Creating a Space to Externalize: Mindfulness Based Art Therapy for Childhood Trauma, A Literature Review

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Creating a Space to Externalize: Mindfulness Based Art Therapy for Childhood Trauma,

A Literature Review

Capstone Thesis

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Art Therapy

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Abstract

Experiencing trauma in childhood can result in complex symptoms that impact the development as well as the mental, emotional, and physiological health of the child, resonating throughout their lifespan. Various forms of treatments are used to address the behavioral and emotional symptoms in children who experienced trauma such as Cognitive Behavioral Therapy, Exposure Therapy, and Pharmacotherapy, however the vast majority of them do not incorporate a holistic framework when supporting children to process their traumatic experiences, therefore they do not attend to trauma as a catalyst for changes in the mind and body. This literature review aims to examine the use of mindfulness informed art therapy to address symptoms of trauma in children, in a holistic way that allows them to feel grounded and present in their experiences through the creation of art. A critical review of the literature revealed that engagement in mindfulness informed art therapy as an integrated approach in treating children with trauma decreases effects of trauma such as dissociation, avoidance, suppression, and dysregulation. The review of the literature disclosed that both art therapy and mindfulness practices address similar needs in treating children with trauma, and can be used together in a complementary relationship. The findings of this research indicate that art therapy and mindfulness as an integrated approach are able to target and reduce traumatic symptoms in children while enhancing their well-being through an expressive and holistic healing framework. As trauma is an inter-related mind body experience, its treatment should incorporate a holistic framework, in order to treat the human as a whole.

Keywords: art therapy, attachment, brain, children, development, integrated, mindfulness, mindfulness informed art therapy, mind-body connection, symptoms, trauma, treatment.
Introduction

“There are possibilities for the birthing of our mind-body connectedness by bringing into concrete view and awareness that all parts of ourselves are interconnected, one part is but the mother of the child of another part of us” (Sherwood, 2008, p. 93).

This research will examine the impact of mindfulness informed art therapy on trauma responses and will demonstrate the use of these forces together as an integrated approach in the mental health field. The purpose of this research is to explore the gaps in the literature surrounding trauma treatment as well as emphasizing the use of an integrated holistic approach in treating diverse traumatic responses. The goal of this research is to answer the question: how can mindfulness informed art therapy assist in the process of recognizing and healing from trauma?

Trauma lives in the body and can have diverse impacts on the mind and body processes (Scaer, 2014). Our bodies are constantly communicating information about our internal responses to external stimuli, but we may not always be attuned to hearing it (Levine, 2015). Trauma alters the physiology of our brains as well as rewires them and changes how we store memories (Carey, 2006). Thus, the effects of trauma manifest differently for every individual (Levine, 2015).

According to Franklin (2010), participating in mindfulness in the form of meditation can enhance one’s ability to be aware, attentive, concentrated, and present. Mindfulness, Franklin explains, has many positive effects, and one of its main goals is offering grounding, supportive, present-focused, and nonjudgmental awareness to the current condition of the self (Franklin, 2010). This simple state of observation can emphasize the mind body connection (Sherwood, 2008). The connection between the mind and body may often go unnoticed, however, as stated
by Patricia Sherwood, the mind and body are connected and the body has the capacity to hold the experiences of the mind (2008).

The integrated approach presented in this thesis involves combining art therapy with mindfulness as a method to reduce symptoms of trauma in children. The healing effects in art therapy are used to combat unpleasant experiences as “the languages of the expressive artistic therapies have energetic resonances which can change the patterns of unhealthy experiences within the layers of the human being and restore healthier patterns” (Sherwood, 2008, p. 90). Art therapy is a tool used to make challenging material tolerable to experience through sensory interactions (Czamanski-Cohen & Weihs, 2016). The physical engagement with art supplies offers a sensory experience that can transform difficult traumatic material into tolerable content (Czamanski-Cohen & Weihs, 2016). Working with emotional content can aid in developing awareness and acceptance of emotions (Czamanski-Cohen & Weihs, 2016).

One of the most important aspects of art therapy is its use of symbolism and metaphor, especially within trauma work (Carey, 2006). Art therapists use metaphors as a way to maintain safety in the session and within the client and therapist relationship (Carey, 2006). By using metaphors in art therapy, the therapist can honor the safe distance that the child requires from experiencing the direct confrontation that could be overwhelming in relation to their traumatic materials (Carey, 2006). The child can use whatever pace is necessary in order to achieve readiness to grow closer to confronting the traumatic experience (Carey, 2006).

It is apparent from the literature that trauma uniquely impacts the mind-body connection for every individual (Rothschild, 200). However, the question regarding the ability of mindfulness informed art therapy to address and relieve symptoms of traumatic experiences remains open.
Combining art therapy and mindfulness increases self-awareness, insight, and reflection (Sherwood, 2008). This integrated approach is a vehicle for communication that aids the mind-body connection in processing its own trauma (Malchiodi, 2008). The relationship of the mind, body, and trauma is important because humans tend to forget that the internal and external systems are connected (Malchiodi, 2020). Seeking presence and awareness from within is a sign of transformation and encourages positive mental health through the dual effects of art therapy and mindfulness (Rappaport, 2009).

One of the main objectives of this research is to validate the use of art therapy and mindfulness as mind-body medicine, as well as filling this gap in the literature. As the researcher, I hope to expand the unique therapeutic framework that supports mindfulness and art therapy as credible trauma treatments. I wish to open a dialogue by showcasing the versatility of art therapy in its treatment with mindfulness. I believe that this integrated approach can address many needs in the mental health field. I also hope to learn the various ways in which trauma symptoms develop in the mind and body and how art therapy and mindfulness can be used together to address these areas. I wish to unravel the different ways whereby creating art with a mindfulness lens allows us to be open in the process of transformation and to make use of the great power vulnerability encapsulates.

In the following, I will first explore trauma that lives in the body, trauma that damages the mind body connection, and art therapy and mindfulness individually as treatment approaches. Afterwards I will proceed to explore mindfulness informed art therapy to address traumatic effects in children. Finally I will discuss my recommendations for treatment and further research.
Literature review

This thesis will explore an integrated treatment modality that addresses trauma symptoms in childhood, specifically using mindfulness informed art therapy. As this thesis deals with the impact of mindfulness and art therapy on children who have experienced trauma, I will begin with exploring the definitions of trauma and childhood trauma.

**Trauma**

Trauma has many definitions, but according to Cloitre, Cohen and Koenen (2006), trauma is defined as “any circumstance in which an event overwhelms a person’s capacity to protect his or her psychic well-being or integrity, where the power of the event is greater than the resources available for effective response and recovery” (Cloitre, Cohen, and Koenen, 2006, p. 3). Trauma is an overwhelming experience that inhibits an individual’s ability to cope and function effectively (Follette and Vijary, 2009). Traumatic events typically instill feelings of no control, intense fear, and a lack of power (Lang, 2017) and put the brain, mind, and body into a shock-like state (Levine, 2015). Psychotherapist Monique Lang believes that traumatic experiences dismantle the previously held understanding of life (Lang, 2017). One of the most important implications of trauma that will be highlighted in this research is that the emphasis is not on the type of the traumatic event but its lasting impact on the individual (Follette and Vijary, 2009). Following Follete and Vijary, my research will not focus on explicit traumatic events, but rather on the personal effects of the events on the individual. The latter reveals the vulnerability of the child due to the traumatic event, the child’s defenses, and the sense of safety (or lack of it) as acquired in his early development (Follette and Vijary, 2009). Recurring traumatic experiences can become intolerable and impact the way an individual develops, learns, understands, and feels safe (O’Brien, 2004). Trauma can shape the cognitive functioning of a
young individual as cognitive functioning pertains to the methods of processing, remembering, thinking, reasoning, understanding the self, others, and the physical environment (Richardson, 2015). When trauma is experienced, the main goal for every child is survival (Richardson, 2015).

When a traumatic event unfolds, the options of fight or flight are presented, however, children do not have access to these options when the stressor is a relationship or figure that they are dependent upon for survival (Richardson, 2015). Children’s stress responses are also limited due to their lack of development, which is why freezing manifests as the instinctive response for survival (Richardson, 2015).

Adverse childhood experiences not only shift the way the brain works in the early stages of life but can engrain symptoms of Post-Traumatic Stress Disorder (PTSD) that have a life-long impact (Malchiodi, 2008). Malchiodi (2008) describes that the three main symptoms of posttraumatic stress in children include hyperarousal, re-experiencing traumatic events, and avoidance. Hyperarousal involves distress when the individual is exposed to a similar situation to their traumatic event, challenges with concentration, issues with falling or remaining asleep, hypervigilance, or angry outbursts (Malchiodi, 2008). The re-experiencing of symptoms involves feeling as if the traumatic occurrence is taking place in the present as well as intrusive thoughts relating to the event (Malchiodi, 2008). Avoidant symptoms include trying to avoid thoughts, memories, or feelings that relate to the past trauma, lack of recollection of the traumatic event, sleep disturbances, detachment from loved ones, and lack of interest in hobbies (Malchiodi, 2008). In the next section, the research will explore more in depth how children experience trauma in early life.
Trauma in childhood

Children have limited resources for accessing coping strategies when they experience abuse or neglect from a parent (O’Brien, 2004). When a child experiences trauma that results in fear in anticipating the next overwhelming event, they can develop dissociative behavior as a way to defend and protect their minds (O’Brien, 2004). Carey Lois stresses that “children raised in violent, unsafe environments will not process, store, and retrieve information in the same way as a child with the same level of intelligence who has grown up in a safe environment” (Lois, 2006, p. 22). A child that lives in a chronic fear state, in a violent household can develop challenges with processing information as violence reinforces nonverbal cues (Lois, 2006).

Children and adults process information differently, therefore, they respond to trauma differently (van Westrhenen, & Fritz, 2014).

One of the important structures of the brain to consider when understanding childhood development is the limbic system, which is responsible for evaluating situations for emotional meaning and producing reactions that are learned from development (Malchiodi, 2008). The limbic system’s function is to activate an individual’s responses when faced with a threatening event (Malchiodi, 2008). As children grow, the brain continues developing from overwhelming experiences that act as a “blueprint for the infant and young child to build the capacity to respond with healthy and life giving responses or unhealthy and developmentally arrested responses to their lived experiences” (Elbrecht & Antcliff, 2015, p. 209).

Children who experience trauma have a higher risk of going into a state of survival mode (Malchiodi, 2008). Survival mode occurs when a child’s safety is compromised and their sympathetic nervous system activates through escalated respiration, blood pressure, heart rate, and hypervigilance (Richardson, 2015). When a child is in a situation that compromises their
safety, their minds and bodies go into survival mode, resulting in not being able to access their cognitive resources (Richardson, 2015). Children have to learn and adapt how to respond to distressing scenarios, which can promote symptoms of hyperarousal - as experiencing trauma triggers result in constant stress responses (Richardson, 2015). Overworking the nervous system can create challenges for the child, including psychological impairment and engaging with thoughts and feelings that can become disregulated due to an overactive trauma response (Richardson, 2015). Children can feel powerless, helpless, and hopeless due to experiencing trauma (Richardson, 2015). Overwhelming thoughts and feelings also have the power to pause child development and cause children to feel detached, depressed, anxious, and use their emotions to act out through disregulated behaviors (Richardson, 2015).

If a child’s responses to threat or danger are not used in either fighting or fleeing, this emotional activation lives in the nervous system, where it cannot be processed or released, thus creating a physiological reaction (Malchiodi, 2008). Child functioning can be disrupted through the development of certain responses such as psychological numbing, defiant behaviors, explosive emotions, and cognitive issues (Malchiodi, 2008). Children are not equipped with the tools to protect themselves and therefore, may develop defenses such as dissociation that can become the automatic response when experiencing perceived threats (Richardson, 2015). As survival is processed in the mid-brain, children who enter survival mode do not have the means of accessing their cognitive reserves due to its location: in the prefrontal cortex (Richardson, 2015). This discussion will lead into the next topic of trauma symptoms in children.

**Symptoms and behaviors as a result of trauma**

“Children’s traumatic memories are often impossible to retrace, and children either cannot or do not want to remember. Their body, however, keeps score” (Elbrecht & Antcliff,
The effects of trauma are not exclusively seen through clear symptoms but can manifest through observed mal-adaptive behaviors (Follette, Palm, & Pearson, 2006). Trauma can have varied manifestations amongst children: difficulties in regulating emotions and interpersonal relationships, attention deficits and functional impairments, and even limited awareness or emotional numbing (Follette, Palm, & Pearson, 2006).

Responses to traumatic experiences can lead to dissociative behaviors that act as defense mechanisms to keep the mind safe as the brain tries to protect itself from overwhelming materials (Follette and Vijay, 2009). These defenses develop as a means of survival and although this is the mind’s way of keeping itself secure, this is not a healthy coping mechanism and can be highly dangerous in the long-term (Follette and Vijay, 2009). Follette and Vijay underscore that whether these behaviors result in avoidance strategies or hypervigilance symptoms, this is an example of the mind not being able to process the traumatic material and instead, pushing it away (Follette and Vijay, 2009). As trauma symptoms develop, individuals can become unaware of their environment, not recognize potentially threatening scenarios, and unable to express feelings (Follette and Vijay, 2009). Trauma survivors can develop an avoidant coping style, which allows the mind to reject thinking about or processing distress that emerges from memories of the trauma (Follette and Vijay, 2009).

There is a tendency with individuals with trauma histories to suppress certain thoughts, feelings, situations, and emotions that are associated with the initial trauma, in order to avoid reliving the experience (Follette, Palm, & Pearson, 2006). However, avoidance is shown to increase intrusive thoughts that can be overwhelming, and can magnify the negative emotional response (Follette, Palm, & Pearson, 2006). When re-experiencing of the trauma occurs, survivors can experience psychobiological reactions and recurrent, intrusive images (Chapman,
Morabito, Ladakakos, Schreier, & Knudson, 2001). Avoidant symptoms in children can be observed as avoidance of eye contact, withdrawal, experiencing dissociation, apathy towards caregivers, refusal to agree or follow treatment plans, and regressive developmental behaviors (Chapman et al., 2001). Symptoms that relate to increased arousal caused by traumatic experiences include disturbances during sleep or nightmares, newly developed aggression, irritability, exaggerated startle responses, and an anxious attachment style (Chapman et al., 2001).

**Current treatment approaches**

In this section, I will be concentrating on Cognitive Behavioral Therapy (CBT) methods, one of them being Exposure Response Prevention Therapy (ERP). Most treatment plans for trauma patients involve reducing the individual’s trauma symptoms, such as hyperactivity and dysregulation (Follette, Palm, & Pearson, 2006). CBT upholds the belief that humans can gain awareness of their own thoughts, but thoughts cannot be unconscious or inaccessible (Dobson and Dobson, 2018). The second value held in CBT practice is that thoughts that develop surrounding an event or experience can influence the associated feelings that arise (Dobson and Dobson, 2018). Thoughts are responsible for feelings and ensuing behavioral patterns (Dobson and Dobson, 2018). Another principle of CBT is that humans are able to change the way they emotionally respond to situations due to the idea that there is control and awareness of all thoughts (Dobson and Dobson, 2018). CBT upholds the belief that humans create and respond to their own sense of reality and that they are in control of what they feel, which can be altered through their cognition (Dobson and Dobson, 2018). Taking ownership of one’s thoughts in order to control the output of feelings, offers the client the opportunity to feel empowered and in control of their life, through altered behavior (Dobson and Dobson, 2018). The altered behaviors
that are targeted through CBT include gaining skills, and reducing undesired behaviors such as avoidance and self-sabotage (Dobson and Dobson, 2018).

One behavioral intervention to reduce avoidant behaviors is exposure-based interventions (Dobson and Dobson, 2018). Exposure Response Prevention Therapy reintroduces the traumatic stimulus in order to decrease fear, as a post trauma treatment (Follette and Vijay, 2009) (Dobson and Dobson, 2018). ERP was first introduced as a treatment for Obsessive-Compulsive Disorder (OCD) that was used to prevent the pursuit of compulsions in order to relieve stress (Rowa, Antony, & Swinson, 2007). The main objectives of this treatment are to activate one’s fear structure, alter how the client perceives their thoughts and feelings associated with traumatic memories, and strengthen cognitions surrounding the trauma (Follette and Vijay, 2009). A significant part of ERP is the consideration of the client’s interpretation and understanding of being introduced to distressing stimuli in order to adapt to feeling less fearful when experiencing the exposure (Dobson and Dobson, 2018). The goal of ERP is for clients to address feelings of fear, helplessness, and lack of control and view overwhelming stimuli through a new, unthreatened perspective (Dobson and Dobson, 2018). Self-efficacy can increase through building coping skills in order to approach situations that were once avoided due to fear (Dobson and Dobson, 2018).

One limitation of exposure based interventions, is that there is a potential that the client may experience re-traumatization from distressing stimuli as well as the worsening of trauma symptoms (Dobson and Dobson, 2018). Clients may also experience an upward shift in suicidal thoughts, dissociative behaviors, acts of self-harm, and premature termination of therapy due to the overwhelming nature of ERP with trauma populations (Follette and Vijay, 2009). Given the distressing nature of this approach, some clients who attempt this treatment may have limited
coping skills matched with an unwillingness to participate in this treatment, meaning this treatment is not completely accessible. Clients with complex posttraumatic symptoms may not have developed self-regulation skills that are necessary for the success of exposure therapy treatment (Follette and Vijay, 2009).

An additional treatment approach for children with trauma is pharmacotherapy (Rosenberg & Gershon, 2012). Previous research demonstrated the uncertainty of offering pharmacotherapy to young children because it is unpredictable how the course of illness is affected and if there are observable benefits by the time they age into adulthood (DeVane, 2012, Chapter 3).

A study exploring if pharmacotherapy can be used effectively to treat children who struggle with severe disruptive and aggressive behaviors (Gorman et al., 2015), hypothesized that psychosocial interventions were insufficient in treating these clients and therefore, sought if pharmacotherapy would be a successful solution (Gorman et al., 2015). The study concluded that the first intervention that should be used with children with severe behavioral challenges is psychosocial practices, followed by a pharmacotherapy consideration if psychosocial interventions do not result in success (Gorman et al., 2015). Attention Deficit Hyperactivity Disorder (ADHD) medications such as psychostimulants are recommended for children with functionally disabling behavioral challenges (Gorman et al., 2015). There is limited research regarding medication use for children diagnosed with ADHD who experience uncontrollable adverse effects due to ADHD medications and children without ADHD diagnoses who still experience the same severe effects (Gorman et al., 2015). Even the suggested medication for this scenario, Risperidone, can cause serious adverse symptoms and was not offered as an unconditional recommendation by the researchers (Gorman et al., 2015). The study concluded
that most of their recommendations are conditional in that children and families need to consider what is the most appropriate course of action for treatment, taking into account the side effects of the majority of the medications suggested (Gorman et al., 2015).

What is still missing within these treatment methods is an opportunity for the client to confront their thoughts and feelings in a recognizable and accepting way (Duros & Crowley, 2014). The current treatments used for trauma often neglect including the mind body connection in the healing process (Duros & Crowley, 2014). According to Duros and Crowley (2014),

Current research reveals that trauma often cannot be resolved solely through interventions that utilize left-brain functions, such as those used in traditional talk therapy. Because trauma is actually something that happens deep in the core of the brain and the body, the most effective treatment approaches integrate traditional therapy modalities with those that focus on calming the nervous system such as yoga, mindfulness, imagery, expressive arts, and eye movement desensitization and reprocessing (Duros & Crowley, 2014, p. 237).

Trauma is an experience that develops in the depth of an individual’s brain and body; therefore, in order for treatment to attend to all of the affected areas of the child, the physiological effects also need to be addressed in order to treat the client as a whole (Duros & Crowley, 2014). One method of achieving this process is through mindfulness.

**History of mindfulness**

The philosophy of mindfulness originated from northern India within Buddhist culture around 500 BCE, which then developed into a holistic practice initiated by Gautama Siddhartha, the Buddha (Coholic, 2010). Buddhist culture emphasizes being present and using breathwork to promote self-awareness and stillness in the mind and body (Ortiz & Sibinga, 2017). Mindfulness
transformed into a mindfulness meditation practice that was implemented to relieve human suffering as well as offer enlightenment (Coholic, 2010). In Buddhist culture, attention and awareness are essential factors in being present as they act as precondition in achieving a mindful state (Nilsson & Kazemi, 2016).

**Mindfulness in western culture**

Mindfulness has been cultivated into Western practice from ancient eastern practice as a way to be self-aware and present in the moment (Ortiz & Sibinga, 2017). Jon Kabat-Zinn (2003) believes mindfulness is “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (p. 145). The pursuit of mindfulness is similar to taking an inward look at the nature of one’s mind and inner world (Kabat-Zinn, 2003). In order for one to engage in this internal seeing, one needs to have an open inquiry as to what arises internally in moments of awareness (Kabat-Zinn, 2003). When emerging from the deep states of self-inquiry and awareness, the practice of developing insight into one’s inner processes increases (Kabat-Zinn, 2003). Mindfulness is used as an aid for individuals to gain self-understanding, which invariably strengthens the satisfaction of life (Coholic, 2010). Mindfulness is also a practice for experiencing freedom from cognitive restraints and is a practice that is encouraged to do throughout the clients’ daily lives as means of combatting suffering (Coholic, 2010). In terms of how mindfulness can be implemented into mental health practices, mindful breathing is used as a way to cleanse the mind (Kim, Kim & Ki, 2014). Meditations that focus on the breath are useful in bringing an individual’s attention to acknowledging, accepting, and embracing their own psychological states (Kim et al., 2014). When humans are attuned to themselves, they can more accurately become aware of feelings such as anger, depression, and anxiety in which awareness aids in finding methods of treatment
(Kim et al., 2014). When this awareness arises, a transformation process can occur and these mindfulness practices can reduce psychological suffering (Kabat-Zinn, 2003).

**Mindfulness based interventions with children**

Mindfulness based interventions were popularized by Jon Kabat-Zinn, a pioneer for mindfulness-based programs in the United States (Coholic, 2010). Kabat-Zinn (2010) stressed that clients need to be aware of what emerges in the present moment during mindfulness meditation practice (Coholic, 2010). Kabat-Zinn developed a mindfulness-based stress reduction program (MBSR) that focused on breathing as a means of non-judgmental acceptance (Coholic, 2010). Mindfulness-based cognitive therapy (MBCT) is an additional source of cognitive interventions that uses mindfulness meditation to challenge mental health issues such as depression (Coholic, 2010).

Mindfulness based interventions increase qualities of self-regulation and resilience and have beneficial effects for children (Ortiz & Sibinga 2017). Mindfulness cannot only relieve symptoms of physiological stress in children with trauma, but also instills the practice of coping that can be developed as a long-term effect (Ortiz & Sibinga 2017). Mindfulness based interventions have been shown to reduce symptoms of various forms of stress such as PTSD, depression, anxiety, and emotional dysregulation (Ortiz & Sibinga 2017). These interventions can influence mental health by increasing one’s quality of life and decreasing somatic symptoms of stress and trauma (Ortiz & Sibinga 2017).

**Mind body connection**

When analyzing how these interventions address the layers of trauma that are stored in the body, it is important to look at the relationship between the mind body connection in order to understand how it is affected by trauma and how mindfulness informed art therapy can address
The body can be seen as a source of human experiences and was first considered as an element in therapy in 1972 (Sherwood, 2008).

The mind-body connection illustrates the connection of our physiological functions and experiences. In this sense, our thoughts and feelings impact how our bodies function (Sherwood, 2008). Clients can empower themselves through the healing effects of making peace with their thoughts and feelings (Sherwood, 2008). According to Sherwood, these thoughts can reduce destructive cognitive patterns in an attempt to self-heal (Sherwood, 2008). If the mind and body are disconnected, they are still communicating but sending signals that can cause distress or can be triggered by new stimuli in the physical environment (Sherwood, 2008). As the body communicates signals, issues associated with the mind-body can be addressed by exploring how art therapy and mindfulness aim to communicate internal conflicts and promote self-awareness (Sherwood, 2008). According to Duros and Crowley (2014),

The field of psychotherapy has come a long way with regard to recognizing and honoring the importance of the connection between the body and the mind, particularly when it comes to the treatment of trauma. Many clinicians, regardless of theoretical approach, have come to appreciate that one cannot be considered without the other if their goal is to truly help their clients lead less painful or more satisfying lives. While the notion of attending to the body has been gaining momentum for many years, traditional psychotherapy has concentrated on mind first, body second. It is only relatively recently, with the tremendous surge of interest and research in neurobiology, that the shift toward viewing the body as the vehicle for change has moved to the forefront (p. 237).

It is important for young clients to have access to techniques that allow them to mindfully look inward at their bodily sensations in an attempt to feel grounded and regulated (Malchiodi, 2020).
Mindfulness and trauma treatment

Chronic trauma symptoms can display many behaviors that mirror a lack of behavioral repertoires (Follette, Palm, & Pearson, 2006). This can be viewed as psychological inflexibility, which some researchers believe is the result of an inability to be present (Follette, Palm, & Pearson, 2006).

As previously discussed, one of the main symptoms of trauma manifests as avoidance of thoughts or feelings associated with the traumatic event (Malchiodi, 2008). One of the key characteristics of mindfulness is its ability to increase one’s emotional awareness as it challenges avoidant behaviors by encouraging acceptance (Follette and Vijay, 2009; Rappaport, 2009). Mindfulness helps build psychological awareness while confronting stimuli that is associated with fearful, distressing, and emotional experiences (Follette and Vijay, 2009). Mindfulness can aid in feeling clinical relief from posttraumatic symptoms by teaching clients how to detach from unhealthy behavior patterns, automatic thoughts, and actions (Brown and Ryan, 2003). This practice could lend itself to developing stronger behavioral self-regulation skills, which would inevitably increase the quality of life (Brown and Ryan, 2003).

Mindfulness aims to promote acceptance over avoidance as it provides a framework for facilitating exposure to distressing stimuli (Follette and Vijay, 2009). Mindfulness is not necessarily a form of control, but acts as a tool to heighten psychological awareness and flexibility in reaction to emotional situations or experiences (Follette and Vijay, 2009). This practice lends important skills in managing emotional distress that arises when working with stimuli that stems from familiar upsetting material (Follette and Vijay, 2009).

In addressing the inability to self-regulate behaviors, mindfulness has been found to be essential in developing awareness and attention (Follette, Palm, & Pearson, 2006). Various
important qualities of mindfulness include paying attention to psychological, somatic, and environmental factors, which promote the healthy regulation of emotions (Brown and Ryan, 2003).

Giten Tonkov, who initiated the Biodynamic Breathwork and Trauma Release System (Tonkov, 2019), emphasizes that emotions are reflected in an individual’s physical body, and explains that trauma occurs when difficult emotions are felt and released into the body but not expressed, which then makes the emotions lodged in one’s physical form (Tonkov, 2019). Tonkov (2019) describes how the process of healing can be complex because we are not only healing from our own traumatic experiences, but from the experiences of ancestors (Tonkov, 2019). The human body carries trauma from past generations in its DNA, which emphasizes the lasting impact of developmental trauma on the human condition (Tonkov, 2019). Tonkov suggests that being rooted, connected, and grounded in one’s body while being present, allows the process of releasing trauma to unfold, as being present with oneself is a method in avoiding dissociation (2019). Tonkov describes several qualities of his practice that are related to releasing trauma within the mindfulness field that are stressed by engaging in dynamic breath (Tonkov, 2019). Dynamic breath acts as a trauma release modality whereas meditation serves as an essential piece in the integration of presence in the physical body (Tonkov, 2019).

As previously mentioned, John Kabat Zinn (1982) implemented the Mindfulness-Based Stress Reduction (MBSR) program. The research surrounding this approach discovered that mindfulness practices can decrease sensations of chronic pain, anxiety, and depression and increase clients’ mental and physical health (Rappaport & Kalmanowitz, 2014). The MBSR program is an eight-week training that includes varying types of meditations as well as informal mindfulness practices that encourage using mindfulness in everyday life (Kabat Zinn, 1982).
Mindfulness-Based Cognitive Therapy (MBCT), which was developed by Zindel Segal (2018), demonstrates a structured therapeutic approach that integrates eastern practices to address mental health issues such as trauma effects (Segal, Williams, & Teasdale, 2002). MBCT is rooted in change strategies of Cognitive Behavioral Therapy (CBT) (Segal, Williams, & Teasdale, 2018). MBCT encourages clients to observe their thoughts and feelings with heightened awareness and demonstrates how incorporating openness and awareness to these experiences can integrate the ability to potentially change them, emphasizing a sense of control (Segal, Williams, & Teasdale, 2018). MBCT emphasizes the power of integrating qualities of CBT with acceptance of the self, which is inherent to mindfulness (Segal, Williams, & Teasdale, 2018).

Mindfulness alone can be deployed to reduce symptoms of trauma and stress but is not the only successful practice. In the following section, I will explore the development of art therapy as a form of counseling, the pioneers who contributed to the field and its therapeutic properties.

**Art therapy**

Malchiodi defines art therapy as a creative process that uses artistic expression as a tool for looking at clients’ internal thought processes (Malchiodi, 2008). According to Malchiodi (2008) art therapy is the engagement with art media, the creative process, and client responses to their own development, thoughts, personality, and concerns. Within the therapeutic qualities of art therapy lie the ability to experience healing effects, discover self-awareness, self-regulation, and anxiety reduction (Malchiodi, 2008). Art is a vehicle for communication and expression that can help in the process of externalization.

Many have contributed to the initial development of art therapy, however the main
pioneers are Margaret Naumburg, Edith Kramer, Hanna Kwiatkowska, and Elinor Ulman (Vick, 2003). Naumburg developed the initial school of thoughts and ideas around art therapy in the 1940s and would eventually be known as the primary founder of art therapy in North America (Vick, 2003). Naumburg (1966, 1987) theorized a style of art therapy called “dynamically oriented art therapy” (Vick, 2003, p. 9), which is congruent with psychoanalytic theory (Vick, 2003). Kramer believed in “art as therapy,” which inherently values the therapeutic creative process of art-making over the final visual product (Vick, 2003). Ulman populated the art therapy scene in the 1960s and 1970s with important literature that served as some of the few written texts about art therapy at the time (Vick, 2003). Ulman’s strong analytical writing skills allowed her to compare and contrast both Naumburg and Kramer’s ideas of art therapy as frameworks (Vick, 2003). Kwiatkowska’s contributions to the field of art therapy were focused on family art therapy and her literature was also responsible for introducing art therapy to the public (Vick, 2003).

Art therapy research has developed greatly in the past several years emphasizing the powerful effects of self-expression (Richardson, 2015). The creative process is an opportunity to be vulnerable and create meaningful experiences in the pursuit of self-exploration (Richardson, 2015).

Art therapists emphasize the connection of the client’s creative process with their experience of trauma or stress (Malchiodi, 2011). Malchiodi (2008) supported the need to understand the physiology of trauma in children in addition to how the arts include therapeutic qualities such as creativity, imagination, and self-expression to address the mind and body’s experiences of trauma.
Art Therapy and trauma

One of the objectives of art therapy treatment is to inspire positive change by enabling children to reconnect with their feelings, through engaging with art materials in a safe environment (Waller, 2006). Art therapy is experiential by its nature (Kalmanowitz & Ho, 2016). This is important because engaging in the arts allows clients to channel their creativity and imagination and concurrently to process their traumatic experiences (Kalmanowitz & Ho, 2016). The creation of art initiates sensory responses that deal with texture, applied pressure, temperature, and vibration (Czamanski-Cohen & Weihs, 2016). This process is essential in recognizing that artmaking is an emotional experience whether meaning has been attached from the client to the art or not (Czamanski-Cohen & Weihs, 2016). In addition, the enjoyable aspect of experiencing one’s senses during artmaking has the power to transform difficult emotional sensations into tolerable content (Czamanski-Cohen & Weihs, 2016). The creative process acts as a catalyst for clients’ confrontation with emotional content while inherently raising their abilities to accept and be aware of their emotions (Czamanski-Cohen & Weihs, 2016).

The process of externalization takes the physical form of an art piece, as thoughts and feelings can be materialized to an entity the client can observe outside of themselves and not only create distance from: but also interact with (Kalmanowitz & Ho, 2016). Malchiodi emphasizes that an important feature of using art therapy in trauma interventions is to surpass the restrictions that we experience with language in order to uplift opportunities for other forms of communication, as words are not always accessible (Malchiodi, 2020). Art is the outward expression of one’s own unique lived experience and doesn’t require verbal expression as it is regarded as “telling without talking” (Malchiodi, 2020, p. 28). Art therapy aids in facilitating expressive language that is used to translate somatic emotional knowledge through an artmaking
process (Czamanski-Cohen & Weihs, 2016). Art therapy allows individuals to access emotional material and transform the expression of this material from implicit to explicit in order to make peace with it (Czamanski-Cohen & Weihs, 2016). Externalization that is experienced in art therapy is also beneficial to clients’ mental health as it does not escalate or activate the survival system and does not initiate the processing of distressing past experiences (Czamanski-Cohen & Weihs, 2016). Imagery is a fundamental aspect of art therapy and is valued because it increases emotionality and positive affect whereas verbal processing does not fully achieve benefits to the same extent (Czamanski-Cohen & Weihs, 2016).

Creative therapy allows clients to process overwhelming experiences through art by connecting with traumatic memories in the natural communication and documentation of image making (Schouten, de Niet, Knipscheer, Kleber, & Hutschemaekers, 2015). Malchiodi (2015) suggests a similar concept in art therapy of creating distance between the child’s inner core and their defense mechanisms to provide the core self an opportunity to link back with the body and mind (Malchiodi, 2015).

Art therapy plays a role in enabling children to retrieve and express feelings related to trauma such as images, sensations, and memories (Kuban, 2015). Activities such as drawing offer children an outlet to communicate their feelings safely, aid in describing memories, and help translate emotions into symbols, as symbols are used to represent the child’s unique lived experience (Kuban, 2015). Carey (2006) stresses that the use of symbols is a powerful tool in art therapy as they bring up visuals for the process of healing and emphasizes the lack of necessity of verbalization (2006). In her book “Trauma and Expressive Arts Therapy: Brain, Body, and Imagination in the Healing Process” (Malchiodi, 2020), the author stresses that art therapy focuses on action oriented practices, which can influence traumatic responses that are stored in
the body (Malchiodi, 2020). Art therapy focuses on confronting embodied trauma as a means of expressing feelings through a creative process instead of traditional talk therapy (Malchiodi, 2020). Art is an essential component in offering children the ability to explore representations of self through expression that channels the individual’s strengths and centers on resilience-focused activities (Kuban, 2015). According to Kuban, art therapy techniques connect the body with its relaxation response, by offering children methods of building healthy responses to distressing sensations (Kuban, 2015). The process of art making links children directly to their healing process, which can feel extremely empowering in discovering new ways to connect with the self (Kuban, 2015).

Artistic expression also has the ability to cause a sense of cleansing in the client during the healing process as art can be transformative and restorative to a client’s relationship with their traumatic past (Kalmanowitz & Ho, 2016). Expressing feelings of suffering in a visual way can unlock repressed sensations, feelings, and memories that the unconscious brain tried to obscure in order to keep the individual safe (Kalmanowitz & Ho, 2016). While considering the unconscious, the psychodynamic art therapy field has emphasized a strong link between the mind and body (Kalmanowitz & Ho, 2016).

Body mapping is an art therapy intervention that involves a child visualizing their external or internal perceptions of what is contained in their bodies, which can aid clinicians in understanding the child’s defensive system (Santen, 2015, Chapter 6). Body mapping is an important tool for children who experience dissociation due to the process of externalization, that takes place while engaging in experiential based art making (Santen, 2015, Chapter 6). Dissociation affects children when they compartmentalize traumatic occurrences as a method to avoid feeling pain psychologically and physically (Santen, 2015, Chapter 6). The benefits of
body mapping include externalizing traumatic materials, creating space between the child and their defenses, and offering therapeutic space for the mind and body to reconnect (Santen, 2015, Chapter 6).

An additional art therapy medium that includes benefits for children with trauma is clay (Elbrecht, 2013). Working with clay engages clients in a tactile and sensory experience that connects the clients to preverbal stages of life (Elbrecht, 2013). Art therapists use clay in therapeutic settings to utilize its regressive effects in a safe, nonverbal format, which can address challenges with development, attachment, and traumatic situations (Elbrecht, 2013).

Malchiodi stresses that it is important to base art interventions carefully according to the child’s emotional needs (Santen, 2015, Chapter 6). Drawing and collage are activities that can be used to offer a sense of containment and allows clients to feel they are in control (Malchiodi, 2015). Sensory-based mediums can be used to promote resiliency and skills in self-regulation such as working with clay, yarn, paint, textiles, fibers, and found objects (Malchiodi, 2015).

**Mindfulness informed art therapy for children with trauma**

Both mindfulness and art therapy are credible interventions that address trauma symptoms and can help clients feel relief (Malchiodi, 2020), however, are not often recommended due to lack of evidence.

As shown above, mindfulness (Brown & Ryan, 2003) and art therapy (Kuban, 2015) are both used for relieving symptoms of stress and addressing effects of trauma. In this section, I will examine the hypothesis that when these two elements are used together, mindfulness and artistic expression can become a catalyst for developing positive changes in mental health, reconnecting the mind and body, and creating healing effects (Sherwood, 2008).
One way of integrating art therapy with mindfulness practices is demonstrated in the integration of art therapy with Focusing therapy (Gendlin, 1981), known as Focusing Oriented Art Therapy FOAT (Rappaport, 2009). Focusing therapy is a mind and body practice that involves establishing a gentle and friendly nature towards an individual’s own experience (Gendlin, 1981). Gendlin developed this type of therapy in the 1960’s and was heavily influenced by Carl Rogers (Rappaport, 2009). The main principle within Focusing oriented therapy is to listen to the body’s inner messages, with an accepting nature (Gendlin, 1981). One of the most important aspects of Focusing therapy is a sensation called the “felt sense” (Gendlin, 2012, p. 57). The felt sense is detecting that an emotion is present, but not knowing how to define it (Gendlin, 2012). Gendlin (2012) explains that articulating the exact meaning of the felt sense is very challenging, as the felt sense is not a recognized emotion, but a bodily sensation of an experience (Gendlin, 2012). Understanding the felt sense is important as it is the connecting link to the wisdom of the body and when this is accessed, it can lead to healing (Gendlin, 2012).

Focusing is a mindful practice that encourages one to be present and witness how their mind, body, and spirit are connected through experiencing their current state of being (Rappaport, 2009).

Focusing Oriented Art Therapy integrates qualities of mindfulness into an art therapy practice to support presence, grounding, and empathic reflection, and emphasizes the safety of the client in therapy (Rappaport, 2009). Rappaport developed this approach as a powerful method to stimulate positive change using two modalities that are unique in terms of theoretical frameworks, but interconnect in many facets (Rappaport, 2009). Both modalities interact with the bodily felt sense in different ways, which is seen in art therapy through an implicit engagement with one’s experience and appears as an explicit process in Focusing (Rappaport, 2009).
While Focusing offers “the inner direction... art therapy offers the outer expression... Focusing provides mindful access to the inner resources of the bodily felt sense while art therapy carries its rich source of imagery and wisdom into an outward visual artistic expression (Rappaport, 2009, p. 88). FOAT helps establish conscious awareness of one’s bodily felt sense while engaging in a creative process with meaningful imagery. More benefits of FOAT include: stress reduction, experiencing therapeutic change, accessing inner processes like the felt sense, and addressing symptoms of trauma (Rappaport, 2009).

One specific example of a FOAT intervention is called “Clearing a Space,” which involves the client’s tuning in to the self and classifying things in their lives that they view as stressful or problematic and relocating them to a distant location in their minds so that the space they are left in is the “All Fine Place” (Rappaport, 2009, p. 111). The client can externalize this experience through art, as this approach is valuable in reducing stress (Rappaport, 2009). Benefits of FOAT are achieving distance from distressing feelings or events, establishing a lack of association with the undesired feelings, and grounding (Rappaport, 2009).

Malchiodi feels that the “clearing a space” approach not only locates the thoughts and experiences that threaten safety, but also showcase the content that is labeled safe and stays in the “all fine place” (Malchiodi, 2020). Malchiodi stresses that distancing is an important tool in therapy as clients can simply translate their hard feelings into symbols that are then placed into a paper bag and so the clients can physically distance themselves from the source of stress (Malchiodi, 2020).

Malchiodi suggests another intervention called “Drawing the breath” that incorporates mindfulness into art making to stimulate an increased sense of grounding, self-regulation, and awareness (Malchiodi, 2020). Observing one’s own rhythmic breathing with no judgment and
placing awareness on the present moment is followed by artistically expressing the movement of
breath through art (Malchiodi, 2020).

An additional approach that combines art therapy with mindfulness was developed by
Caroline Peterson and is called Mindfulness-Based Art Therapy (MBAT) (Peterson, 2014,
Chapter 4). The mindfulness component of MBAT is influenced by the mindfulness skills from
Jon Kabat-Zinn’s Mindfulness-Based Stress Reduction (MBSR) program (Peterson, 2014,
Chapter 4). Peterson (2014) delineates that mindfulness practices focus on wellness rather than
illness to emphasize the importance of centering on the client’s state of well-being (Peterson,
2014, Chapter 4). MBAT incorporates meditation into its practice as it includes awareness of the
breath and body sensations, use of art supplies, and channeling meditative qualities during
artistic expression (Peterson, 2014, Chapter 4). Engaging in art making before and after
practicing meditation contributed to building MBAT as a therapeutic model (Peterson, 2014,
Chapter 4). This combined process of art creation and meditation also allows clients to observe
the impact of the internal state of their minds and bodies after the mindfulness art making
practice (Peterson, 2014, Chapter 4). Peterson suggests that “the dance between mindfulness
practices and expressive therapies is exceptionally promising as a path for healing, fostering the
evolution of coping skills born of embodied presence, authentic meaning-making, and intentional
action” (Peterson, 2014, p. 78).

The artmaking process contains tactile experiences that intrinsically cause body
sensations and emotions to arise (Czamanski-Cohen & Weihs, 2016). Czamanski-Cohen and
Weihs (2016) refer to the “bodymind process,” which is a model of art therapy that serves as a
holistic approach that integrates the mind and body in order to facilitate growth and an
integration of the self through art therapy. The bodymind model suggests that through engaging
with art, sensory experiences can evoke a healthy state of mind that balances being integrated, compassionate, attuned, and mindful (Czamanski-Cohen & Weihs, 2016).

Additionally, individuals who have experienced trauma, especially children, can lose touch with the material that has altered their neurological development; therefore, it is essential that counselors provide support listening to the body’s sensations, instincts, movements, and impulses (Elbrecht, & Antcliff, 2015).

Trauma detaches an individual from the present and can limit their functioning to be fixated in the past (Kalmanowitz, & Ho, 2016). This consequently reinforces the need for nonverbal interventions to allow the client in the present moment to recognize and be acquainted with their internal sensations and feelings (Kalmanowitz, & Ho, 2016). Present moment awareness is apparent in both mindfulness and art therapy as art therapy involves both the past and the present (Kalmanowitz, & Ho, 2016), however, the creative process as it unfolds, is happening moment to moment. The present moment is the space for clients to engage in creativity, even if the content they are creating relates to the past, it is the present moment that is a fundamental aspect of mindfulness-informed art therapy (Kalmanowitz, & Ho, 2016). Being focused in the present moment forges an opportunity to construct a sense of safety with the inner experience of the body and mind (Rappaport, 2009). This connection allows an individual to safely interact with traumatic experiences and distance the distressing material from their inner self (Rappaport, 2009).

The mind body connection is especially important when discussing the treatment of trauma, as Malchiodi (2020) states:

Traumatized individuals, especially those who have endured chronic traumatic events, find themselves literally cut off from their bodies or, at the very least, are not conscious
of how their bodies are communicating or sensing from their surroundings. The same soothing qualities of expressive arts…also serve as forms of embodied intelligence, reintroducing individuals to how the body communicates sensations and emotions related to trauma. Expressive arts therapy naturally shifts individuals from being “in their minds” to being more fully in their bodies. In cases where individuals are immobilized due to unresolved trauma, arts-based methods can also facilitate a reconnection with the body when frozen due to overwhelming memories, reactions, or sensations (p. 27).

Malchiodi stresses that mindfulness can be used with children for the purpose of providing self-regulation skills, managing stress responses, and providing psychological wellness (Malchiodi, 2020). Developing self-regulation skills is essential when working with children with trauma so that they can connect with themselves and working on such abilities can be accessed through mindfulness and art therapy practices (Malchiodi, 2020). This is important because according to Rappaport (2014), verbal psychotherapy limits the client’s ability to express the felt sense, but using arts-based expression is another platform that offers a method for communication through visual symbols (Malchiodi, 2020).

Kalmanowitz and Ho (2016) stress that although the creative arts use symbols as a form of communication and mindfulness focuses on observation of the present moment, both modalities exercise an awareness of the self. Both mindfulness and art therapy contribute to gaining a higher level of self-awareness as art therapy can bring unconscious material to the surface and more knowledge about the self can be gained when engaging in mindfulness practices (Kalmanowitz & Ho, 2016). Considering that art therapy deals with the emergence of symbols and metaphors that the client can attach meaning to, and mindfulness deals with present moment awareness of sensations in the mind and body, both modalities have the same
experience of engaging in a transformative process (Kalmanowitz & Ho, 2016). The mind is an active component in both art therapy and mindfulness, as it requires focusing on the experiences taking place within the client’s engagement of these modalities including the lack of activity or presence of activity (Kalmanowitz & Ho, 2016). This process of engagement creates space to witness and regulate emotions that arise through experiential work (Kalmanowitz & Ho, 2016).

Patricia Sherwood stresses that art therapy and mindfulness are associated with increasing mindful awareness, which can offer relief for embodied trauma. Sherwood explains:

The body becomes a map of mind experiences as they are inextricably linked. The expressive artistic therapies particularly gesture, sound, and colour, are presented as the mediators of mind–body experience because they provide languages to communicate this experience. These artistic therapies are also seen as providing the means to reconnect body–mind experience in therapy in a way that can provide for interventions that transform difficult mind–body energetic patterns into patterns that create mental and physical wellbeing (p. 81).

Sherwood believes that an art therapy practice can provide opportunities for the rebirth of the mind body connection (2008). Sherwood emphasizes that when the mind and body is centered in the newly discovered parts of oneself through being present and aware, opportunities arise for the mind-body medicine of art therapy practice to unfold in positive mental health changes (Sherwood, 2008). This can be achieved by being aware that we are composed of a million parts and that all parts of the self are interconnected (Sherwood, 2008). Engaging with art therapy and mindfulness in the same format provides artistic expression that serves “as a container to hold traumatic memories and feelings, offering cathartic release and infusing the client with life-affirming energy” (Rappaport, 2009, p. 188).
Discussion

The purpose of this literature review was to explore using mindfulness and art therapy as an integrated approach to treat children with trauma. The main approach of the study was to examine pre-existing treatments for children with trauma including mindfulness, art therapy, and mindfulness informed art therapy. This literature review explored mindfulness and art therapy treatments for children with trauma, along with their unique benefits when used separately and together. The information learned through this literature review can be summarized in that mindfulness based art therapy interventions address issues relating to trauma in a holistic framework, that considers not only the symptomatic reality of trauma, but the ways in which the mind, body, and brain are impacted. Trauma cannot be treated thoroughly through solely trying to eliminate the symptoms, but through allowing the client to accept and embrace their current conditions in order to feel empowered and safe. When treating children with trauma, maintaining a stable environment and steady relationship is crucial in allowing them to feel safe and validated. Establishing safety is a process that is continuous throughout the healing journey (Kalmanowitz & Ho, 2016). Mindfulness informed art therapy enables children to have their needs met through emotional expression, self-regulation, emotional safety, presence, and self-awareness (Kalmanowitz & Ho, 2016).

This study advocates for viewing the human experience through an intermodal lens that validates the mind, body, and brain’s experience of trauma. This literature review offers information on how trauma detaches individuals from themselves, as trauma does not solely affect one area of an individual. In response, mind-body treatment approaches are suggested, to “honor the spectrum of experiences, needs, and comfort levels of our trauma survivor clients” (Duros & Crowley, 2014, p. 241). Body mind interventions can be extremely powerful in
evoking emotions and sensory experiences (Duros & Crowley, 2014). Body mind interventions can target the level of the felt sense through addressing difficult material that child clients tend to avoid or dissociate from (Duros & Crowley, 2014, p. 241).

The main aim of this literature review is to hold the space, offer safety, and stress the importance of treating trauma in all of the ways it impacts the human experience. As stated earlier, effects from traumatic experiences do not always reach resolution through verbal psychotherapy alone (Duros & Crowley, 2014). Verbalizing one’s overwhelming experiences may evoke feelings of shame for example, children convincing themselves that they caused the abuse or neglect they have experienced (Malchiodi, 2020). Verbal therapy may not offer opportunities for self-repair as it is common for individuals to fear rejection and shame despite seeking validation for their lived experiences (Malchiodi, 2020). Mind body interventions such as mindfulness informed art therapy allow for the integration of detached areas of the self to process and reflect traumatic events as well as offer a holistic outlet through creative expression.

One limitation of this study is that although mindfulness can be incorporated into art therapy practice, there is a lack of accessibility to clinicians to practice it. Counselors are encouraged to be trained in Mindfulness prior to deploying it in therapy, as mind body interventions are highly powerful in creating evocative responses in trauma clients.

Therefore, it is important to be informed in how to serve arising needs of vulnerable populations (Duros & Crowley, 2014). This creates a path for future work with this topic as studies can address how to present and use these interventions in safe ways, to allow the clients to feel they are able to authentically express themselves.

**Conclusion**

This study found that mindfulness informed art therapy is a unique lens in working with
trauma because not only can this practice alleviate symptoms of trauma, but it can help clients accept their internal states and observe what is going on internally as well as express such sensations externally. Trauma is an experience that takes place in the core of the mind, brain, and body, and treatment must also address these areas in order to be effective and all-inclusive (Duros & Crowley, 2014). As trauma is a complex reaction to distressing events, mindfulness-based art therapy is the door to healing the mind, body, and soul.
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