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Integrating Expressive Arts Therapy and Spirituality: A Literature Review of Trauma Treatment

for Adolescent Girls

Capstone Thesis

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Expressive Arts Therapy

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Abstract

This literature review responds to the question, “Does a combination of spirituality and expressive arts therapy (EAT) work for the treatment of trauma in adolescent girls?” According to the literature, EAT already has significant information that it is helpful for healing trauma, including measurable research studies on trauma symptom improvement in adolescent girls using EAT, client self-reports of improvement in trauma symptoms using EAT, arts-based research including progress measured by client art, and writing by experts in the field of EAT. While spirituality is and has been in many people’s lives and is accepted in countries outside of the United States, it is not often integrated into clinical settings or with EAT in the West. However, literature suggested that integrating spirituality into counseling can not only assist counselors to be more multiculturally competent, but that spirituality can prove helpful in multiple aspects of healing, provide individuals with a sense of confidence and personal empowerment, assist individuals to find meaning and purpose, provide guidance and direction, and connect clients and counselors to themselves and the world more fully. This literature review assumed that an integration of spirituality and EAT would be helpful, and existing research confirms this. A review of the literature yielded quantitative and qualitative studies which indicate that EAT and spirituality together have a strong potential for reducing symptoms of trauma in various populations, specifically, and powerfully, in the lives of adolescent girls. Further research needs to be done, however, to substantiate the integration of spirituality with EAT as a clinical method.

Keywords: expressive arts therapy, spirituality, trauma, adolescent girls

Integrating Expressive Arts Therapy and Spirituality: A Method of Treatment for Trauma in
Adolescent Girls

The word *trauma*, when read or spoken, can evoke a visceral response. There is an indisputable heaviness to it. While this may be the case, understanding the actual definition of trauma is important for destigmatization and treatment. The *Diagnostic and Statistical Manual of Mental Disorders-5* (DSM-5; APA, 2013) defines trauma (in relation to posttraumatic stress disorder [PTSD]) as “exposure to actual or threatened death, serious injury, or sexual violence” (p. 271). Trauma plays a prominent role in mental health difficulties in general, but also in the very origins of various mental health diagnoses. When trauma is understood, addressed, and healed, mental health states inevitably improve. Currently, there are various therapeutic treatment styles that respond to trauma, and research shows that the utilization of expressive arts therapy (EAT) as a method of improving trauma symptoms has been shown time and again to be effective. This research is discussed in the following literature review. While there are already several studies on EAT and trauma, a longstanding gap in research is information on spirituality and therapy together as a means of improving mental health. Spirituality is a deeply personal and individually defined aspect of life and is, typically, an aspect which brings a sense of meaning and purpose to those who choose to explore and engage in it. Since there is a gap in the understanding of spirituality and therapy being used together on a measurable level in the mental health field, this literature review responds to the question, “Does a combination of spirituality and EAT work for the treatment of trauma?”

The focus population of this literature review is adolescent female trauma survivors. Women and girls experience sexual assault in their lifetimes at a significantly higher rate than men and boys. According to Snyder (2000), “females were more than six times as likely as males

to be the victims of sexual assaults known to law enforcement agencies” (p. 4). Moreover, the National Sexual Violence Resource Center (2015) reports, 30% of reported female sexual assault survivors were between the ages of 11 and 17 the first time they experienced sexual assault (“Statistics”). Being an adolescent girl in and of itself puts this population at a disproportionately higher risk for sexual violence than other populations, and sexual violence is only one of the three criteria given in the DSM-5 (APA, 2013) definition of trauma. This leaves space for tween and teen girls to be experiencing other forms of significant trauma in addition to what they are already at risk for simply by way of being young females. This also does not even account for other trauma and stressor-related disorders listed in the DSM-5. Such traumas and stressors may stem from insecure attachment styles in childhood which, *Psychology Today* (Sundem, 2014) reports, is present in 40% of the child population in the United States. It is for these reasons that practicing effective treatments for trauma with this population is imperative.

In this literature review, I gather and compare research on EAT and trauma, spirituality and trauma, and EAT and spirituality with the population of adolescent girls. Then, I assess the effectiveness of these treatment styles to determine if EAT and spirituality together is indeed a viable method of treatment for trauma in adolescent girls.

Literature Review

Trauma and Trauma Symptoms

Trauma’s definition in the DSM-5 (APA, 2013) for PTSD lists three specific categories which explain what qualifies as trauma. These qualifications are: the exposure to death (whether that is the threat of death or actual death), sexual violence (which includes sexual assault of any kind), and serious injury. These qualifications could either be witnessed, learned about as having happened to a close loved one, repeated exposure to information and/or details of traumatic

events, or experienced firsthand, aside from actual death, to be considered diagnosable according to the DSM-5 along with the displaying of symptoms (p. 271).

People who have experienced or continue to experience trauma may manifest symptoms differently from others. Some of the DSM-5's (APA, 2013) symptoms of trauma include: intrusive and distressing memories, flashbacks, and/or dreams of the event(s), dissociative flashbacks in which the individual may believe the event is reoccurring, other dissociative behaviors, distress at exposure to reminders of the event, physiological reactions to distressing reminders, avoidance of such reminders either internal or external, forgetting or repressing aspects of the event(s), depressive symptoms, self-deprecating and/or fearful beliefs, irritability, aggression, anger outbursts, reckless and/or destructive behavior, hypervigilance, exaggerated startle response, concentration difficulties, sleep disturbance, social withdrawal, and distress that is disproportionate to a triggering stressor(s) (pp. 271-274). In children with insecure attachment and/or additional trauma, symptoms may include but not be limited to: repetitive play displaying aspects or themes of a traumatic event(s), rare or minimum comfort-seeking or response to comfort when distressed, minimal social and/or emotional responsiveness, social neglect as a result of neglect from caregiver(s), unexplained irritability, limited positive affect, and more (pp. 271-274).

Experiencing trauma is a sadly prevalent part of many people's lives. When an individual is traumatized and displays any number of the symptoms listed above, it is the manifestation of their body and brain attempting to protect themselves and process or cope with the event(s) that occurred. This often leads to a perpetual state of the fight/flight/freeze (FFF) response indicated as necessary by the amygdala, and that *is* necessary for survival, but is harmful and distressing to feel trapped within continuously due to trauma ("Understanding the Stress Response," 2018).

Being in a constant state of agitation as a result of perpetual FFF understandably leads many to act out violently and/or aggressively. It is common for adolescents of trauma to act out in such a manner. Being on edge in this heightened state can leave them with a "short fuse" mentally and emotionally. In addition to acting out, adolescents with trauma may shut down, isolate, become depressed, experience intense anxiety, have difficulty with identifying and enforcing boundaries, struggle to find language to articulate how and what they feel, struggle with suicidal ideation, make suicide attempts, engage in self-injurious behavior, and tragically, even complete suicide (Nicholson et al., 2010). These presentations unfortunately are overlooked due to labels in our society portraying actual trauma symptoms as if they are just a part of the teenage experience, and especially so with young females, as they are often perceived as "moody" or "overly sensitive." Given the disproportionate susceptibility to sexual violence in this population, many adolescent girls may be walking around with undiagnosed trauma and trauma disorders. Not only is the labeling of moodiness and oversensitivity disempowering, it is invalidating to any individual who has experienced the pain of trauma.

Alongside the societal perception of trauma symptoms in adolescent females, it is important to note that identity-based traumas may coincide with and exacerbate event-based traumas and may present differently from trauma disorders as defined in the DSM-5. Many individuals are socially and systemically marginalized due to an aspect(s) of their identity. For example, the Black Lives Matter movement exists today because Black individuals have been, and are still being, disproportionately targeted and killed by police (Oppel & Gamio, 2020). This, in addition to generational trauma, presents new trauma and can intensify existing traumas and trauma symptoms. While all of this information allows us to distinguish how trauma presents, it is also necessary to understand what happens when trauma is not addressed and processed.

According to Nicholson, Irwin, and Dwivedi (2010), Trauma is an experience that breaks into and breaks down the individual's physical and psychological capacity to cope with the surrounding world. The usual mechanisms that we have to manage ordinary stress, pain or discomfort do not work once the experience goes beyond a certain critical depth. Once this level of impingement is reached auto-physiological responses take over and conscious efforts to manage become less effective. To make this clearer, we can see the same mechanism occurring when a physical injury is suffered and the bodily defenses intended to deal with the injury cannot cope and in turn further afflict the sufferer. (p. 30)

In other words, if trauma is left unaddressed and unhealed, it will cause further pain and suffering in the life of the individual, if not lead to their death by suicide or disease created from the overstimulated nervous system. The goal of understanding trauma then is to prevent further pain and suffering and properly treat it which could include an approach such as EAT.

Expressive Arts Therapy as a Treatment of Trauma

EAT emerged as a study and practice in the United States in the 1970's once various expressive modalities such as art, music, dance, and drama began gaining attention as viable therapeutic methods (McNiff, 2009). The intention was to employ the body, mind, emotions, and soul by bringing together all forms of creative expression for the purpose of healing (Knill, Levine, & Levine, 2005). EAT is a form of clinical mental health counseling which uses visual art, dance/movement, music, drama, and any other creative or expressive modality in accordance with talk therapy. There is a theory within EAT known as intermodal theory or poly-aesthetic theory (Kossak, 2017). This is, using all art forms as therapy as opposed to only one and/or only processing verbally. It emphasizes the concept using the body as instrument in the healing

process. EAT uses additional concepts such as creativity, imagination, play, embodiment and attunement (Kossak, 2015). This encourages the validation and stimulation of the parts of us that are not physical, such as thoughts, feelings, emotions, ideas, fantasies, dreams, personality and the soul, to name a few.

EAT grants us the ability to access the places within ourselves that cannot necessarily be understood or expressed verbally. It encourages play and imagination, which are parts of us that are so often stifled in or after childhood, thus stimulating aspects of identity which may have until now, been internally rejected or suppressed as systems in many societies such as religion, education, business and social constructs often teach absolutes and ideologies as ways of being to humans which are multifaceted and therefore unable to meet every mold. EAT validates what is sensed, felt, imagined, and desired bringing a sense of joy and excitement to the work, as it is a freeing opportunity, allowing for choice and individuality instead of expectation, absolutes, and/or ideologies.

EAT is valuable in the treatment of trauma because traumatic experiences are not only difficult to talk about from an emotional standpoint due to the level of distress associated with the memory of such events, but can be difficult to explain and process verbally since traumatic events are intensely potent and atypical occurrences. By allowing individuals to ease into the therapeutic process nonverbally, EAT clinicians create a container for the work allowing clients to access aspects of trauma within their own consciousness through creative methods (Rogers, 1993).

Rogers (1993) paints a beautiful picture of the importance of EAT in fostering the nonverbal process: “The visual arts offer an opportunity for images to come forth when words are not yet formed” (p. 141). This brings attention to the fact that healing is initiated and

accomplished from within. This is all done while being witnessed by a clinician and attuned with on an intimate level without the potentially jarring experience of speaking the trauma out loud to another which may produce feelings of sudden over-exposure and fear of judgment by the therapist. Additionally, this gives the client freedom and privacy to explore their own experiences and feelings about the trauma before needing to answer questions and/or process them with another.

Regarding the treatment of trauma, EAT as a method is empowering for individuals who have had issues with boundaries, as it gives the power of autonomy back to the client (Knill, Levine, & Levine, 2005). They are reminded through this process that what they share with another is completely determined by what they feel comfortable with, thus allowing for reclamation of lost and/or confused boundaries. Beginning the work with this sense of empowerment sets the stage for hope within the healing and creates a sense of safety to explore memories, emotions, current experiences, and feelings. Building the confidence to begin the healing process in this way makes it possible to address, and ultimately be liberated from, trauma symptoms.

Regarding the treatment of trauma and trauma symptoms, affect regulation is arguably the most important part. "Affect regulation, or emotion regulation, is the ability of an individual to modulate their emotional state in order to adaptively meet the demands of their environment" ("Affect Regulation," n.d.). Simply stated this means acknowledging and feeling emotions and using the mind to process the emotions realistically and compassionately. Hinz (2015) reports findings that, similar to van der Kolk's understanding of the brain and trauma, activities that recruit both the analytical left and creative, nonverbal right sides of the brain are necessary for affect regulation. The ability to regulate emotions empowers individuals to process on their own,

internally. Both the use of left and right brain and work with affect regulation is present within the EAT process. Therefore, EAT has a strong ability to address and improve trauma symptoms.

The trauma symptoms in adolescents, as previously mentioned, can be improved by way of EAT. For example, affect regulation requires taking a pause and being intentional in order to self-regulate (“Affect Regulation,” n.d.). Practicing and strengthening this ability teaches individuals to pause and view emotions as messages rather than something to fear or impulsively act upon. Thus, taking time to write, move, or otherwise create can be used as a tool to feel and express emotions as well as to reflect upon and process them, thereby preventing negative consequences. Acting out is an adolescent trauma symptom that can be improved by practicing affect regulation. Affect regulation, since it promotes internal processing in order to recalibrate, can work as a method of identifying and naming emotions. This is helpful for individuals with alexithymia; being able to understand emotions and name them can make them less daunting and overwhelming, just as making a to do list instead of trying to remember all of our tasks in our heads can provide us with information that can help us decide where to begin and what actions to take.

Because affect regulation brings a sense of understanding to our emotional processes, “shutting down” may decrease in frequency as the emotions are more likely to be understood and therefore worked through once one begins to understand their emotions. Being able to understand and work through emotions eventually allows clients to become more in touch with their inner voice. This ability to listen to the voice within is vastly important as it can allow for the understanding of an individual’s personal boundaries again, or for the first time in their life.

In addition to these symptoms, intense anxiety as a trauma symptom can also be managed through affect regulation. EAT incorporates movement, breath, attunement, imagination and

other outward creative expression which are methods, very similar to and aligned with the practices of yoga which has been proven to create a sense of grounding to the body, thus easing anxious feelings (Zoogman et al., 2019; Krauss, 2019). Additionally, many EAT warm-ups are created with the intention of easing clients into a state from which they can comfortably begin the work, each session. These warm-ups for EAT beginning with grounding, containment and safety naturally promote a calmer state by way of creating cohesion between the therapist and the client(s), and clients with each other in the case of groupwork. Each member committing to the creation of a safer, contained space with respect for self and for one another limits the need for individuals to feel guarded, thus inspiring the potential to relax. The cohesion between members create a network of support. These two aspects may ease perceived needs for anxious energy and encourage them to slow down and be present (Krauss, 2019).

In addition to the treatment of symptoms, EAT can be naturally appealing over traditional talk therapy. Talk therapy can be daunting for folks who do not feel comfortable or clear on how to express themselves verbally. In EAT, the expectation to talk and understand consciously, naming feelings with words is not required. There is a freedom to be true to what feels right, in this sense. Additionally, public schools in the United States often expected children and adolescents to sit still and be “productive.” However, stillness and long periods of listening without movement, creativity, or expression are not natural states for myself, nor any child that I know.

EAT incorporates creativity without expectation or judgment. In this way, it makes space for and encourages passion which has a natural tendency to fuel and motivate genuine engagement. EAT is process-oriented as opposed to product-oriented (Rogers, 1993). It is not about the result of the creation but about the process of the creation itself. It is intended to

promote empowerment drawn from being present with the process, and withstanding uncomfortable moments, thereby embracing growth through mindful self-acceptance (Doyle, 2020). Choosing self-acceptance in the moment, imperfections and all, builds confidence. Confidence counters the likelihood of isolation stemming from social anxiety, because it is often the fear of what others think, feel, and expect of us that discourages individuals from engaging socially. Being that depression thrives in isolation, self-acceptance challenges the isolative behavior that feeds the depression, thereby improving the depression.

Igniting a sense of passion through creativity and movement also challenges the stagnation in our energy, body, and mind, allowing us to get that energy flowing so we do not remain in states such as hesitation, stagnation, insecurity, and amotivation (H. Jun, personal communication, 2015). Simply the act of building self-confidence alone can be excellent for healing regardless of the method through which it is achieved. That said, EAT is a powerful and enjoyable way to do it, since it is dictated by the individual's preference(s) for what they personally perceive as adventurous, explorative, playful, joyful, worthy of passion, and their preferred expressive outlet(s) (Knill, Levine, & Levine, 2005).

There are a number of valuable studies, research, and writings that have been released on EAT in relation to trauma. EAT has become more widely known and accepted as a reliable treatment method (Hass-Cohen et al., 2018; Knill, Levine, & Levine, 2005; Lyshak-Stelzer et al., 2007; Perryman, Moss, & Cochran, 2015; Rogers, 1993; van der Kolk, 2014). *The Body Keeps the Score* (van der Kolk, 2014) has not only brought attention to trauma and its effects on the brain and the body, but also has been utilized as a textbook for EAT graduate students. It is valued for the way in which it addresses the importance of understanding the brain/body trauma connection, while highlighting PTSD as a trauma disorder and how it has been treated with

methods aligning with EAT. For example, van der Kolk (2014) brings attention to the fact that movement and other forms of artmaking utilize the right side of the brain while talk therapy primarily utilizes the left side. EAT brings the whole brain together for the purpose of healing which is what is needed for trauma since it affects the right (nonverbal, sensing, creative, imaginative) side of the brain, with the left (linguistic, rational, logical, organized) side. This may be seen as a self-parenting process, as if a wise, logical, rational adult is compassionately teaching the awestruck, innocent, whimsical child within.

When we look at ourselves as the sum of multiple parts functioning together, we can understand how and why an experience such as trauma might disturb the synergy of these parts. As evidenced by the many ways that trauma can manifest in individuals as listed above, we know that it affects thoughts, emotions and even the physical body. Therefore, the use of a multimodal expressive approach such as EAT is necessary in order to access the multiple parts of us that we possess as multifaceted beings and target the multiple ways that trauma can infiltrate those parts.

One way that trauma manifests, and sheds light on our parts in a more obvious and/or severe way is through the condition of dissociative identity disorder (DID). *Psychology Today*, (2019) described DID as a commonly trauma-born dissociative disorder, with its two main contributing factors being severe abuse and childhood attachment issues. It is a condition in which the individual with DID dissociates from their core personality into sub-identities in order to cope with day-to-day life (“Dissociative Identity Disorder”). It is evident that the avoidance of (in this case the dissociation from), and disproportionate reactions to, triggering stimuli is a trauma response, as listed from the DSM-5 trauma symptoms (APA, 2013). DID is a disorder that protects the individual from these triggers and/or responses by way of compartmentalization

through the embodiment of two or more alternate identities. (p. 292) These identities essentially exist as a survival mechanism, working separately yet together in order to achieve tasks or endure certain conditions of life (“Dissociative Identity Disorder,” 2019).

Treatment of DID with EAT. Sagan (2019) measured the individual case-study of an adult female with a DID diagnosis and the impact that EAT has had on her symptoms and healing process. The article is based on one client’s experience in a narrative phenomenological study using EAT as a method to work with her diagnosis of DID. The study followed the case of a white, British, female client known as “Henri.” Progress was measured through phone calls with the clinician, observations made by the clinician, and self-reported progress from the client; and, was documented in artwork created by the client. The findings of this study indicate that a trauma survivor experienced positive effects of EAT in her life and a reportable decrease in the symptoms of her DID diagnosis as a result of this treatment.

Although the data gathered is valid and should be considered, the study is based on one case, which leaves a lot of room for differences with others who may have the same diagnosis or other diagnoses related to trauma (Sagan, 2019). The study also took place between the client and a therapist that she had never met in person, and the conversations between them took place over the phone. All in all, the amount of time that the client and therapist had in conversation added up to approximately four hours, which would only equate to about four typical, face-to-face sessions. Therefore, the time allotment was limited. Also, the sessions took place over the phone, which prevented any observation of body language.

For the sake of this inquiry, it would be very important to make such visual observations as DID is a disorder that manifests in many ways that may only be witnessed in person. Such manifestations can be extremely subtle, so visual observation is even more important for clients

with DID, because even in person, observation requires acute attention to detail. As people with DID “transition” from one alter (identity) to another, there are many physical changes in body language that would be important to take note of and measure for better data collection (“Dissociative Identity Disorder,” 2019). Despite the limitations, this study indicates that EAT is valuable in the treatment of DID (Sagan, 2019).

Treatment of PTSD with EAT. In addition to DID, EAT is especially useful in the treatment of PTSD. Various populations of people with PTSD have been studied and have shown improvement in their PTSD symptomology through the practice of EAT alongside or independent from traditional methods of talk therapy.

There is a study supporting the use of EAT (alongside traditional therapy) from Lyshak-Stelzer, Singer, St. John, and Chemtob (2007) who measured significant decrease in trauma symptoms with adolescents in inpatient treatment facilities. All participants met criteria for high levels of PTSD symptomology (Lyshak-Stelzer et al., 2011). The participants within the study were selected based on these criteria, and were randomly assigned to two groups. One group was a treatment as usual (TAU) condition and the other was a group which incorporated a trauma-focused expressive arts therapy protocol alongside the usual treatment which was referred to in the text as “TF-ART.” This study was measured by 1-hour therapy sessions over 16 weeks.

The hypothesis of this study (Lyshak-Stelzer et al., 2011) was that the TF-ART group would show a significant decrease in PTSD symptoms than that of the TAU group, post-treatment. The findings were based on the administration of an assessment called the UCLA-RI, which identifies symptoms of PTSD in youth as compared to the DSM-5, both before and after the 16-week treatment. The findings supported the hypothesis in that the TF-ART group’s UCLA-RI mean scores decreased by 20.8 points where the TAU group’s mean scores decreased

by only 2.5 points. Based on the UCLA-RI assessment tool, the points decreasing indicated a lessening of the trauma symptoms being displayed, suggesting that the use of EAT was more effective for adolescents experiencing trauma symptoms than only using traditional talk therapy.

This study (Lyshak-Stelzer et al., 2011) seemed to be objective in the utilization of separation of groups randomly, the fact that the UCLA-RI administrators were not informed of which group the participants were in, the meeting of symptom criteria, the diversity in ethnicity, the diversity of the type of trauma which was based on self-report, an almost-equal male-to-female ratio, and the fact that all participants were also from inpatient facilities (Lyshak-Stelzer et al., 2011).

Additionally, there are qualitative studies supporting the positive effects of EAT. Perryman, Moss, and Cochran (2015) measured the benefits of EAT with “at-risk” adolescent girls. This study used a phenomenological approach that tested whether EAT and play therapy together positively affect at-risk adolescent girls. Comparison of the session notes, journal entries of clients and the artwork created were used to measure their experiences of the study. The findings suggest that all the themes which surfaced were in support of the theory that play therapy and EAT in a group setting positively affected the clients.

The study took place over the course of five weeks, each session being an hour and a half long (Perryman, Moss, & Cochran, 2015). This demonstrates that it was a longer-term, consistent approach. Actual activities that were utilized were reported which makes it possible for the study to be repeated with a similar population and therefore makes it re-testable. The data was collected based on a triangulation of self-report from the clients measured up against session notes taken by facilitators and compared to the artwork itself. This leaves little room for interpretation as the experience of the client, clinician and the product are all being considered in

relation to each other. Conclusions demonstrated that the themes found were backed up with examples from the triangulation method. This shows valid research grounded in the data collected.

Finally, Hass-Cohen, Bokoch, Clyde-Findlay and Banford-Witting (2018) utilized arts-based research methods supporting the use of EAT. This study measured the resiliency of participants through art therapy. Several assessment tools were used to assess clients before and after the treatment. Assessments were used to measure symptoms of trauma and the efficiency of the treatment in relation. Clients were given a variety of four drawing prompts, writing prompts, and questions to answer. These drawings consisted of drawing their problem, a self-portrait, drawing internal and external resources, and then another self-portrait after the first three drawings. The findings showed a significant decrease in trauma symptoms over all for most participants.

The study appears to be valid for multiple reasons (Bokoch, Clyde-Findlay and Banford-Witting, 2018). First, the study is quantitative. Several measurable tools were used to compare the participants states before and after the drawings and writing prompts were completed. The use of numbers to compare participants' states before and after is beneficial because the differences in emotional state and symptomology can be visibly measured. Second, "The Four-Drawings protocol" is reliable because it can be repeated. Every step of the process was included in the report as well as the assessment tools used which indicates, like the previous study, that the study can be duplicated or repeated.

Analyzing each of these studies and writings supports EAT's effectiveness for trauma treatment. While EAT in and of itself is a promising method, I have felt as though it is missing something. EAT has been utilizing, and possibly appropriating, many ancient and indigenous

traditions, practices, rituals, etc. This is problematic on the grounds of appropriation, but also because EAT borrows this wisdom without acknowledging the fact that much of it stems from spirituality (Knill, Levine, & Levine, 2005; Rogers, 1993). My suspicion is that EAT's effectiveness is due to the stimulation of the spirituality that is innate within us all, if we individually study and feel into our own roots.

Spirituality as a Treatment of Trauma

Many individuals engage in and/or subscribe to various spiritual beliefs, practices, and philosophies. Typically, this is due to finding a sense of meaning, comfort, and direction from it in their lives. For some it is religion that may create a sense of structure and provide a set of moral standards to live by. For others, spirituality may not be connected to religion. For the non-religious, spirituality may be a sense of guidance through meditation, astrology, numerology, yoga, understanding energy, and even other aspects of scientific understanding. Both on its own and in connection with religion, spirituality can show up in a variety of ways. The most important thing to highlight here is that through spirituality, whatever that may mean to an individual, humans feel a sense of guidance, purpose, transcendence, and connection to self, others, and to life itself.

Fukayama and Sevig (1999) offered the following: "A basic definition of spirituality, from the Latin root *spiritus*, is breath, the essence of life or the life force" (p. 4). To delve into understanding this definition of spirituality in a literal sense is to understand both the utter importance of it in our lives and how the absence of it very well has the potential to make individuals feel lifeless. According to this definition, without spirituality, we are essentially without breath. Through this lens, it is interesting to align a lack of spirituality in individuals with our current understanding and observation of depression, which presents as a stagnant,

heavy, numb, and amotivated energy. Integrating the understanding of this Latin root informs us that a person without the empowerment of authentic spirituality is essentially a person without their life force, their energy, their breath.

Carroll (1998) offered a social work perspective to spirituality, looking at it from two different perspectives. Drawing from various texts, Carroll suggested “spirituality-as-essence, and spirituality-as-one-dimension” (p. 10) as lenses through which spirituality can be viewed. Additionally, these two lenses of spirituality alongside social work “can be instrumental in reducing suffering and enhancing psychosocial functioning” (p. 10). Carroll devised these terms to distinguish and make sense of the multiple understandings of spirituality that appear in the bodies of literature surrounding spirituality. According to her two explanations of spirituality, she defined the concept of spirituality-as-essence with the following:

The first approach or way addressed dysfunctioning and suffering which frequently arise from blocked growth due to difficult life events. Building on the view of spirituality-as-essence, the social worker would help the client to consider these events differently by tapping into and trusting one’s inner wisdom in order to gain a new understanding about how the socialization process has blocked growth and to discover new meanings so that the difficulty is transformed into a growth opportunity and becomes accepted as a part of one’s whole life. In this way, the suffering is reduced and functioning is improved. (p. 10)

This perspective uses spirituality as an avenue for meaning-making and provides a sense of purpose to lived experiences including those which have been traumatic and difficult. On the other hand, in relation to the concept of “spirituality-as-one-dimension,” Carroll (1998) explained:

From the perspective of spirituality-as-one-dimension, the social worker would draw on the person's beliefs and behaviors which directly reflect his or her belief systems and sense of relatedness with the transcendent. These beliefs and behaviors may be used as supportive resources or strengths in facing and overcoming problems as well as healing.

(p. 10)

This perspective, unlike the first, indicates a condition in which the client already has a set of spiritual beliefs that they live by. Incorporating the "spirituality-as-one-dimension" perspective (Carroll, 1998) means that these beliefs can be drawn upon to support clients, to assist them with healing, and to build upon their preferred systems of meaning-making. It complements the clients' beliefs and practices relied on for guidance.

Carroll's (1998) concept of spirituality-as-essence is similar to an idea that Knill, Levine, and Levine (2004) discussed:

For suffering to be acknowledged at all, it must be given a meaning. In the absence of transcendence, the only meaning that is possible is negative, one in which the very existence of the traumatized person becomes a sanctified act. (p. 63)

This idea relates to that of spirituality-as-essence because both ideas suggest that there is meaning behind life experiences. While spirituality-as-essence may lean toward the concept of transcendence, Knill, Levine, and Levine suggested that even before a process of transcendence, experiences of trauma carry a negative meaning. Surviving the trauma automatically grants the survivor a degree of resilience and accomplishment. It is suggested that acknowledging the meaning of the trauma through the lens of spirituality is important for the process of healing which ultimately changes the experience from innately negative, to empowering or positive. An example of how this concept has been practiced already for centuries, is in various Native

American rituals and traditions. With stories, practices, totems, and more, Native Peoples have been connecting with spiritual meaning beyond the surface of what is seen since long before western therapeutic constructs were conceived (Owen, 2008).

Many indigenous cultures and even early Christian traditions incorporated mysticism as a respected branch of their belief systems. Fukayama and Sevig (1999) explained that “Mysticism has at its root ‘mystery’ and is interwoven into many spiritual and religious traditions” (p. 58). If we were to educate ourselves on the wisdom of our deepest ancestral roots, regardless of our race, ethnicity, region, language, and religion, we would find that most, if not all of these ancestors honored and respected the “unknown” in one way or another.

Being that humans are multilayered, and more than simply our physical bodies, as spirituality suggests, it is critical for helping professionals to understand the concept of spirituality, and the many possible ways it may look in people’s lives. This means we must give space to, and even try to understand various spiritual ideas in order to engage in more holistic approaches suitable for this multidimensional human nature. Clinicians live by codes of ethics which share principles of nonmaleficence and beneficence. Nonmaleficence urges the clinician to avoid harm and beneficence promotes client well-being (Corey, Corey, & Corey, 2019). However, it does harm, and will do harm, to reject parts of the identities of others and ourselves that we do not understand. A rejection of the nonphysical aspects can contribute to the lack of movement, or “stuckness” that trauma presents, and that spirituality can assist us to transcend (Carroll, 1998).

Many marginalized social groups have been expected to conform to western standards, expectations, presentations, traditions, religions, educations, careers, and so forth (Hall, 2010). Since Europeans claimed the Americas as their own, much indigenous cultural history has been

ignored, devalued, erased, forgotten, and lost (Carpenter, 2015). This can be traumatic to the individuals who do not know their history, and to those who do know their history, yet are expected to deny it to conform to Eurocentric expectations (Hall, 2010). Spirituality brings a sense of connectedness to something greater than the systems which suppress and invalidate us. It pre-dates such oppressive systems. Western systems value logic and reason over emotion and intuition, further devaluing the spirituality that existed on this land long before the current expectations did. In order to be inclusive, holistic, and culturally competent as healing professionals, spirituality must be integrated into any and all healing modalities whose intent is to do no harm and assist with healing (Fukayama & Sevig, 1999).

Since spirituality assists with the “stuckness” (Carroll, 1998) it is essentially assisting trauma survivors to step out of the FFF response as van der Kolk (2014) addressed. This is a very important part of the process of healing trauma, as momentum tends to keep going in a direction once it is moved. EAT is a creative, expressive modality that also utilizes talk therapy while spirituality is of the soul. This makes for a more holistic, and therefore more ethical practice. Currently, there is not enough quantitative and qualitative research on spirituality’s psychological effects and healing benefits, as most spiritual studies that can be easily found are anecdotal. Although spirituality is a way of life in various countries, such as the utilization of Yoga, meditation, and Ayurvedic medicine in India for example, the normalized perception in the United States is that the mind and body are separate. This belief of separateness is rampant even though many American citizens engage in some form of religion and/or spirituality (“Religious Landscape Study,” n.d.).

Although many Americans may be religious and/or spiritual, adolescence is typically a time in which such systems and communities may begin to lose resonance for them, and a

searching for meaning that does resonate for them may occur (Bruce & Cockreham, 2004).

Adolescence is a developmental stage of transition from childhood into adulthood, and thus, it often naturally evokes a sense of longing for independence and for what resonates with their individuality as they approach emerging adulthood. Bruce and Cockreham (2004) illustrated this concept with the following:

Helping adolescent girls find and make meaning in their lives and encouraging girls to know themselves can help them access the spiritual dimension in their lives. According to Kessler, many of today's teenagers in the United States suffer from a sense of emptiness inside, a sense of meaninglessness that comes when social and religious traditions no longer provide a sense of meaning, continuity, or participation in a larger whole. Her opinion is that teenagers experience a void of spiritual guidance and opportunity in their lives during adolescence. This void contributes to high-risk behaviors, which can be both a search for connection, transcendence, meaning and initiation as well as an escape from the pain of not having a genuine source of spiritual fulfillment and meaning. (p. 334)

In addition to this concept, Bruce and Cockreham (2004) discussed another aspect which emphasizes the importance of spirituality both for adolescents in general, and in specific relation to adolescent girls:

Pipher acknowledged that adolescence has always been hard, but believes that in today's dangerous, sexualized, and media-saturated United States society adolescent girls face incredible pressures to be beautiful and sophisticated. She asserted the most important questions for every adolescent girl to answer are "Who am I?" and "What do I want?" rather than, "what must I do to please others?" Pipher continued by stating "adolescence is when girls experience social pressure to put aside their authentic selves and display a

small portion of their gifts.” Girls who stay true to themselves manage to find some way to respect the parts of them that are spiritual and protect their spirit from the forces that would break it. (p. 334)

Girls need a sense of self, and a source of strength in order to discern what their values are from what they are being influenced to think and believe via the media. This applies also to their boundaries and their ability to enforce them. Being that there is much sexualization of young women in American society, clear boundaries are necessary for girls to understand and enforce. The sexualization seen in the media normalizes overtly sexual behaviors. This overt sexuality is almost indistinguishable from sexually reactivity, which is a known symptom of sexual trauma (APA, 2014). Bruce and Cockreham (2004) indicated that spirituality can serve as a source of strength, guidance, and personal empowerment and that this is important for adolescent girls. Finding a sense of strength through spirituality can assist girls to find their voice and to therefore reject any societal influence that does not honor their self-respect, autonomy, and individuality. The developmental stage of adolescence, a time of independence-seeking and identity-awakening, is an opportune time for this kind of spiritual healing and personal empowerment to take place.

When discussing spirituality, it is important to note that there is potential for healthy/helpful spirituality, and unhealthy/unhelpful spirituality (Fukayama & Sevig, 1999). Just as most helpful things can be taken out of context and used in an imbalanced way resulting in harm, spirituality is no exception. Some examples of things that can be healthy or unhealthy depending on balance are food, alcohol, medications, alone time, socializing, relaxation, work, and much more. In addition to balance, understanding and clarity of intent are important. For some, religion can be traumatizing. Several organized religions either currently, or have

historically accepted sexist, heteronormative, and otherwise intolerant ideas that exclude people based on aspects of their identities. Because of this, and other potentially traumatizing experiences with religion/spirituality such as sexual assault in the church, it is important to be mindful that spiritual needs may differ from case to case.

Additionally, some suggest that spiritual concepts such as “the secret” (Byrne, 2006) or “the law of attraction” can be dangerous to some individuals. The idea is that it can influence individuals to believe that since they attract everything energetically, they must be hypervigilant of what realities they are creating at all times based on their thoughts. For ones who have experienced trauma, specifically rigid religious indoctrination and/or other mental health difficulties, this idea can lead to obsession, pre-occupation with thought and performance resulting in mental-exhaustion, and an intense and repetitive state of self-punishment creating a sort of psychosis (Luna, n.d.). Here, there is an intention of “thinking your way out” of unhappiness or pain. The problem with this idea is that obsessing over not feeling a certain way will only make one focus on feeling that way and then judge themselves when they still feel that way. Spirituality, like most everything, needs to be balanced. It is important then for therapeutic spirituality to be guided by self-reflective individuals who understand the balance and importance of both the darkness and the light of spirituality and how to use them together to facilitate a grounded utilization of healthy spirituality while preventing harm. One option for spirituality to become intentionally therapeutic is to integrate EAT and spirituality together as a healing method.

Integration of Expressive Arts Therapy and Spirituality as a Method

With trauma being such a potentially debilitating experience, producing and exhaustively repeating the FFF response in survivors, it appears as though the experience of trauma may be

more than simply a physical, cause-and-effect situation. Trauma is a physical, emotional, and mental wound creating a repetitive and protective reaction response (the symptoms). Therefore, it might be much more profound in terms of the influence it has on survivors' worldview, self-view, and ability to trust. Experiences of trauma can create a deep confusion in survivors when the trauma(s) that they have experienced goes against all ideas they may have been taught about the goodness of life (Knill, Levine & Levine, 2005, p. 62). Being that this confusion can create limiting beliefs about life and the world, there is a need for healing practitioners to assist trauma survivors to restore both faith in life and confidence in self. It is for these reasons that spirituality, in addition to EAT, is a necessary method of treatment for trauma in adolescent girls. It can be both a tool to empower these individuals to reclaim their voices and create a healthier perspective on life.

EAT uses an array of expressive modalities for the purpose of healing with, and through, the freedom of expression. (Knill, Levine & Levine, 2005; Rogers, 1993). Many forms of spirituality have incorporated healing practices whether they be through the honoring and use of ritual, music, embodiment through movement, or otherwise using the body as an instrument for the soul to guide and heal (Luethje, 2009). After all, it is believed that the soul and body know how to heal themselves, if we just get out of the way ("Therapy Directory," 2018). In studying the history of spirituality and spiritual healing, one can observe that EAT would not exist as it does today without such preexisting forms of spirituality to influence it. Therefore, I propose a method: the reintegration, or "re-remembering," of accepted Western healing practices, such as clinical therapy, with spirituality, with the root healing wisdom of our ancestors.

Cardillo (2015) addressed the topics of spirituality and expression having already been used together regularly in history. She offered the example of stained-glass windows in churches,

which would visually tell stories to accommodate those who could not write or read. This is an example of how accessing the nonverbal through creative expression can be both therapeutic and spiritual. In addition to this, she touched on an idea of using religious clients' self-described relationship with a God figure as a tool for unveiling and understanding their attachment style(s). This tool could potentially heal trauma around insecure attachment for the 40% of the population who are insecurely attached (Sundem, 2014). It may also shed light on the clients' views on relationships, childhood, and their general upbringing. Many more examples of integration of spirituality and therapeutic expression can be given, such as music and choirs in churches as a way to express and transcend, the use of breath and voice in meditation, African drumming as a tool of healing connection and guidance in African countries and then during the beginning years of slavery in the United States (Henderson, 2020) and much more.

Returning to the ideas van der Kolk (2014), the importance of utilizing creativity and movement, meaning more than just dance, is emphasized as necessary for the treatment of trauma. Van der Kolk (2014) suggested this concept in terms of a need for action in order to move through the FFF response that trauma produces in survivors. This necessary action employs an approach of the use of the body and mind to the work. Working with methods such as mindfulness, meditation, prayer, and any other nonphysical aspects of our human experience constitute the mental aspects to the treatment of trauma. This is essentially spirituality being utilized in therapy without being directly acknowledged as such. The physical aspects of this approach are the use of movement, physical touch, breath, and/or other bodily action as a way to release the trauma that is stored in the body, and which manifests as symptoms (van der Kolk, 2014). Several written works and studies (Cardillo, 2015; Knill, Levine, & Levine, 2005; McCarthy 2013; Rogers, 1993; van der Kolk, 2014) indicate the importance of both the spiritual

and the physical in the process of healing. Both EAT and spirituality incorporate the physical and nonphysical by nature and are therefore compatible as methods.

The possibilities in which EAT and spirituality can be used together are endless. The goal and the idea of this integration is that clients get to use all parts of self to experience full alignment with all their identities freely. This freedom is a liberation from the limitations of the FFF response, expectations and pressures of others, Western and Eurocentric ideas of “normal,” harmful religious indoctrination, and other damaging, internalized influences and accepted beliefs from childhood, trauma, and our environment(s). It is also important to address the freedom of the therapist to express and facilitate the process in ways that balance their trauma-informed education and understanding of healthy, balanced spirituality while honoring their own fully integrated selves as well. If healing professionals do not practice healing work in their own lives, it is not helpful for anyone (Bennett-Levy, 2019). Therapists need to have a sense of self in order to assist anyone else to find that for themselves.

Given my findings on the value of both EAT and Spirituality for adolescent girls with trauma, I see strong potential for a method that incorporates the two together in a way that could be more efficient than the use of one of these modes alone. Spirituality is what makes us whole. It is in our human roots, dating back to our earliest ancestors. As a society, we fail to honor ourselves as full and complete beings unless we integrate all parts of us. Unfortunately, most mainstream mental health practices in the United States do not incorporate spirituality. While EAT has more recently been accepted as a therapeutic method, mainstream practices typically support a more Western idea of mental health that fosters a separation between the mind and the body, thus keeping the idea of mental health incomplete and stigmatized. An integration of the two may be a next step in creating a more holistic approach to healing.

Discussion

This literature review addressed the use of EAT and spirituality in treating adolescent girls with trauma. It first brought attention to the definition of trauma, various manifestations of trauma in individuals, and the array of possible presentations of trauma symptoms in adolescent girls. It provided evidence that EAT is an efficient treatment for trauma according to research. It then provided resources and examples of how spirituality can foster wholeness, guidance, meaning-making, confidence, connection to personal history, and deeper purpose. Finally, this literature review identified a gap in quantitative and qualitative research on the use of spirituality in clinical settings and, therefore, on the use of spirituality with EAT. Responding to this gap, I concluded that an integration of spirituality and EAT would serve as useful for a more conscious, holistic approach for adolescent girls than what is currently available in the mainstream. It would prove valuable to the greater mental health field for these concepts to be considered and researched together.

EAT is a fairly new field of accepted counseling and aims to integrate more aspects of the human experience into the process of healing than what Western counseling typically includes. The integration of spirituality with EAT as a unique method may be a significant movement toward the liberation of individuals' full selves. While EAT can address stagnation through coming to know what is held in the body and mind, spirituality can provide people with a sense of purpose and guidance by passion and interests, help them make sense of traumatizing experiences, and allow nothing that they have survived to be in vain. It will empower young girls to begin to know themselves and understand what they think, feel, and want in life. Additionally, this integration will provide them with practice in embodying their individuality while working toward and advocating for it. Knowing the self in this profound way will not only help them heal

from trauma, but reclaim their personal power, making no goal seem out of reach. If this issue is addressed in a powerful, transformative way at the pivotal stage of adolescence for young women, I foresee a future of stronger, happier, healthier, and more compassionate female leaders—something that this world truly needs.

References

- “Affect regulation/emotion regulation.” (n.d.). Retrieved from <https://www.psychologytools.com/professional/techniques/affect-regulation/>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Author.
- Bruce, M. A., & Cockreham, D. (2004). Enhancing the spiritual development of adolescent girls. *Professional School Counseling, 7*(5), 334–342. Retrieved from https://www.researchgate.net/publication/234728114_Enhancing_the_Spiritual_Development_of_Adolescent_Girls
- Byrne, R. (2006). *The secret*. Simon & Schuster Australia.
- Cardillo, G. (2015). Spirituality, religion, and faith in psychotherapy: Evidence-based expressive methods for mind, brain, and body [Review of the book *Spirituality, religion, and faith in psychotherapy: Evidence-based expressive methods for mind, brain, and body* by H. Land] *Art Therapy, 32*(3), 151-152. <http://dx.doi.org/10.1080/07421656.2015.1060834>
- Carpenter, R. M. (2015). *Times are altered with us: American Indians from first contact to the new republic*. John Wiley & Sons.
- Carroll, M. M. (1998). Social work's conceptualization of spirituality. In E. R. Canda (Ed.), *Spirituality in social work: New directions* (pp. 1-14). New York: Haworth Press. <http://dx.doi.org/10.1080/15426432.1998.9960223>
- Corey, G., Corey M. S., & Corey, C. (2019). *Issues and ethics in the helping professions* (10th ed.). Thomson Brook/Cole.
- Doyle, G. (2020). *Untamed*. Random House Publishing Group.

- Fukuyama, M. A., & Sevig, T. D. (1999). *Integrating spirituality into multicultural counseling*. Sage Publications.
- Hall, A. (2010). *Earth into property: Colonization, decolonization, and capitalism*. McGill-Queen's Press-MQUP.
- Hass-Cohen, N. N., Bokoch, R., Clyde-Findlay, J., & Banford Witting, A., (2018). A four-drawing art therapy trauma and resiliency protocol study. *Arts in Psychotherapy, 61*, 44–56. <https://doi.org/10.1016/j.aip.2018.02.003>
- Henderson, F. J. (2020, January 3). *A womb made of wood: Fatu Judy Henderson* [Video file]. Retrieved from https://www.youtube.com/watch?v=U3EQiDZ_nS0
- Hinz, L. D. (2015). The science of the art of psychotherapy [Review of the book *The science of the art of psychotherapy* by A. N. Shore]. *Art Therapy, 32*(3), 151-152, <http://dx.doi.org/10.1080/07421656.2015.1060564>
- Knill, P. J., Levine, E. G., & Levine, S. K. (2005). *Principles and practice of expressive arts therapy: Toward a therapeutic aesthetics*. Jessica Kingsley Publishers.
- Kossak, M. (2017). EAT- History and Theories [PowerPoint slides].
- Krauss, Z. J. (2019). The effects of music therapy on individuals suffering from psychiatric disorders: A literature review and look into future prospects. *Musical Offerings, 10*(2), 61–80. <http://dx.doi.org/10.15385/jmo.2019.10.2.2>
- Luna, A. (n.d.). Why the law of attraction creates intense suffering [Blog post]. Retrieved from <https://lonerwolf.com/the-law-of-attraction-suffering/>
- Luethje, K. (Ed.). (2009). *Healing with art and soul: Engaging one's self through art modalities*. Cambridge Scholars Publishing.

- Lyshak-Stelzer, F., Singer, P., St. John, P., & Chemtob, C. M. (2007). Art therapy for adolescents with posttraumatic stress disorder symptoms: A pilot study. *Art Therapy: Journal of the American Art Therapy Association*, 24(4), 163–169.
<http://dx.doi.org/10.1080/07421656.2007.10129474>
- McCarthy, M. (2013). Children's spirituality and music learning: Exploring deeper resonances with arts based research. *International Journal of Education & the Arts*, 14(4).
<http://www.ijea.org/v14n4/>
- McNiff, S. (2009). *Integrating the arts in therapy: history, theory, and practice*. Charles C. Thomas.
- National Sexual Violence Resource Center. (2015). Statistics about sexual violence [fact sheet]. Retrieved from
https://www.nsvrc.org/sites/default/files/publications_nsvrc_factsheet_media_packet_statistics-about-sexual-violence_0.pdf
- Nicholson, C., Irwin, M., & Dwivedi, K. N. (2010). *Children and adolescents in trauma: Creative therapeutic approaches*. Jessica Kingsley.
- Oppel, R. A., & Gamio, L. (2020, June 3). Minneapolis police use force against Black people at 7 times the rate of whites. *The New York Times*. Retrieved from
<https://www.nytimes.com/interactive/2020/06/03/us/minneapolis-police-use-of-force.html?action=click>
- Owen, S. (2008). *The appropriation of Native American spirituality*. Bloomsbury Publishing.
- Perryman, K. L., Moss, R., & Cochran, K. (2015). Child-centered expressive arts and play therapy: School groups for at-risk adolescent girls. *International Journal of Play Therapy*, 24(4), 205–220. <https://doi.org/10.1037/a0039764>

“Religious landscape study.” (n.d.) Retrieved from

<https://www.pewforum.org/2019/12/12/household-patterns-by-religion/>

Rogers, N. (1993). *The creative connection: Expressive arts as healing*. Science & Behavior Books, Inc.

Sagan, O. (2019). Art-making and its interface with dissociative identity disorder: No words that didn't fit. *Journal of Creativity in Mental Health*, 14(1), 23–

36. <https://doi.org/10.1080/15401383.2018.1499062>

Snyder, H. N. (2000). *Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics*. Report prepared for The U.S. Department of Justice, Bureau of Justice Statistics. Retrieved from

<https://www.bjs.gov/content/pub/pdf/saycrle.pdf>

Sundem, G. (2014, April 2). Study shows that 40% of U.S. kids are insecurely attached.

Attachment: Love the hell out of your kids and let the rest sort itself out. Retrieved from

<https://www.psychologytoday.com/us/blog/brain-trust/201404/study-shows-40-us-kids-are-insecurely-attached>

Therapy Directory (2018, December 20). “Our body knows how to heal itself.” Retrieved from

<https://www.therapy-directory.org.uk/memberarticles/our-body-knows-how-to-heal-itself>

Understanding the stress response. (2018, May 1). Retrieved from

<https://www.health.harvard.edu/staying-healthy/understanding-the-stress-response>

Van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Yanli Hu, Lay Hwa Tiew, & Fan Li. (2019). Psychometric properties of the Chinese version of the spiritual care-giving scale (C-SCGS) in nursing practice. *BMC Medical Research*

Methodology, (1), 1. <https://doi.org/10.1186/s12874-019-0662-7>

Zoogman, S., Goldberg, S. B., Voursora, E., Diamond, M. C., & Miller, L. (2019). Effect of yoga-based interventions for anxiety symptoms: A meta-analysis of randomized controlled trials. *Spirituality in Clinical Practice*, 6(4), 256.

<http://dx.doi.org/10.1037/scp0000202>

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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