his art again took up a very small percentage of the page relative to the more unsettling elements.

X’s Art and Process. After X heard the directive, he quickly and without hesitation picked a brown color pencil and began to draw. X began his art piece by drawing two different containers, centered at the bottom of the page. One container was a treasure chest and the other was a safe. X explained, as he drew, that the safe was going to capture the panic, fear, and chaos from the drawing he drew that day, and the treasure chest was going to capture and hold the

intense emotions related to his drawing from the previous session. X then drew a tree trunk on the right side of the page, with a moderate amount of greenery. The trees was placed so that the bottom of the tree touched the bottom of the page and the top of the tree just hit the top of the page. X then drew a cat laying on its back, with its four paws in the air, on top of a red button on a limb of the tree. X carefully drew four toe pads on each of the cat's feet. X explained that the cat was his family's pet and that the cat was able to press the button and keep all the panic in the containers.

X then drew arrows pointing toward the top of the page and drew another safe that was a similar size to the other containers below. At first, the second safe was composed of thin lines. Then X exclaimed, "wait this needs to be a really really good safe. These walls need to be really thick" and he made each line more bold. X explained that when the cat presses the button, the treasure chest and first safe get flung into the second safe. The background of the picture remained white with no additional elements shown.

Post-Directive. While in the previous session, X had walked quickly back toward the waiting room ahead of his clinician, this session he walked at a moderate pace alongside his therapist. When he reached the waiting room, he greeted his mom, but he did not cling to her.

Similarities

Notably, both clients demonstrated a decrease in fast-paced physical movements immediately after the containment directive. F fidgeted less and moved slower, and X did not speed down the hall as he had previously. Another similarity was that both clients wanted to add an additional layer of containment to the experience. F put his intense feelings in containers and then decided spontaneously that these containers needed to be put inside of a safe with very thick

walls. X did not make this choice spontaneously, though when asked if further containment would be desirable, X enthusiastically chose to fold his drawing.

Discussion

Purpose of inquiry

The above protected space method was inspired by the literature supporting the use of containers in therapy when working with trauma (Henderson, Rosen, & Mascaro, 2007; Vennet & Serice, 2012; Gibson, 2018). The purpose of exploring this procedure was to see how clients responded to an end of session directive focused on containment. Given previous research outlined in above literature review, it was hypothesized that utilizing containment directives at the end of sessions may help clients to pause or temporarily shift out of the intense feelings they were working through in session and reregulate to better attend to other parts of their days and week until the next session.

Connection to Literature

In Henderson, Rosen, & Mascaro's (2007) mandala prompt that was shown to reduce PTSD symptoms, participants were asked to first create a container-the circle- and then draw symbols of representing traumatic experiences inside. Similarly, the above procedure asks client to first draw their container, whatever shape it might be, and then fill that container with symbols. Asking clients to draw the container first, was a conscious choice based in the hope that this order would provide a sense of safety as a precursor to the emotional part of the drawing. This way, the symbols would not be uncontained on the page at any point in time.

Both mandala studies, Vennet and Serice's (2012) study as well as Henderson, Rosen, and Mascaro's (2007) provided rigid art materials for their participants; the former providing colored pencils and the later crayons and a pencil. Similarly, the above procedure involved a

choice between fine point markers and colored pencils. These more rigid materials were chosen to support the creation of artwork on the cognitive/symbolic component of the Expressive Therapies Continuum (ETC) (Hinz, 2019). Facilitating client's engagement in this part of the ETC was important because one of the intentions of this process was to help clients transition away from an intense emotional experience, which involves engagement with the perceptual/affective level of the ETC, and back out into the rest of their week where functioning more in the cognitive/symbolic level is likely more effective. Diverging from the other studies, this procedure offered a choice in materials so as to give each client some agency over the process despite its directive nature. Creating room for choice emphasizes the idea that clients can build mastery over the traumatic material, not only by choosing how to symbolize it but choosing which tools to do so as well. Mastery was seen as a key component of working with trauma through art according to Avrahami (2006).

This sense of autonomy and mastery is further supported by the step in the procedure in which clients are reminded that their picture will be kept safe in a folder between sessions and brought out again only if the client so chose. This reminder further emphasizes the idea that the client has agency over when to access the hard feelings displayed again once containing them. Clients' ability to trust their own ability to manage feelings, that can be overwhelming, is highlighted through this process. Doing this also offers a reparative experience, as in everyday life my client is not in control of the situations which trigger an influx of emotions.

While Gibson (2018) used a book as a container the clients utilizing the above procedure drew an image of a container of their choice, the directive is also similar to that of Gibson's (2018) practice in which she drew and wrote in a journal after her day of working with clients. Gibson (2018) experienced more spaciousness in reentering other parts of her life after drawing

within her container. Given that clients appeared more calm in the way they left the session, it is possible they experienced a similar result.

Limitations and Recommendations

Given the limitations of this project, scoring and evaluating changes in PTSD symptoms in the way that Henderson, Rosen, Mascaro (2007) did was not possible. However, Henderson, Rosen, & Mascaro's (2007) study revealed that drawing within a container has the potential to impact participants experience immediately after completing the directive. The limited results, based on observations of client behavior following the session, support this claim.

Practicing this intervention with only two clients presented significant limitations in claiming results or effectiveness beyond the moment for people other than these two individuals. Further research into the effect of such end of session containment work is recommended, especially with those who bring up traumatic content in session verbally or through their artwork. Utilizing a pre-planned end of session containment directive appears to have been impactful for these two clients. And at the same time, being flexible and diverging slightly from the plan to ask F if he wanted to fold the paper, brought him further solace. Given this limited finding, it is recommended that others utilizing the above procedure trust their clinical intuition and modify the approach as appropriate for each client. Further research, with a control group and involving a more significant number of participants who have been randomized and reflect their countries population in regard to identity is recommended as well.

Conclusions

In working with clients who have experienced trauma, developing a sense of safety is one of the foundations of therapeutic work. The symbolism of containers is used across modalities: in art therapy and EMDR. Within Art Therapy, containers may include boxes, the page itself, a

book, or mandalas. In exploring a method based on fostering a sense of safety through protected space, limited results suggest that an end of session directive focused on containing overwhelming emotions previously invoked, may support clients in transitioning out of session and back into the rest of their day. Further research expanding upon and highlighting the use of containers to establish a sense of safety is recommended.

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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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