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Fostering Creativity for Healing: A Literature Review on the Use of Art Therapy and

Mindfulness with Traumatized Adults

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

Art therapy and mindfulness have often been applied separately in the treatment of traumatized adults, and positive results in research studies and clinical practice have been reported. This thesis explores and evaluates empirical evidence of the effectiveness of both modalities for trauma treatment with adults, considering the effects of trauma and how to appropriately integrate art therapy and mindfulness into a trauma-informed practice. The critical review begins by surveying literature on the neurological impacts of trauma, identifying the stages of trauma treatment and how to utilize a client's window of tolerance to improve functioning and increase acceptance of difficult emotions. While the historical uses of art therapy and mindfulness have separately been studied thoroughly, this review discusses how the two intersect to create a synergetic practice and create opportunities to alleviate residual trauma responses. The interventions examined in the research address self-exploration, creative intelligence, post-traumatic growth, awareness, and acceptance through a trauma-informed lens. Conclusions drawn from the literature indicate that through the combined practice of art therapy and mindfulness, traumatized adults are better able to learn healthy coping mechanisms that improve emotional regulation, build resiliency, better integrate their traumatic experiences, and help them remain grounded in the present moment.

Keywords: art therapy, mindfulness, adults, trauma, resilience, emotional regulation, coping

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Introduction

Trauma is becoming a more widely recognized and addressed issue within the mental health field, affecting people of all ages, races, and cultures. There is an increased witnessing of its effects, both acute and long-lasting, resulting in higher needs for proper treatment. While there are many approaches to trauma-informed care, the inclusion of the expressive arts has created a more comprehensible way for clients to approach their traumatic experiences through visual recovery and growth. Adults with a history of trauma are a widespread population, and since we now have a clear understanding of how trauma alters the brain as well as our stress responses, we have a much better grasp of how seriously we must approach treatment methods. Research literature on trauma tends to concentrate on the difficulty that clients can have in verbally acknowledging their experiences and maintaining their grasp of reality when engaging in talk therapy. The inclusion of the creative arts therapies in treatment, specifically art therapy, provides a more effective mode of treatment for adults who have experienced trauma due to the art therapist's ability to present interventions in a unique and safe way for clients to engage in.

The motivation to create this thesis stemmed from a personal love and curiosity of the involvement of the arts and mindfulness as healing factors in trauma recovery. The study of trauma is pertinent within the fields of psychotherapy and the creative arts therapies, however the efficacy of art therapy and mindfulness is still a relatively foggy area of research, as many methods of art therapy and mindfulness can't be measured quantifiably. Considering the physical, neurological, and emotional impact that a traumatic event can have on a client, I believe art therapy and mindfulness both play active roles in helping to re-stabilize a client,

rewiring the brain to diminish the fight or flight response and helping the client work towards healthy emotion regulation, self-expression, and coping skills. As an art therapist in training as well as an avid supporter of intentionality and awareness in the therapeutic practice, I am struck by the numerous ways that these two therapeutic approaches can not only co-exist beneficially but provide specific opportunities for healing with traumatized populations. Through the exploration of existing research, this thesis focuses on the combination of art therapy with mindfulness and the therapeutic benefits that this joint therapeutic approach may bring to adults with a history of trauma. By acknowledging and understanding how the utilization of art therapy and mindfulness can lead to new treatment ideas and program developments, we can also hope to grow our understanding of how to approach trauma-informed treatment with an expressive lens.

In the past few decades, art therapy has successfully provided positive treatment framework for clients, helping clinicians properly attune with their clients through the inclusion of unconditional positive regard, consistency, and goal setting. This approach has allowed clients to pay attention to their own trauma narrative while teaching relaxation techniques (Naff, 2014). Such research begins to introduce awareness into the art therapy process without specifying mindfulness, teaching clients to begin to manage their symptoms through awareness and containment. Art therapy provides an opportunity for posttraumatic growth, allowing clients to better honor their memories and gain perspective of their experiences. This has been researched successfully, treating clients by using artistic expression to help them develop a stronger sense of life purpose, find inner balance, and gain a sense of moving forward by the end of treatment (Mohr, 2014). By including the arts into trauma-informed therapy, the clinician focuses on providing a visual voice for the client, increasing the likelihood that they will begin to

acknowledge their experiences as treatment progresses and begin to better integrate their memories and emotions surrounding the trauma (Kruger & Swanepoel, 2017).

The therapeutic approach of mindfulness in conjunction with art therapy has become more widely discussed in the trauma field throughout the last few decades. Mindfulness is a beneficial practice, both during treatment as well as after treatment ends; it teaches the client personal, achievable methods to use when facing challenging or triggering moments, training themselves to cope with the vicious cycle of negative thinking that often follows a trauma. By combining art therapy and mindfulness, we begin to see how complex trauma is perceived differently by clients with differing trauma experiences, focusing on engaging in the present and safely processing themselves while incorporating coping skills (Kalmanowitz & Ho, 2017). The various methods of combining art therapy and mindfulness are vast, providing increased chances for clients to enhance their self-discovery, acceptance, and empathy. In order to properly integrate these two themes with trauma work, clinicians should be open and engaged themselves, so that they can properly guide clients to engage with the sensations, images, emotions, and memories associated with their experiences, as this will increase the likelihood that clients will be able to improve their well-being (Rappaport, 2014). Since dissociation is a common symptom of trauma, mindful art therapy practices help a client stay present in the moment and remind themselves that they are safe. By creating a greater sense of safety, the client can better organize their memories and gain an increased sense of self-compassion.

While there are many treatment approaches to trauma-informed care, the inclusion of art therapy and mindfulness have proven to be a widely successful way of helping clients regulate their emotions, explore nonverbal ways of fostering emotional regulation, and create a more consistent narrative of their experiences through visual representation. More treatment centers,

both inpatient, outpatient, and community-based centers are incorporating art therapy into their trauma recovery programs, realizing that it truly helps clients integrate their experiences and allowing them to create a new sense of self as they move forward with their lives. As the field continues to grow, we can hope to see a continuation of the positive effects of art therapy in trauma care, creating a more inspiring and defined path for future clients.

Literature Review

Trauma

Over the last several decades, the world's understanding of trauma has progressed enormously. Between private researchers like Bessel van der Kolk and Bruce Perry, and national-scale organizations like the American Psychiatric Association and the American Art Therapy Association, we have created numerous definitions for what trauma is and how to best perceive it. Founder and director of the Trauma Center in Boston, Bessel van der Kolk describes trauma as anything “unbearable and intolerable, affecting not only those who are directly exposed to it, but also those around them” (van der Kolk, 2015, p. 1). Director of Herron School's graduate art therapy program, Juliet King categorizes it as “the occurrence of an event or series of events that overwhelms an individual's ability to cope” (King, 2016, p. 42). Owner and director of the San Francisco Center for Integrative Anxiety Solutions, Dr. Gregory Fonzo focuses on trauma as specific events a person can experience, defined as “direct or vicarious exposure to actual or threatened death, serious injury, or sexual assault, or learning about such an event happening to a close significant other” (Fonzo, 2018, p. 214). From the diagnostic criteria of the American Psychiatric Association's Diagnostic Statistics Manual (DSM), trauma is anything that has been experienced, witnessed, or confronted with that is outside the range of human experience, making trauma a more open-ended diagnosis that can affect people both

directly and indirectly (American Psychiatric Association, 2014). These definitions of trauma are all important to consider when approaching therapeutic work with traumatized adults, and while they focus on various parts of the greater picture, they all move our understanding of trauma and appropriate interventions one more step forward.

Trauma has been called many things over the years; ailments known as soldier's heart, battle fatigue, railway spine, and shell shock have evolved into what we now know as post-traumatic stress, and with this modern diagnosis comes a greater understanding of the neurological reactions that happen during and after a traumatic event. It is because of this understanding that we can acknowledge that "individuals with trauma histories often remain in biological and psychological survival mode, even when they are no longer subject to the same risk of danger" (Courtois & Ford, 2016, p. 3), and focus on why this survival mode is still turned on after the actual threat of danger has been long gone. In looking inward, the premise of this survival mode rests in our brain. Since the 1990's, brain-imaging technology has revealed how the brain processes information through positron emission topography, also known as PET scans, and functional magnetic resonance imaging, or fMRI scans. These scans have allowed researchers to witness how the brain is activated in stressful situations and how humans process emotions, stimuli, and memories throughout some of their more traumatizing experiences (van der Kolk, 2014). In order to make sense of traumatic responses, we look first at the central nervous system (CNS), specifically the sympathetic nervous system (SNS). When we experience a threat of any kind, the initial sounding alarm is the amygdala, a part of the limbic system (Duros & Crowley, 2014). Once this alarm is sounded by the amygdala, the chain of reaction moves to the thalamus, which acts as a relay station for sensory information. The thalamus sends a wake-up call to the brain stem, which responds by telling the hypothalamic pituitary adrenal

(HPA) axis to release norepinephrine, a chemical that functions as a hormone and neurotransmitter, that stimulates the brain. The HPA axis is responsible for communications between hypothalamus and the pituitary and adrenal glands, controlling a good portion of the body's reactions to stress. The hypothalamus, which controls the endocrine system and our basic human drives, signals to the pituitary gland to release adrenaline and cortisol, the stress hormones of the body. Almost simultaneously, the brain stem, critical for creating fast, defensive responses, sends signals to all the major organs and muscle groups in the body, accelerating the heartbeat, increasing blood flow, dilating the pupils, and opening the bronchi in the lungs, preparing the body for what we know as the fight or flight response. This initial chain of responses happens within seconds, and before we know it, the brain is on high alert, and stress hormones are flowing through our veins (Duros & Crowley, 2014). The release of cortisol activates a feedback loop, causing a chain reaction that continues to stimulate the amygdala until the perceived threat has passed. The continued cortisol production suppresses the hippocampus, which slows down the digestive system. By this point, the vagus nerve, an integral part of the automatic nervous system (ANS), turns off, and in doing so, increases the emotionality in our responses (Duros & Crowley, 2014). With the ANS deactivated, the rest or digest response, which controls the body's ability to find homeostasis after fight or flight, is unable to relax the muscles, slow the heart rate, or decrease the stress hormones sitting in the body, allowing the cortisol response loop to continue activating the SNS.

Over time, this continued activation causes the amygdala to become hypersensitive and activated more easily to external stimuli, which is why many trauma survivors are in a constant state of arousal. The long-term dysregulation of norepinephrine and cortisol in the system create a vulnerability within the body, specifically in the hippocampus and the amygdala. The frequent

repeated stimulation of the SNS affects the amygdala, which controls emotion, and the hippocampus, which controls memory formation. These disturbances inhibit the amygdala, suppressing the individual's fear and limiting their emotional responsiveness, and decrease the hippocampus' ability to form and store memory, causing the events surrounding the trauma to remain in an activated, short-term state. This also impacts the ability to create explicit memories, the more complex memory formation that involves verbal recall, further preventing the memories from being properly integrated (Duros & Crowley, 2014). As the hippocampus becomes overworked, our memory of what actually happened in the traumatic event becomes hazy and fragmented, and often exists without access to language, preventing a survivor from being able to understand or verbalize their traumatic experience. When an over-sensitized amygdala combines with an under-functioning hippocampus, perceived threats find a place in implicit memory, which recalls memory unconsciously, making survivors highly reactive to anything related to their experiences (Duros & Crowley, 2014). Considering this entire process from the initial trigger, it is no wonder that trauma survivors often find themselves overwhelmed or shut down when the slightest external stimuli can ring our response alarm. These overwhelmed and shut down reactions are sometimes referred to as 'on' and 'off' positions, as the inability to release traumatic stress causes a symptomatic response. When someone is stuck in the 'on' position, they often report symptoms of anxiety and panic, hypervigilance, anger and irritability, being on high alert, heightened emotionality, and chronic pain. Alternatively, when someone is stuck in the 'off' position, they often present with a flat affect, appear lethargic and disoriented and report constant fatigue and dissociative symptoms (Duros & Crowley, 2014). This 'off' position is more likely to occur if the threat doesn't disappear, causing the individual to shut down completely and enter a state of no pain and limited awareness of their surroundings.

This is an adaptive way for the body to respond to inescapable trauma and represents itself physically by a person experiencing a lowered heartrate, slowed, limited breathing, and a slowed metabolism. By understanding this process, we are able to better comprehend how trauma sits in the brain and the body when someone feels under constant threat.

Trauma and the post-traumatic stress that often follows a traumatic experience can manifest itself in many ways. The nature of trauma reactions resides in three main domains, including emotional dysregulation, loss of self-integrity, and conflicts with the ability to relate to and be intimate with others (Courtois & Ford, 2016). We witness all three of these reactions within post-traumatic stress disorder, or PTSD, which causes significant changes in emotion and affect. This can include severe exaggeration of negative emotions like fear, anxiety, anger, shame, and guilt, as well as the frequency a survivor feels them (Fonzo, 2018). PTSD is characterized by intrusive thoughts, dreams, and dissociations, in which the client feels as if the traumatic event is recurring, often accompanied by a complete loss of awareness to present surroundings (American Psychiatric Association, 2014). This distress is intense and prolonged, often being triggered by an internal or external stimulus that symbolizes or resembles any aspect of the initial trauma. As discussed previously in the neurological reactions to trauma, survivors are often unable to remember important parts of the trauma, as few to no explicit memories would have been created during the event. This can lead to distorted beliefs about the cause of the trauma, often leading the individual to blame themselves, causing exaggerated negative beliefs about themselves and a detachment from others. In addition to the presence of cognitive and mood disruptions, the client will often persistently avoid stimuli associated with the trauma, including people, conversations, or situations that arouse memories, thoughts, or emotions associated with the event (American Psychiatric Association, 2014). Trauma-related disorders

are also diagnosed around a persistent negative emotional state, preventing the individual from experiencing positive emotions and leading to diminished positive affect. Since post-traumatic stress manifests itself through negative affect and emotions like shame and guilt, there is a reduction in inherently positive emotions and affective states such as happiness or love as a result of the neurocircuitry of reward and positive emotion being stunted by continued implicit denial (Fonzo, 2018). Through this process, the individual separates their emotion from the traumatized part of themselves, creating an interference between feelings of fear and anxiety and their experience with more positive emotions. Since there are very few structures of the brain that specialize in either positive or negative emotions, areas that are heavily impacted by fear and threat are increasingly activated while the parts of the brain that control positive valence and reward are being used for aversive, avoidant behaviors. This leads to the emotional numbing that accompanies PTSD and contributes to the decreased levels in energy, pleasure, and engagement in a client.

It is important to note how varied the long-term impacts of trauma can be, as seen with Stan and Ute Lawrence in *The Body Keeps the Score*. After being part of an 87-car pileup, they experienced their trauma in two different ways; after the accident, Stan was experiencing regular dissociations and continuously reliving the memory as if it were happening over and over again, while Ute depersonalized and went numb to reality (van der Kolk, 2015, p. 66). In Stan's brain, his amygdala was being repeatedly aroused into overdrive and triggering stress responses, unable to distinguish between past and present. Additionally, his dorsolateral prefrontal cortex was deactivated, becoming trapped in that moment and preventing him from being able to process the trauma. In Ute's brain, she went into survival mode and as a result, nearly all of her brain activity decreased (van der Kolk, 2015, p. 71). The amygdala, thalamus, and the dorsolateral prefrontal

cortex all failed to activate, causing a lack of stress hormones to be released. Instead of being hyper-aroused and in a constant state of stress like her husband, Ute was unable to focus or orient herself to what had happened during the accident, as her brain had all but tuned out during the experience. In understanding how to properly treat traumatized adults, it is imperative to recognize how stimuli related to the trauma affects a client long term.

Having an in-depth knowledge of how the brain responds and changes after a traumatic experience provides health care professionals with the understanding of how to approach treatment options. Understanding that the automatic nervous system (ANS) and parasympathetic nervous system (PNS) provide answers for recovery brings us one step closer to better integrating appropriate interventions for diminishing hyperarousal and post-traumatic stress with clients. Since we already know how the SNS activates the fight or flight response, we look to the other half of the ANS to relax and calm the system, the PNS. If we compare the ANS to a see-saw, we can grasp how the system works; when the SNS is activated and our fight or flight response is engaged, the PNS is deactivated, and when the PNS is activated and our system prepares for rest and relaxation, the SNS is deactivated. The systems work together to react appropriately to situations, but when the SNS remains activated and engaged, the other side of the see-saw is unable to participate in helping the body find homeostasis. It is with this information that trauma-informed providers can focus on re-balancing the ANS, countering the overactive responses with a sense of wellbeing and relaxation.

Trauma-Informed Approaches

Understanding how trauma manifests itself throughout a survivor's life is complicated but central to moving towards the right path of treatment. Depending on the type of trauma, any number of symptoms can appear and follow a survivor throughout their lives, and it can be hard

to distinguish the best approach to overcoming a traumatic experience. Luckily, years of research on the subject have allowed practitioners to discover possible methods of healing. A few methods of treatment have come to the forefront of the field, as they approach healing with a trauma-informed lens, and while heavily debated on which is the best, they all have their merits. Focusing on processing trauma by starting at the stimulus, the bottom-up approach practices allowing the body to experience helplessness, rage, and collapse that results from trauma (King, 2016). By starting to process information from our reptilian brain, the part of our brain that develops first in utero and which controls our automatic body functions and threat responses, practitioners following a bottom-up approach utilize more body-centered interventions to process trauma such as yoga, eye movement desensitization reprocessing (EMDR), and sensorimotor psychotherapy. This method of treatment is the most helpful when a client is in a preverbal state in regard to their trauma, meaning they are unable to verbalize the experiences surrounding their trauma. Alternatively, focusing on developing pattern recognition through contextual information, the top-down approach practices healing through talking, reconnecting with others, and bettering our understanding of what is going on with us while processing our trauma memories (King, 2016). By beginning information processing through our neocortex, or thinking brain, which is the last part of the brain to develop, we focus on the cognitive abilities of the client. Providers following a top-down model will often use cognitive behavioral therapy to help clients begin to think differently about their experiences. This approach to treatment works best with clients who have moved past the preverbal stage of trauma and are able to process their experiences verbally. There is also treatment through medication management, which shuts down inappropriate alarm reactions and adapts how our brain interprets external stimuli. While

these have been heavily debated over the years, many would argue that an eclectic mixture of all three methods is the most successful.

The treatment of trauma has been broken down into a three-phased sequenced model by Judith Herman. Clinicians utilizing this model should take note that while this sequence was created as a general path for mindful healing from trauma, recovery is an individual experience and will look different for every client. Before beginning trauma processing, it is important to help clients define their window of tolerance, or a zone of arousal where a person is able to function most effectively. A client's window of tolerance can change depending on stress levels, and when a client is outside their window of tolerance, they may be dysregulated more easily and sent into hypo- or hyperarousal. By helping clients build the skills necessary for increasing their window of tolerance, clients will be able to sit with their memories and experiences in treatment without being retraumatized and be better able to build their capacity to heal. Phase one of Herman's model is approached in combination with pre-treatment work, laying the foundation that provides a path to clear away aspects of past trauma. This first phase focuses primarily on personal and environmental safety and stabilization, using personal resourcing to build on the client's existing strengths and resilience (Courtois & Ford, 2016). In this phase, the client and therapist develop a working alliance, a crucial part of the therapeutic relationship, as it helps to increase trust and empathic validation. This therapeutic alliance also improves the client's relationship skills and expectations, which are often affected when a trauma involves feelings of fear, betrayal, and general unease. Phase two focuses on trauma memory and emotion processing, helping the client increase their awareness of their trauma and their emotional state. This often revolves around a self-reflective process of the client's experiences, as they become the basis for determining a more direct method of working with the person's trauma.

Interventions in this second phase address the common avoidance that clients are often dealing with, as avoidance in combination with extreme arousal states often equate to posttraumatic emotional dysregulation (Courtois & Ford, 2016). By creating a therapeutic exposure to the traumatic memory, the therapist facilitates a safe way of re-experiencing and appraising emotions, physiological sensations, and memories surrounding arousal in a controlled, safe environment. This helps to develop an increased understanding of their experiences and creates a more coherent personal narrative. Phase three of Herman's model is focused on consolidating therapeutic gains by applying the knowledge and skills from the first two phases into treatment goals that can be continued after termination. This final phase helps the client move toward ending treatment by doing extensive remodeling that makes a formerly compromised or dysfunctional life worth living (Courtois & Ford, 2016). Interventions in this phase involve practical options for change and responding to future life events with an increased tolerance of stimuli, self-knowledge, and mindfulness. By the time a client is at the final phase, they should have reached a point of self-acceptance and resolution as they face posttraumatic redirection and work towards building a meaningful future.

Art Therapy

While art has historically served as an aesthetic practice, often making us think of well-known artists who are memorialized in museums, it has evolved to become connected with other purposes, ones that are linked to personal growth, self-understanding, empowerment, and healing. Art can hold and convey a wide range of meaning and emotion, often channeling ideas and experiences without words or language. We acknowledge this evolution of the use of art as a healing agent through the creation of the field of art therapy. Grandmother of art therapy Elinor Ulman defined art therapy as “the means to discover both the self and the world, and to establish

a relation between the two” (Rubin, 2010, p 25). Growing from the understanding that art is a form of self-expression, art therapy helps clients to better understand who they are, facilitates ways of managing emotions, and creates opportunities for clients to effectively communicate through visualization, creative expression, and symbolism. It is no wonder that art therapy has been expanded and adapted to treat a wide variety of needs, including that of traumatized adults. By providing the meeting ground for internal and external experiences, art therapy can create healthy ways of coping with traumatic events or stressors that are too difficult to face and properly integrate into our sense of self.

Art therapy offers an alternative approach to trauma treatment, providing interventions that can be used in a wordless and nonverbal state that many traumatized adults find themselves in. Utilizing art therapy with a trauma-informed mindset helps providers to better recognize the impact of trauma and victimization on a person’s development and adapt their interventions accordingly, often employing an empowerment model. The goal of this model is mutual and collective, allowing clients to feel as if their experiences and choices are validated through creation of art, the consistency of the art therapist, and the understanding that they are ultimately supported through their recovery (Courtios & Ford, 2016). This connectedness and support through the integration of art can increase the amount of communication in a therapeutic relationship, increase feelings of emotional control, and ultimately help the client to improve other interpersonal relationships. By creating a safe space within which a client can begin their healing process, we are more likely to create the availability for imagination and attunement to find an interplay between language and imagery. This allows clients to begin to look and re-look at their experiences through a different lens, allowing artistic creation and expression to encourage relaxation, improved concentration, and an increased connectedness to one’s needs

(Schouten et al, 2014). A maxim in art therapy is the notion of ‘trusting the process,’ and by embodying this ideal ourselves, we can hope to help our clients do so as well.

In the past few decades, we have seen a rise in the use of artistic interventions with traumatized adults resulting in positive findings. More researchers are making connections between artistic expression and the integration of traumatic memories through the creation of a visual narrative and increasing awareness of how to engage with the expressive arts through a trauma-informed lens. Utilizing art as an additional way of communicating and expressing one’s needs and emotions in treatment, art therapists strive to maximize the client’s choice and control within the creative space, allowing for an atmosphere that is respectful, safe, and accepting. This increases the possibility for empathy and attunement, allowing for improved attachment and regulation through secure interactions with the therapist. Integrating art therapy into trauma treatment also helps to enable the client to better process their traumatic experiences through interventions that provide opportunities for the client to distance themselves from the emotions surrounding the trauma itself and to instead attach meaning and documentation to reduce the fragmented nature of the memories surrounding the trauma (Schouten et al, 2014). Art-oriented interventions often aim to elicit feelings of change, development, and acceptance in an intentional way, and many studies are finding results that indicate that utilizing these interventions decrease PTSD symptoms by minimizing arousal, avoidance, and dissociative symptoms such as numbing and flashbacks. By affirming their experiences and allowing art to play a role in their healing process, clients are able to better balance their emotional needs while allowing for posttraumatic growth and cognitive restructuring.

We witness this use of art therapy as a method of promoting posttraumatic growth and healing following a natural disaster. In a research study exploring the importance of finding

meaning in traumatic experiences, Elizabeth Mohr (2014) investigates the use of trauma-informed art therapy with youth survivors of the 2007 Peruvian earthquake. The participants of the study were 11 adolescents between the ages of 11 and 19 who had been affected by the earthquake, were members of an activist-oriented performing arts youth group and who wanted to share their experiences of recovery. The four-month program consisted of photo elicitation, followed by artmaking and community sharing, focused on providing a visual voice for the survivors (Mohr, 2014). Using feedback and interviews with the participants as well as field notes written by Mohr, the data was analyzed to determine whether their creative process allowed the participants to find posttraumatic growth by honoring their memories and gaining perspective with their traumatic experience. The results showed that using artistic expression helped participants to better connect and empathize with their community, develop a stronger sense of life purpose, find inner balance, and gain a sense of moving forward, affirming that art therapy does indeed promote posttraumatic growth (Mohr, 2014). Although the study was facilitated with an adolescent population, the concept of providing a visual narrative through photography has no age limits and could easily be utilized with an adult population. By focusing on the role that art has in increasing personal balance and hope, this study provides opportunities for survivors to use creative expression to healthily move forward with their lives by bettering a community's perspective on survival.

With the existing understanding that unprocessed trauma memories lack narrative and perspective, modern art therapists can hope to use neuroscience to their benefit in designing appropriate interventions for traumatized clients (Kruger & Swanepoel, 2017). Preverbal, implicit memories are often fragmented and differing from explicit memories, are often manifested through physical sensations and reminders of the trauma. Clients often describe these

fragments of the experiences as flashbacks or intrusive thoughts, serving more as painful, confusing reminders than as a part of their self. Since these implicit memories can be overwhelming and cause a break in reality, art therapists are aiming to engage clients in the present while gaining better control over themselves when they get dysregulated. Since artmaking engages the mind in a unique way, clients are better able to accept implicit memories stored around the trauma, utilizing artistic expression to fill in the language gap and pairing the emotional right side of the brain with the rational left side of the brain, helping to facilitate the change to explicit memories (King, 2016). While a client may not always reach a coherent visual narrative, memories often reveal themselves through natural symbolic metaphors. This beginning stage of memory extraction helps clients to put their memories on a timeline, so that they can begin to decipher what transpired and move towards verbalization and integration.

This reintegration of memory is demonstrated in an investigation of the relationship of art to therapy. In a social constructivist research article, Deirdre Kruger and Marna Swanepoel (2017) explored how creating meaning through a ten-week digital art trauma therapy group helps female survivors of trauma integrate their memories through a visual narrative. Kruger and Swanepoel used a case study design, aiming to discover how digital metaphoric imagery helps survivors find meaning in their experiences when integrated into cognitive behavioral trauma therapy. The participants of the study were four abused girls between the ages of 13 and 15 from a safe house who were chosen using critical case purposive sampling. The program consisted of digitally creating a four-part visual metaphor that focused on each client's trauma memories and accompanying feelings. Using pre- and post-group interviews and image data with enquiry, the data was analyzed to determine whether art therapy can be used as a form of communicating traumatic experiences (Kruger & Swanepoel, 2017). The results of this study showed that the

participants' imagery revealed metaphoric parallels with their experiences, presenting adaptive trauma reactions that evolved throughout the process, from avoidant behaviors to features of healing. This affirmed that integrating art into trauma therapy helps clients attach meaning to their traumatic memories, reflect a new understanding of their experience, and improve their emotional states.

When working with clients who have already begun moving their memories towards the left side of the brain and better integrating memories to an explicit, declarative state, there is the possibility for art therapists to approach the reduction of PTSD symptoms on a more cognitive level. We witness this in a pilot study facilitated by Rachel Mims (2015), in which she used a six-week visual journaling art therapy group with veterans in recovery to reduce symptoms of stress, anxiety, depression, and trauma. In designing the study, Mims aimed to discover how the use of visual journaling impacted a veteran's well-being, symptoms, life functioning, and possibility of risk to self or others, as well as grasp an idea of their lived experience (Mims, 2015). The participants of the study were two veterans from a homeless veteran housing program in Florida, both diagnosed with PTSD, depression, and anxiety. Using pre- and post-group Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) and individual interviews, the data was analyzed to determine each participants level of global distress, showing increased self-knowledge, calmness, and confidence, and decreased rumination (Mims, 2015). While the CORE-OM showed mixed results in risk and functioning, the interviews showed that the participants benefitted from the journaling group, and the test-retest reliability was high. There were also factors that most likely affected the results, such as both participants missing multiple journaling sessions. While this quasi-experimental article was comprehensive, Mims acknowledged that the sample size was too small, and that the participants were also receiving

other forms of mental health treatment during the time of the study. Setting the stage for future research, this study helps indicate to providers in the art therapy field that integrating arts-based treatment on a more cognitive level helps to decrease the stress, anxiety, and depression that accompanies trauma while increasing a client's confidence and hope, moving towards a more future-oriented mindset.

As we begin to have a greater understanding of how useful the arts are in decreasing the effects of trauma, we are seeing more art therapists organizing specific frameworks for treatment. We have already witnessed the positive results yielded from Mohr (2014), Mims (2015), and Kruger and Swanepoel (2017), and art therapists are continuing to delve into formulating appropriate evidence-based approaches that positively impact those seeking help. Kristina Naff (2014) utilized a more broad-spectrum approach to proving the usefulness of art therapy with traumatized adults in her comprehensive research study with clinicians who have successfully treated trauma in the past. Working with three art therapists, Naff performed structured interviews with the chosen clinicians, having them explain how they perceive trauma in a client, including symptoms, the specific trauma experiences, their approaches to treatment, and the client's responses to the art directives (Naff, 2014). She even had them create their own artistic representations of their approaches, focusing on their attention to symptom presentation and their level of attunement to their client's level of distress. Naff includes themes associated with each clinician's treatment approach, focusing on "flexibility and fluidity, security and containment, and attuned therapeutic presence" (Naff, 2014). She included data analysis in accordance with each clinician's process, using both open and axial coding. Naff discovered that trauma-focused cognitive behavioral therapy (TF-CBT) was the most effective approach in accordance with art therapy, as it allowed clients to pay attention to their own narrative of their

trauma while teaching relaxation techniques to manage their symptoms. She concluded that the keys to properly attuning with clients and successfully treating trauma with art therapy is the inclusion of unconditional positive regard, consistency, and goal setting (Naff, 2014). The methods and measurements of this author were thorough and clear, indicating that the client's subjective experience of trauma will dictate their emotional response, as well as the severity and presentation of their symptoms. It was also important that Naff noted that treatment plans should leave plenty of room for flexibility, as every client reacts to treatment approaches and triggers differently.

These studies are all positive examples of how art therapy is an effective form of treating traumatized adults, helping clients by meeting them at their level of need and giving clients the opportunity to work within their window of tolerance. In doing this, art therapists assist their client in forming a creative space where they can improve functioning and increase their tolerance for emotions surrounding their experiences. We see evidence of this as more traumatized clients improve attention, memory integration, and resilience through artistic healing practices. By connecting treatment methods with a rounded neurological understanding of trauma, art therapists are better able to bridge the gap linking expressive work with sensory-based techniques that work to heal the body and mind, making possible treatment approaches more practical and more tangible.

Mindfulness

Thanks to decades of research and countless studies, we now have a better understanding that trauma cannot be resolved from left-brain-oriented interventions alone. Since trauma sits so heavily in the body, some of the more effective treatment approaches focus on calming the nervous system while utilizing talk therapy. By examining the see-saw relationship of the SNS

and PNS discussed previously, mindfulness-based clinicians are better able to create trauma-oriented interventions that focus on rebalancing the system, countering the overreactive reactions with a sense of wellbeing and relaxation. Some of these methods include yoga, focusing breathing, and guided imagery, all of which fall under the category of mindfulness (Duros & Crowley, 2014). Since mindfulness has become a more broadened and widely-used term in the past decade, it's usage here can be defined by some of the leading therapists integrating it into their work. Zen master and chairman of the Vietnamese Buddhist Peace Delegation Thich Nhat Hanh has been understanding mindfulness as a state of being awake and fully aware since the early 1970's, opening the gate to bring greater self-understanding into daily life through meditation, concentration, and relaxation (Hanh, 1987). While approaching mindfulness from a broad stance, Hahn has shared his teachings of how to bring a mindful practice into any action, from something as simple as washing the dishes to finding healing and peace. Art therapist Laury Rappaport has grown her practice from this foundation, defining the use of mindfulness as the "practice of bringing awareness to the present moment with an attitude of acceptance and non-judgement" (Rappaport, 2014, p.24), and she expands upon that definition through her work with Debra Kalmanowitz, in which they utilize mindfulness as a means by which clients can bear witness to themselves and their experiences by being open and aware. By understanding the role that mindfulness plays in conjunction with empirically-based interventions, we are able to build more concrete mind-body approaches that recognize fight or flight patterns and help regulate emotions and responses to external stimuli, finding a balance in using both bottom-up and top-down processing.

Many current mind-body approaches to mindfulness work focus on the rest and digest response that gets diminished when the ANS is deactivated in a traumatic response, working

with the limbic system and brain stem to balance mood, increase cognitive abilities, and improve physiological regulation to decrease trauma-related symptoms (Duros & Crowley, 2014). One of the more commonly used methods of reducing daily stresses is practicing yoga, which when incorporated into trauma care, is the ideal combination of breathing and movement to provide healing. By focusing on body awareness in a structured, safe environment with the guidance of a supportive and attuned trauma-informed yoga teacher, yoga helps decrease heart rates, regulate arousal, and remind clients that they have control and choice in their practice (Duros & Crowley, 2014). Over the course of this practice, clients are better able to sit with the sensations in their body and learn to tolerate physical and emotional feelings in a more regulated state, adapting to the way that they hold stress and trauma in the body and the mind. A combination of yoga with a mindfulness practice allows for clients to take note of where they are at, emotionally, mentally, and physically, and learn to pay attention to themselves in the present, with a greater sense of intentionality (Duros & Crowley, 2014). While a silent meditative practice can be overwhelming or triggering for traumatized clients in the early stages of treatment, inviting clients to just notice their inner experiences around their yoga practices and daily routines can keep them engaged and prevent dissociation or hyperarousal. Since mindfulness is a way for many individuals to feel grounded and safe, utilizing mindful yoga as a form of healing can help them remain in the present moment and approach external stimuli with a more concrete awareness (Duros & Crowley, 2014). By paying attention to their internal and external world, clients are more likely to root themselves in a more concrete state of rest, relaxation, and recovery.

Practices like yoga are indications that mindfulness can alleviate some of the more physiological effects that trauma can have on the body, creating opportunities for clients to appreciate their experience of self in the present. Since we understand that trauma can represent

itself somatically, it is important for providers to understand how to meet a client's physical needs as well as their emotional needs. We witness a positive example of this in a pilot study examining the effects of mindfulness-based stress reduction (MBSR), in which Autumn M. Gallegos, Meghan C. Lytle, Jan A. Moynihan and Nancy L. Talbot (2015) worked with trauma-exposed women to discover how the use of MBSR impacts a client's psychological functioning and inflammatory biomarkers. The researchers used a randomized control trial, recruiting 42 women with a history of interpersonal trauma who reported high levels of stress and randomly assigned them to one of the two-hour weekly groups (Gallegos et al, 2015). The eight-week program consisted of MBSR emphasizing the development of sitting meditation, walking meditation, mindful movement, and body scans, focusing on helping the participants foster a calm, nonjudgmental awareness of one's self and to improve feelings of safety (Gallegos et al, 2015). Using self-reporting through the Traumatic Life Events Questionnaire (TLEQ), the Mini-Mental Status Examination (MMSE), the Spielberger State-Trait Anxiety Inventory (STAI), and the Difficulties in Emotional Regulation Scale (DERS), the data was analyzed to determine each participant's level of stress, showing significantly decreased levels of emotional dysregulation, anxiety, stress, depression, and PTSD symptoms (Gallegos et al, 2015). The results of this study showed that all indicators had changed significantly, demonstrating that MBSR had a positive effect in boosting daily mindfulness while lowering maladaptive emotional regulation tendencies and physiological dysregulation that causes inflammation, affirming the connection between mental health and immune functioning. Setting the stage for future research, this study helps to strengthen our understanding of how mindfulness can be integrated into treatment methods and improves our understanding of how client can benefit from an increased level of intentionality in their recovery.

With a greater understanding of how the emotional and mental states of a client affect the presentation of their trauma symptoms, researchers are beginning to integrate techniques to calm the mind within trauma treatment, working towards teaching clients how to alleviate their own symptoms through increased intentionality. In a research article investigating whether rumination is associated with increased trauma symptomology, Sungjin Im & Victoria M. Follette (2016) consider the role of rumination and mindfulness in relation to trauma with college students who reported histories of multiple traumas. Working with 164 undergraduate students, 100 women and 64 men, Im and Follette used the Stressful Life Events Screening Questionnaire (SLESQ), the Five Facets Mindfulness Questionnaire (FFMQ), the Ruminative Response Scale (RRS), the PTSD Checklist-Civilian Version (PCL-C), and the Brief Symptom Inventory (BSI) to determine each participants level of trauma-related symptoms, their ruminative behaviors of self-focused thought-processes about the meanings, causes, and consequences of their traumatic experiences, and how mindfulness is utilized surrounding participants' levels of awareness, reactivity, and judgment in their daily lives (Im & Follette, 2016). The results of this study showed that increased practices of mindfulness predicted lower rumination, causing participants to endorse lower levels of trauma symptoms. This demonstrates that clients who engage with mindfulness more frequently are less likely to experience rumination and report less PTSD symptoms, affirming the strong correlation between mindfulness and healing, as it changes how trauma survivors connect with their internal experiences.

Art Therapy and Mindfulness

Mindfulness and art therapy have both had incredible impacts on mental health, opening the door for both mindfulness-based clinicians and art therapists to create more in-depth interventions. Considering the experiences and needs of traumatized clients, I posit that the two

practices would go hand-in-hand and provide more comprehensive ways of connecting with the therapeutic process on a deeper level. We see the synergetic relationship between the two practices in so many ways, including representing pathways of attuning with oneself in directly-related ways. In a mindfulness practice, clients are encouraged to look inward and tune into their experiences and their mental and emotional state, using grounding techniques and a present-based mindset to balance the thoughts and memories that have been tumultuous and need addressing. In a therapeutic art practice, clients are encouraged to express those internal findings and emotions creatively, whether through symbolic representation or a cathartic body-based process that focuses on connecting with materials, allowing for an alternative form of communication. Through the combination of these positive practices, clinicians can better help clients to connect with themselves and their treatment in safe, intentional ways.

While the concept of combining mindfulness and art therapy is still young, one modern art therapist who has taken on incorporating mindfulness into her therapeutic practice is Laury Rappaport. In recent years, she has honed in on how intentionality and focus can provide critical ways of attuning with the body during artmaking, and better helps her client to harness their creative voice. Her earlier research has helped to bridge the gap between mindfulness and psychotherapy, providing focusing methodology and inward-directed exercises in her book *Focusing Oriented Art Therapy* (Rappaport, 2009). By recognizing that mindfulness and focused-oriented therapy is rooted in both existential and humanistic approaches, Rappaport integrates themes of resonating, asking, and receiving within her theoretical framework, redirecting and reframing Carl Rogers' idea of growth by focusing on self-acceptance and compassion through increased witnessing by both the client and the therapist (Rappaport, 2009). This helps the client to be more aware of themselves during treatment and increases their ability

to notice when coping skills are necessary while teaching them how to turn inward to cope. By having a focus-based approach to art therapy, clinicians are better able to use art and imagery as a healing process by utilizing the body's felt sense, as both mindfulness and art therapy are powerful tools for facilitating change. Creative activity provides multitudes of opportunity for clients to use intentionality, including what colors to use, what shapes and images to make, and when the art piece is finished, and by engaging with intentionality, clients begin to have an inner dialogue during their creative experience (Rappaport, 2009). Depicting this internal experience through the completed artistic representation, clients are more likely to feel engaged with their inner sense of self and reflect upon their final, tangible art piece as a part of themselves and their experience. In consideration of traumatized clients, Rappaport focuses on the need to cultivate safety within the body and how to look inward without being overcome with memories and other aspects of a trauma. Considering that trauma can sit so heavily within the body, Rappaport defines ways that clients can establish safety within themselves while engaging with a mindfulness practice in an open, nonjudgmental way. Through simple boundary-setting and grounding, clients are able to create a practice that is appropriate for them while still connecting to their artmaking in a meaningful way.

In her more recent book, *Mindfulness and the Arts Therapies*, Rappaport delves into the theoretical and clinical ways of integrating mindfulness with art therapy, and even takes the time to focus specifically on how neuroscience has an underlying presence in developing coping skills and building resilience through a mindful, artistic therapeutic practice (Rappaport, 2014). Expanding her work on focus-oriented art therapy, Rappaport integrates the effectiveness of using mindfulness and meditation with art-based approaches to work with traumatized clients and help reduce their stress levels and better regulate their emotions. Through the cultivation of

self-awareness and creating a mindful presence, this combination allows clients to bring awareness to the present moment while utilizing conscious reflection during artmaking (Rappaport, 2014). By creating the space to harness creative, positive energy and focus on artistic expression, the clinician and client allow healing and change to be an intentional, supportive process that encourages the client to witness their own growth with self-acceptance and self-compassion.

Recalling what we understand about the brain's reaction to trauma, we can utilize the combination of art therapy and mindfulness to create a better foundation for resiliency, improve stress responses, and generate overall psychospiritual well-being. With our understanding that the two branches of the vagus nerve, the dorsal vagal complex (DVC) and the ventral vagal complex (VVC), calm the body in different ways, we can recognize how to create interventions that allow traumatized clients to shift their defense responses in a restorative way (Rappaport, 2014). The DVC, regulating heartrate, breathing, and digestion, works to maintain internal composure, allowing for the rest-and-digest reaction to take place. Through the stimulation of the VVC, the HPA axis releases oxytocin, allowing a person to feel safety and bonded to those around them. When interventions support and stimulate the VVC in conjunction with the DVC, the client is able to form secure attachments with their supports, increasing chances of attunement, communication, and resiliency. These interventions and exercises can be as simple as reflective listening and breathing retraining, helping to keep the mind present and the body grounded, and ultimately work to teach the client resilient coping skills.

Through Rappaport's work as well as many other modern researchers like Pat Allen and Jared Kass, we are able to grasp how healing the combination of art and mindfulness can be. Simply by utilizing a present-based mindset and connecting with their emotional and mental

needs, clients are able to increase their resiliency and allow themselves to better accept their experiences in an explicit, expressive way. We witness the positive outcomes of this combination in a qualitative study run by Debra Kalmanowitz and Rainbow T. H. Ho (2017), in which they examined how art therapy and meditation could be integrated into treatment for clients seeking asylum from political violence. In the hopes of understanding how art therapy and mindfulness are perceived by those with complex trauma and how the two practices contribute to resiliency, Kalmanowitz and Ho created an opportunity for refugees to engage in the present and work through their traumatic experiences in a safe, creative way. Working with 12 voluntary participants, all of whom had reported symptoms of trauma, the study engaged participants in four full-day workshops focusing on art therapy and mindfulness in the Inhabited Studio in Hong Kong, which was created by Kalmanowitz as a place of refuge (Kalmanowitz & Ho, 2017). In addition to the artmaking with learned mindfulness meditation that was taught in the workshops, the participants also had assigned homework, a focus group to identify the cultural and religious factors that helped them cope with their past adversities and follow-up interviews to discuss their experiences in the workshops. The authors discovered that, through the themes of memory, identity, self-regulation, communication, resilience, imagination, and worldview, the process-oriented approach positively engaged the participants in the present and helped them safely process and express themselves while incorporating coping skills (Kalmanowitz & Ho, 2017).

Discussion

This literature review began by identifying how traumatic experiences effect adults on a neurological level, creating challenges for clinicians attempting to understand the best methods of treatment for emotional regulation, memory integration, and remaining safe and present. It continued with the goal of evaluating how art therapy and mindfulness have separately been

useful in addressing these challenges, as well as how they have historically worked together to create a more comprehensive healing process. What I discovered through this review is that art therapy and mindfulness work together to create a more in-depth, integrative method for treating traumatized adults, providing a process-oriented approach that engages clients in the present.

With regard to the neurological changes that occur post-trauma, this review confirmed the importance of considering the brain when creating interventions for traumatized adults. Understanding neural reactions to both left- and right-brain interventions, this review emphasizes the need to decrease arousal and find homeostasis, and the provided literature explored how specific arts-based and mind-body-based interventions work to calm the nervous system and teach clients how to use mindfulness and artmaking to remain grounded in the present (King, 2016; Fonzo, 2018). We also witness more comprehensive trauma responses and a more increased understanding of client experiences, leading to the creation of coping skills, as seen in Duros and Crowley's body-integrative mindfulness approach (2014) as well as in Im and Follette's present-focused, nonjudgmental mindfulness practice (2016). The phase-oriented approach discussed by Courtois & Ford (2016) creates a helpful framework for modern providers, solidifying the understanding that interventions should be created specifically for each phase of trauma work and should meet the client where they are at. By breaking down these phases and acknowledging how a post-trauma brain perceives stimuli, clinicians are better able to focus on a practical, reliable framework with their clients as they work towards recovery.

Throughout the literature review, evidence is provided for the usefulness of art therapy and mindfulness in treating traumatized adults. Literature by Kruger & Swanepoel (2017), Mims (2015), and Mohr (2014) reveals the ways in which art therapy can provide a path of recovery from trauma, addressing the needs for expression, containment, agency, and hope. Gallegos,

Lytle, Moynihan, and Talbot (2015) explore how mindfulness-based treatment decreases anxiety, depression, emotional dysregulation, and posttraumatic stress while reducing inflammation and pain, validating how mindfulness can help to mitigate changes within the body as well as in the mind. Consistent with previous studies, the reduction of trauma symptoms found in the included literature support that mindfulness and art therapy are effective, healthy methods of treatment, and the interconnectedness of both modalities works to improve emotion regulation, keep the client grounded in the present moment, and solidify long-term coping skills. Kalmanowitz and Ho (2016) delve into the connection between therapeutic art and mindfulness practices, demonstrating how the integration of the two practices contribute to emotional regulation, resilience, and the improvement of explicit memory. By acknowledging how both artmaking and mindfulness work to balance the internal and external experiences of the client, this review addresses self-exploration, creative intelligence, post-traumatic growth, awareness, and acceptance through a trauma-informed lens, increasing our understanding of how the two approaches complement each other and work together to create a better integration of the body and mind.

The use of art and mindfulness have both been part of the human experience for much of history, but the application of the two as healing agents within the mental health field has not. By allowing clients to create new ways of fostering self-expression, the combined art therapy-mindfulness model provides a fresh perspective on how to help them understand their experiences, become aware of their responses to emotions and memories, and express themselves in safe ways. Embracing the understanding that art therapy and mindfulness both help to stabilize an individual after a trauma, art therapists can use a mindfulness-based approach to help clients become more involved participants into their treatment, better teaching them how to

integrate coping skills and creative expression into their daily lives. Rappaport (2014) explores this dovetailed practice of mindfulness-based art therapy as an effective healing tool, explaining pragmatic ways of fostering appreciation for one's experience as well as methods to improve a client's well-being. Creating a formula to cultivate and apply a personal wellness practice into a variety of trauma-informed settings, Rappaport (2014) emphasizes attunement as a key part of recognizing the needs of a client, providing the space for them to understand and name the state they are in. Incorporating focus and intentionality into the healing practice, Rappaport (2009) creates structured methods to harness creative expression and utilize it to access the inner experience. This provides opportunities for clients to access healing imagery and identify their needs to move towards healing and recovery. While research exploring the utilization of art therapy and mindfulness is still young, Rappaport (2014), Kalmanowitz (2016), and King (2016), among many others, are helping to increase our understanding of the benefits of the art therapy-mindfulness continuum. By following their lead, we can be witnesses to clients' experiences and growth, immersing both ourselves and our clients in the healing process.

General challenges identified in the literature for this integrated approach included small sample sizes within each study, and very few studies solely focusing on the combined practice of art therapy and mindfulness. Many articles included in this thesis focused on either art therapy or mindfulness, addressing the need for a more concrete methodology on how to combine existing interventions in a consistent, appropriate way. While Rappaport and her contemporaries have begun delving into the positive impacts of this cohesive approach, I would like to see future studies continue furthering this dialogue and educating practitioners on how the two modalities work together. I would also recommend future studies consider the cultural relevance of art therapy and mindfulness within trauma treatment. Since expressive therapies and mindfulness-

based treatment can be subjective to a participant's background and the broader political environment, I hope to see future research work towards ensuring a standardized approach to evaluating results. Considering that trauma can be exhaustive and have somatic impacts, another challenge identified within this review is how to connect with internal awareness without focusing on any pain, discomfort, or suffering that accompanies the body sense. While mindfulness is a positive way to relax the nervous system and lower stress, sustained attention on the internal experience can lead to dissociation and somatization of the client's trauma experience for some individuals in the early stages of treatment. Due to this risk, it is important that clinicians working with mindfulness and trauma have proper training to incorporate body-mind interventions and should be clear about the goals, rationale, and safety measures of inward-focused techniques. This researcher hopes to see future studies acknowledge how to utilize somatic awareness in safe, healthy ways.

While the therapeutic connection between art therapy and mindfulness is still growing, the positive results presented in existing research allows us to begin to formulate how healing the two can be when combined into a cohesive practice. Conclusions drawn from this thesis indicate that we can use existing research to better direct us towards a more integrated and effective method of treating trauma. This cohesive approach supports the strengths-based premise of trauma-informed treatment, working towards empowerment, containment, and a greater understanding of one's experiences. Helping to align safe, nonjudgmental expression with present awareness, art therapy and mindfulness are encouraging tools within the expressive therapies field. Through the cultivation of self-acceptance and self-compassion, art therapy and mindfulness allow practitioners to create a more generative approach to treating trauma, helping survivors to better engage with their treatment process and move towards reconnecting with life.

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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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