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THESIS APPROVAL FORM

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How the Use of Art Therapy and Energy Work Can Effectively Shift Core Beliefs:

A Literature Review

Capstone Thesis

Lesley University

Rachael Holland

Art Therapy

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How the Use of Art Therapy and Energy Work Can Effectively Shift Core Beliefs

Abstract

Current evidenced-based therapeutic frameworks lack an overall involvement of the combined mental, physical, spiritual, and energetic bodies, demonstrating a gap between where healing is and where healing can go. The various new modalities being used in therapy, including *bottom-up* and somatic approaches, show the body's innate capability to store, compartmentalize, and connect diverse functions within to various memories, feelings, or sensations. When working with the mental and physical body without understanding the energetic and spiritual body attached to them, there is a missing link in the greater truth of the whole person. This literature review examined the use and innate benefits of art therapy and energy work (reiki and ThetaHealing®), how using them with core beliefs is instrumental in shifting perspective, and how integral art, energy work, and core beliefs are to a person's overall wellbeing. Significant findings revealed the depth to which core beliefs influence our outlook, symptomology, and therefore experiences, making them vital to the healing process. Findings also revealed how art therapy and energy work in tandem can bypass trauma, defenses, and ego to delicately and safely process that which needs to be released. Recommendations were made on how to implement energy work into an art therapy practice and popular theoretical frameworks. Further research is recommended due to the lack of studies or literature existing on the topic of energy work and art therapy used in therapeutic practice.

Keywords: Art Therapy, energy work, Reiki, ThetaHealing, core beliefs, trauma, spiritual, alternative healing modalities.

Author Identity Statement: The author identifies as a straight, Caucasian, cis-female woman from New England of mixed European ancestry.

Introduction

Within the field of psychotherapy, a world that fosters healing and mental wellbeing, there have been limitations on how the mind, body, and spirit have been viewed, and what healing overall means. Once seen as separate entities within Western culture, especially within the scope of psychoanalytic theory that views the belief of a higher power as an unhealthy obsessive projection, the body and spirit have recently been brought back into conversation to be combined with the mind and what influences it (Haghi, 2017). Somatic practices, theories, and “bottom up” approaches have become more common, re-integrating the knowledge that the body stores memory extending beyond our cognitive intentions, a preexisting understanding in various cultures (Crawford, 2010; Elbrecht & Antcliff, 2014; Van Der Kolk, 2014). Current American culture has begun accepting and normalizing wider varieties of spiritual practices, acknowledging the innate healing capabilities within a person, valuing the influence of a person’s belief system, and recognizing how each of these can influence healing (Dennison & Powell-Watts, 2021; Johnstone et al., 2012; Macarthur, 2013; Stapleton et al., 2015).

With less stigmatization of whole-body and holistic approaches clinicians can now incorporate previously foreign modalities into therapeutic work. This is important because under the scope of psychotherapy there is limited literature on incorporating multiple forms of alternative healing modalities within a therapeutic session, and yet research shows that on their own they are powerful tools (Dennison & Powell-Watts,

2021; Dyer et al., 2019; Lea, 2019; Settersten, 2011). Although used for millennium and before written scribe, alternative practices have little scientific data comparable to the “proven” Western philosophies, representing an “unethical” approach within the lens of our modern day licensed or insurance covered practices for traditional evidenced-based medicine (EBM) and psychotherapy (Dennison & Powel-Watts, 2021; Possamai-Inesedy & Cochrane, 2013). As Doctor Len Saputo (2009) wrote, “In our misguided fight against disease, fifty percent of all health care costs is spent on terminal illnesses during the last year of life, and yet at the same time, modern medicine believes it does not have the ‘luxury’ of adequately tending to the psychospiritual needs of patients or the promotion of healthy lifestyle practices” (p. 5). Saputo (2009) continued, explaining that the mind, body, and spirit have always been linked and therefore must always be treated together. The topic of healthcare is beyond the scope of this thesis but speaks to the juxtaposition between healthcare standards and the recent influx of collectively accepted approaches, a world-view approach to healing the body that incorporates practices beyond Western traditions.

This thesis also comes at a time when every community, culture and country in the world are affected by COVID-19’s impact on mental health (Nielsen & Levkovich, 2020). This pivotal time of realizing faults and holes in the current system of healthcare, making room for hearing about new ideas, thoughts, and ways of healing the collective. As Nielsen and Levkovich (2020) point out, this is a time of opportunity gifted from the consequences of collective experiences.

Discussed throughout this literature review are the ways energy work alongside art therapy can be used together to foster a deeply cathartic healing that goes beyond the

limiting capacity in linguistic-only psychotherapy and straight to one's core. This thesis will examine how and why the field of mental health has been growing in non-traditional approaches, and the possible concerns around that (Lea, 2019; Possamai-Inesedy & Cochrane, 2013). In addition, core beliefs will be addressed as these are the solidified parts of self that become the lens that people relate to others through, providing mirrored feedback of one's worth, value and meaning (Fisher, 2017; Kaufman et al., 2018). This is a significant part as core beliefs are the root of a person's problematic manifestations and symptomology; targeting this helps to heal below the surface and shift energy, bypassing many limitations of the linguistic-only therapeutic process. This research will explore the necessary considerations of implementing various complementary and alternative therapies (CAT) into therapeutic sessions, and the expected outcomes (Lea, 2019; Muhr, 2020).

Literature Review

Art Therapy

Art therapy is a non-discriminatory mental health service that uses the engaged act of art-making along with psychologically based theories and practices to support individuals or groups (American Art Therapy Association [AATA], 2017). Art therapy is a distinctive form of expression that helps to foster personal development, improve functioning physically and/or emotionally, manage symptomology, improve skills in various life domains, and ease severity in diagnoses (Art Therapy Credentials Board [ATCB], 2021). To define art therapy within practice it must include three criteria; these are the requirement of including the use of art, using art in a therapeutic setting, and using it for a person's psychological growth or improvement (Packard, 1980). Contrary to the

commonly posed question, an art therapy participant does not need to be an artist to engage in the process. It is also commonly misunderstood that the art is to be critically analyzed within session, although that has its own time, place, and role as well. Packard (1980) explained how the therapist's role is to provide neither rejection, criticism, nor interpretation of one's art, that it is the client who has the ability to share that information. This is because, "as visual symbols more often escape censoring than do verbal expressions, each drawing or painting is viewed as an immediate communication with the unconscious" (p. 12).

Art therapy is a form of therapeutic care that can be used alongside treatment plans to stimulate growth, awareness, and healing (AATA, 2017). Art therapist Shaun McNiff (1992) wrote, "when the soul is lost, art comes spontaneously to its assistance. When the soul is depressed, isolated, mad, and distraught, artistic images appear" (p. 16). Art is a window into a person's experiences, their perception, their current reality, and it helps build a form of communication and understanding.

Art Therapy History

Often assumed to be a newly invented field, art therapy's origins actually predate both clinical psychology and psychiatry, a time when individuals were symbolically replicating and expressing fears, dreams, offerings and experiences (Packard, 1980). Before 20,000 B.C., people were telling stories through visual art of historical events or preparing for future ones, expressing powerful emotions, creating protective symbols for burial or magic, practicing protection rituals, calling forth ancestors and powerful animal spirits, curing physical and psychological illnesses, and making offerings to their Gods (Malchiodi, 2007; Packard, 1980). These practices have been found throughout various

cultures and communities, in both ancient and current times, representing a form of universal meaning for humanity that is our communal visual language. For example, concentric circles, spirals, mazelike lines, and circles with perpendicular lines have been found over the centuries in cultures who have had no contact to each other (Malchiodi, 2007).

Various professionals individually found art to be uniquely beneficial for people with mental illness, discovering the client's art was often more expressive and telling than their words (Malchiodi, 2007; Rubin, 2010). These professionals included Marcel Reja, Sigmund Freud, Carl Jung, Ambroise Tardieu, Paul-Max Simon and Hans Prinzhorn, to name a few, in the late 1800s into the early 1900s (Malchiodi, 2007). Art was used for psychological testing, to evaluate and diagnose as seen in the projective art test developed by Hermann Rorschach and the study by Hans Prinzhorn (Rubin, 2010). Within the next few decades, art gradually cultivated a reputation within the therapeutic process. This, along with the growth and evolution of the twentieth century's psychology and art theories, art therapy was outlined by Margaret Naumburg as a distinctive form of therapy in the 1940s (Malchiodi, 2007; Rubin, 2010). Naumburg expressed the importance of art being a manifestation of unconscious material, conveying dreams, inner feelings and communication with authenticity. This led the way for Edith Kramer in the 1950s, another important art therapist who conveyed how the artistic process was a way of channeling, transformation, and synthesis, with emphasis on the process (Malchiodi, 2007; Rubin, 2010).

Thanks to the work of the founding members, today's practice of art therapy is a firmly implemented course of education that requires a master's degree, state licensure

within the field of clinical psychotherapy, membership requirements per AATA, including continuing education (AATA, 2017; ACA, 2014; ATCB, 2021). The field relies on the integrity of its members to hold high standards for equality, cultural competency, professionalism, and continuing to grow to expand themselves, their clients, and the field itself through research (AATA, 2017; ACA, 2014; ATCB, 2021). Art therapists may practice in a variety of settings, work with a variety of concerns, and address any mental health concern that a professional therapist, social worker, or counselor may address, with the added ability to specifically use the creative arts in the therapeutic work (AATA, 2017; ACA, 2014; ATCB, 2021).

Art Therapy Benefits

The expressive arts, an umbrella term for which art therapy falls under along with dance, music, or drama therapy, has potential for reaching unique depths and expanding the field of psychotherapy in ways where it targets preverbal and phenomenological complexities (Hinz, 2009; Muhr, 2020; Rubin, 2010). The world within a person is filled with affective, experiential, and phenomenological experiences that are too complex for spoken expression that only art can encapsulate (Malchiodi, 2007; Muhr, 2020). The creative arts process has the potential to heal, with a straight path to the expression and transformation of trauma (Malchiodi, 2012). When discussing the importance of art in the healing process, art therapist Shaun McNiff (2004) wrote, “art can heal in our lives through the release of emotions, the making of bridges to vital experiences, and the actualization of our creative potential” (p. 51).

Art therapy encompasses bilateral processing where both sides of the brain are engaged, encouraging stimulation of emotions, sensations, imagination, and beliefs

(Hinz, 2009; Malchiodi, 2012; Muhr, 2020). Core traumatic experiences or experiences where a narrative is formed, such as *I am unworthy of love* or *I am worthy of abundance*, are physiological or sometimes unconscious and it is beneficial to process these through sensory outlets such as the creative arts (Crawford, 2010; Malchiodi, 2012). McNiff (2004) affirmed this idea when he wrote, “the making of a painting, a dance, or a poem is a microcosm of the larger movements of creative energy in nature that we bring to bear on the totality of our experience in the world” (p. 6). Art therapy helps to uncover, process, and move through experiences and emotions on various levels of consciousness.

Energy Work

Energy healing is an ancient modality of medicine that is part of our innate capability to treat the human body, which works alongside one’s existing energy to enhance its ability to heal. Energy work is a non-religious, spiritual practice that requires no specific belief system of the recipient and aims to bring the energy centers of the body, along with the mind and spirit, into homeostasis (Dennison & Powell-Watts, 2021). Energy centers, also referred to as Chakras, are found at seven main points along the vertical axis of the body and are made of rich, spiraling energy that contributes to various functions and parts of the physical body, spirit body, and emotional body (Settersten, 2011; Rubik et al., 2015). These main Chakras are similar to the way acupuncture in Chinese medicine uses twelve major meridians, or pathways of energy, in the body to target specific and overall healing (Setterrsten, 2011). The idea is for the person’s energy centers to be healthy and well-functioning, allowing for healthy flow of energy (Settersten, 2011). In relation to their purpose, Rubik et al. (2015) wrote, “most traditional healing practices maintain that disease starts with an energetic imbalance such

as a blockage or other irregularity in the energy flow through the body” (p. 9). Energy centers ripple out into the energy field, or the felt sense of one’s energy that extends past one’s physical body, sometimes referred to as auras or biofield energy (Dziemidko, 1999; Rubik et al., 2015). This massless, electromagnetic field of energy that surrounds and saturates the body may seem esoteric to some, until it is reminded that Western biomedical procedures utilize the biofield on a regular basis with electrocardiograms (EKG) for the heart and electroencephalograms (EEG) for the brain (Rubik et al., 2015; Settersten, 2011).

Within the concept of energy healing, the healer is helping to bring these energetic fields into alignment and health. The healer has a belief in Spirit, God, Goddess, Light, Source, or any other term for where all energy comes from and returns to, which is channeled for the recipient with the best intent (Dennison & Powell-Watts, 2021). It is accessing life force energy and using it for the good of the person and all involved.

Energy healing can be seen today in forms like Reiki, ThetaHealing®, biofield therapy, bioelectromagnetic-based therapy, Therapeutic Touch, energy psychology, esoteric healing, energy medicine, and/or integrative medicines (Bondi et al., 2021; Hecht, 2019; Rubik et al., 2015; Stibal, 2010). Energy healing is done with the physical touch called *laying of the hands* on a person’s body, through medical devices similar to the way a radio or microwave sends frequencies, and/or through connection, intention, prayer and thought (Rubik et al., 2015).

For clarity in terms, this thesis generalizes and uses the term *energy healing* to describe Reiki or ThetaHealing® versus all the other forms of energy healing available.

Both forms of healing are what would be called complementary alternative medicine (CAM), complementary and alternative therapists (CAT), complementary integrative health practices (CIHP), or integrative health care (IHC), all representing labels for medical care that is a disjuncture from traditional healthcare and simultaneously a growth in acceptance (Dyer et al., 2019; Hecht, 2019; Possamai-Inesedy & Cochrane, 2013; Stapleton et al., 2015). In example, in 2019 Reiki had been offered to over 800 hospitals, or 15%, in the United States (Dyer et al., 2019).

Reiki Explained

Reiki is an Eastern healing modality passed down through lineages that uses energy flow to bring a body back into homeostasis, focusing on chakras and energy centers, that the practitioner channels through their hands and into the client (Hecht, 2019; Miles & True, 2003). *Rei* means universal, the soul, and spiritual dimensions, and *Ki* means subtle energy or vital life force energy which flows through all that is alive, similar to the Chinese meaning of chi or Tao (Miles & True, 2003). The Reiki known today originated with Mikao Usui of Japan in the early 1800s who passed down his teachings to Chujiro Hayashi, who then taught Hawayo Takata, and Takata brought Reiki to the United States by practicing in Hawaii (Miles & True, 2003). Being the first Reiki master besides Usui and Hayashi and outside of Japan, Reiki reached new potentials. Takata taught Reiki to others and it soon spread across the West. The practice uses both spiritual and energetic healing within the biofield and physical body, similar to acupuncture points targeting meridians in the body (Dyers et al., 2019; Miles & True, 2003).

There are three levels of training as a Reiki practitioner; for level one a person is taught to practice on self, in level two it is taught to practice on others, and in level three, or master level, one is taught how to pass on the teachings to others (Miles & True, 2003). Reiki is given to a student through initiation, where the teacher *attunes* them with Reiki symbols that were given to Usui at the origin of Reiki, and through each level more symbols are given. Each symbol has purpose and meaning. There is nothing to *do* per say to bring Reiki healing energy to others once attuned; the student is permanently linked to the energy. However, it is important that the Reiki practitioner be ego-free, or free of ill-intent, as the body is a vessel for the energy.

For a typical and traditional hands-on treatment, the practitioner may center themselves and connect with Reiki energy, followed by using 12 pre-established hand positions to place their hands on or slightly above the head, front, and back of the body, and/or on specific areas of pain or concern, while using the symbols when desired (Dyer et al., 2019; Miles & True, 2003). Reiki practitioners tend to gain confidence and awareness of intuition and may deviate from the pre-established hand positions. Sessions can be any length with a standard of 45-75 minutes, and can be done with a client sleeping, awake, or in any sort of state to be sent the energy (Miles & True, 2003). When not in person a session can be done using a pillow, stuffed animal, one's own body, or piece of paper with the client's name on it, as well as a simple visualization of the client, all with the intention set for it to be sent to the intended recipient. It is a simple practice of both hands on and hands off techniques, in person and via distance, and is experienced as a non-invasive, low risk, gentle, safe, and approachable technique (Bondi et al., 2021; Dyer et al., 2019; Hecht, 2019).

It is important to know that Reiki is simplistic in nature, can be used at any time, and on anyone. A level two or three practitioner can send Reiki to a past or future event, to a human, animal, or building, and Reiki can be used for various reasons ranging from cancer treatment pain, anxious thoughts, or a tooth ache. Often what is found is a decline in pain, a calmness to the mind, and sometimes an uprooting of suppressed emotions, memory, or experiences (Bondi et al., 2021; Dyer et al., 2019; Hecht, 2019).

ThetaHealing® Explained

ThetaHealing® is an energetic healing modality where a practitioner uses a meditative technique reaching theta brain state and connects with Source (God, Spirit, Creator, Creatrix, etc.), and makes a request similar to a prayer, and witnesses the healing or request take place (Stibal, 2010). The idea is that in this brain state one can co-create and alter reality with Source and always in the highest intent for the recipient with their permission, similar to ethics and values within the professional realm of psychotherapy. Sometimes beliefs inhibit the co-creating process. For example, if one wants to bring abundance into their life but they also believe they are unworthy of it, the feeling of unworthiness around abundance must be resolved before there is an ability to co-create it into reality. Otherwise, the abundance may come in, but it will quickly leave, be missed, or just not work out. It should be mentioned that the current hot topic of *manifestation* sounds similar, but people may lack the awareness that one may have a predetermined path, soul journey, belief, or free-will that blocks or challenges the manifestation desired, leaving a person feeling like they “messed up” or “failed” at the process, a topic far larger than this thesis.

Dr. Masaru Emoto's study of water molecules researched the way a person's intention and emotional state can physically alter a water molecule, and thus their own body, as it is made of primarily water (Radin et al., 2010). Various other studies have been done in a similar fashion involving plants and humans, all to illustrate how people affect their reality and environment through their emotional state, thoughts, and beliefs (Radin et al., 2010; Stibal, 2010). Within this modality of ThetaHealing®, it is understood that there are multiple layers of beliefs and experiences imbedded within our bodies, or accessible to our bodies through the *core*, *genetic*, *history*, or *soul* level (Stibal, 2010). Core beliefs are collected from inception to current day, genetic beliefs are those carried within the DNA, history beliefs are past-lives or collective unconscious, and soul beliefs are complex and pertain to a person's being, carried through lifetimes and experiences. Each of these four layers represent overall areas of our current state where our beliefs originated from, in any combination.

By determining which level a belief is on a practitioner may access the root, or bottom, of the belief. Similar to a tree with a complex root system, the entire belief must be pulled from the very bottom so it is cleared completely and is not able to grow back. Beliefs are found through *digging*, a technique of searching for the root, bottom, or core belief (Stibal, 2010). Once the inhibiting belief is cleared, the practitioner is able to co-create with Source/God regarding that specific belief, or if we are following the earlier example, the topic of abundance. For instance, the client that shows up with anxious symptomology and the root belief around this anxious somatic experience is found, the belief may be cleared, followed by a download of the belief that it is safe to be within

their body without experiencing anxious symptoms. There is no necessary physical touch to this method, and it can be accessed via face to face or from a distance.

Energy Work History

Healing is part of the human genetic makeup and for hundreds of thousands of years healing modalities were practiced as commonly as cooking a meal. Energy work has a history dating back to oral traditional cultures and there is a lack evidence for origination or detailed timelines (Dennison & Powell-Watts, 2021; Dziemidko, 1999; Hecht, 2019; Miles & True, 2003). This includes ancient Egypt, Paleolithic nomad hunter-gatherer cultures, ancient Hindu, and various early worlds that predate our written histories, believed to have been a practice within most civilizations and across all main religions and cults (Stutley, 2003). Energy work can be seen as a phenomenological approach and has not been widely accepted or researched due to the lack of scientific structure (Dziemidko, 1999; Possamai-Inesedy & Cochrane, 2013; Saputo, 2009).

However, recently the medical field has begun to supply scientific data on energetic healing. For example, in 1992 the term *biofield* was established in the US National Institutes of Health (NIH) by the Office of Alternative Medicine (OAM), successfully adding the term to the National Library of Medicine so it could be categorized and researched (Rubik et al., 2005). Shortly after the category *biofield therapies* was developed, helping to establish a baseline of ethical medical practice within the field of biofield modalities that for some time included Reiki and non-electromagnetic practices (Rubik et al., 2015). The categories have become more specific over the years, with practices like Reiki and ThetaHealing® being in a subcategory that may be termed ‘alternative’ or abstract practices (Lea, 2019).

Regardless of the category title, energetic bodies and healing practices have been getting recognition in the medical field. For example, the North American Nursing Diagnosis Association has classified *energy disturbances* in patients, which represents a disharmonic energy flow of energy surrounding a person's body that leads to equal disharmonic mind, body and/or spirit (Bondi et al., 2021). Diagnoses in the nursing field being created for a person's energy flow is proof that our culture is learning to understand the importance and impact.

Energy Work Benefits

Similar to the way one may sense someone staring at the back of their head, sensing someone standing outside the closed door, or relating to the saying "I have no energy today," there are innate ways of detecting energy. Within the therapeutic relationship, this energy is an exchange that the practitioner is consistently assessing, whether consciously (a session note that begins with *client presented as lethargic*), or unconsciously (feeling drained after a client session in crisis, or spending time with specific family members) (Lea, 2019). With energy, a client's body may be seen as a container that holds their soul, personality, and bones, or the body may be seen as more of a subjective space where connection happens, linking bodies with other bodies, items, or places (Lea, 2019). Lea (2019) wrote, "this language shifts understandings of the body of the client from passive to active; through the energetic register, the problematic body can transmit information to the practitioner who is able to work energetically" (p. 189). Knowing that the energetic body is an additional contributor to the therapy session, a clinician may begin to see this as an opening to work with the energy in a conscious way, directing it with the treatment plan.

The benefits of working with energy healing go further. Energy work has an ability to change brain-wave patterns, often harmonizing the left and right hemispheres, demonstrated in EEG scans (Dziemidko, 1999). Adaptations of gene expression and epigenetic states have been linked to CAMs and healing interventions, where specific microRNAs and other molecules that regulate gene expression were turned on and off (Dennison & Powell-Watts, 2021; Kanherkar et al., 2017; Yount, 2013). ThetaHealing® also has a technique that essentially turns on and off specific gene sequences per optimal health (Stibal, 2010). Reiki practiced on a client was found to bring consistent cerebral activation to both client and practitioner, while accessing theta brain state in a practitioner often can influence theta in the client, with both forms of energy healing leading to greater overall connection, access to healing, and release of tension (Stibal, 2010; Ventura & Persinger, 2014). Furthermore, traumatic events can be located via beliefs and sometimes be released through energetic work with ease, skipping over re-traumatization in therapy (Stibal, 2010).

Core Beliefs

Core beliefs are the parts of oneself that were predominately created in the formative younger years, roughly before the age of seven, helping to create the person's identity and self-image (Osimo et al., 2018). Depending on one's lived experiences, negative self-schemas may be created at any age due to traumatic events that become core beliefs (Kaufman et al., 2018). Beliefs from experiences get internalized and categorized to create a system of interpretation, making sense of a person's internal and external world (Fisher, 2017; Kaufman, 2018). These anchoring beliefs act as automatic thoughts or an internal compass, helping to navigate events that are tied to emotions

(Osmo et al., 2018). Sometimes these beliefs are the concrete formed words or phrases from a teacher, parent, or society (Fisher, 2017). Other times it can be the result of experiences with no words, but the young brain interpreted worth and being in that situation to make sense of it (Fisher, 2017; Osmo et al., 2018). Vianna Stibel (2010), creator of the ThetaHealing® modality, finds that a belief is what has been accepted as truth due to an emotional or spiritual sense of assurance, has a direct effect upon physical health.

Beliefs shape the way people show up in the world, the way people see the world, and the way people see themselves *in* that world (Fisher, 2017). Similar to a magnet, core beliefs attract a reality outside of ourselves to reflect our inner reality; they can perpetuate an existing sense of self, low or high. Beliefs work in tandem with intentions, which have a strong hold on our ability to create our world and experiences (Radin et al., 2008). Core beliefs mainly live in the subconscious mind, estimated as 88% of the mind in total, making the effort of changing a behavior only 12% of the total change (Stibel, 2010). For example, cognitive behavioral therapy (CBT) rests its main concept on the premise that one's current problem is rooted in childhood or early schemas and is being reinforced by present thinking, setting the therapeutic goal to be in confronting the core beliefs and changing the automatic thought process (Bass et al., 2014; Koerner et al., 2015).

A recent study showed a strong correlation between core beliefs and thoughts of self (Otani et al., 2020). The study found that negative core beliefs are the foundation to negative self-schemas, positive core beliefs about others may result in extraversion and agreeableness, and positive core beliefs about self point to emotionally positive self-schemas (Otani et al., 2020). Positive beliefs within a spiritual or religious context have

been linked to overall better physical and mental health (Johnstone et al., 2012). Another study found a strong correlation between traumatic events creating negative core beliefs, leading to poor wellbeing and negative cognitions of self-schemas (Kaufman et al., 2018). These schemas result in what one allows themselves to think, feel, and experience (Koerner et al., 2015). If a person believes they are unworthy of receiving money because of a negative belief, they may not ask for a deserved raise, stay underpaid and perpetuate a cycle of negative belief, possibly becoming a more deeply rooted core belief over time. In this example the core belief could have resulted from something as seemingly minor event in their childhood when one year their caretaker refused to buy them new clothes for school due to low funds while under the assumption that every other student received new clothes, taking this personally. Therefore, they interpreted the situation as *I am unworthy*, creating a set belief around it (Fisher, 2017; Koerner et al., 2017).

To go further, if a person has experienced trauma that coincides with the inception of a core belief, it can be an even stronger and deeply held belief as the young person's brain, body, and spirit had urgently tried to make sense of the painful experienced (Fisher, 2017; Stibal, 2010). Unresolved trauma memories are highly somatic with emotional intensity, fragmentation, and lack control from the thinking mind, versus resolved trauma memories that re integrated into one's identity (Crawford, 2010). When trauma is repeated, a stress hormone is released in the body and often becomes deeply engrained with the associated memories, keeping one's mind and body trapped in the past (Van der Kolk, 2014). Fisher (2017) explained that trauma is an experience that supersedes verbal processing, becoming the belief or story attached to the event, becoming the origin of self-defeating beliefs. Often this type of belief is protected by

parts of self that do not want to expose that pain again and/or kept hidden as it is more vulnerable than other beliefs or part (Fisher, 2017). These beliefs can become more difficult to question than others as they have been proven “true” for many years regardless of connecting it on a cognitive level, and they feel safe to the person’s internal system (Fisher, 2017).

Core Belief Benefits

Negative self-schemas and core beliefs can lead to depression, negative intrapersonal behaviors, emotional dysregulation, neuroticism, mood disorders, and many other concerns (Fisher, 2017; Koerner et al., 2015; Macarthur, 2013; Otani et al., 2020). One’s core belief(s) is the first place to look when trying to heal, as Orloff said, “your beliefs set the stage for healing” (Mason, 2005). Orloff explained that every cell, organ, and system work in unison with the thoughts programed by the emotions and mind, the beliefs then become the neurochemical reaction, eventually altering the physical body (Mason, 2005). Understanding the dynamic of core beliefs allows direct access to the foundation that a client has built for themselves, versus disassembling one brick at a time in lengthy therapeutic sessions. Within the scope of this thesis, working with these beliefs through art therapy and energy work encourages practitioners to gain faster and easier access to the root concerns, potentially healing at a core level.

Using Art Therapy and Energy Work to Shift Core Beliefs

With the definitions, historical context, and values explored within art therapy, energy work and core belief work, these practices combined will be examined and discussed. Gathered from earlier explanations, using art therapy can bring forth memories, emotions and energy stored in the body, uncover core beliefs, and alter a

person's energetic bodies, making energy work more accessible. In turn, energy work can help alleviate physical pain, emotional turmoil, and give relief in the moment (Lea, 2019). Both art therapy and energy work have the potential to bring forth memories that were left in the unconscious, a safe place for the body to store experiences while trying to keep the person safe, and both art therapy or energy work could then be used to bring further understanding on a non-verbal level (Dziemidko, 1999; Packard, 1980). As Dennison and Powell-Watts (2021) expressed, "What the mind and body bring to light, through emotional and somatic pain, can be addressed through energetic healing practices" (p. 189).

When working with both energy and art in a therapeutic space, especially when pertaining to traumatic experiences, core beliefs will ultimately shift, giving opportunity to a deeply profound healing. As Dennison and Powell-Watts (2021) further explained, "Traumatic events, whether they leave the enduring trace of intrusive thoughts, senses, and images, to a clinical degree, or not, disrupt homeostasis and can leave their imprint on our biological, spiritual, and cultural bodies" (p. 189). Both art therapy and energy work have histories that align with human beings, an extension of self, and can be seen as a return to self by healing the energetic spirit and addressing core beliefs (Muhr, 2020).

ThetaHealing® is a way to process core beliefs that are not easily accessible, acting as a way to use energy work in art therapy sessions with purpose. The brainwave of the subconscious can be considered the theta brain state, which governs the part of the mind between conscious and subconscious, allowing access to the material while understanding the process (Stibel, 2010). Theta brain state is achieved through the process of ThetaHealing® and activates the neurological pathways in the frontal lobe

which can achieve dreamlike states, synchronize both hemispheres of the brain, lessen symptoms of depression, and invoke spontaneous mental imagery and creative thinking (Stibel, 2010). Although Theta is reached by the practitioner, with empathy, psychic senses, and shared energy, these effects can be shared with the client (Stibel, 2010).

Current Practices

When researching for art therapists that use energy work, subsequently shifting core beliefs as a result, no results were found. However, a search of “licensed therapist” and “energy healing” identified Reiki certified psychotherapists, or art therapists that subscribe to understanding the energetics of a person. Society has become more welcoming to alternative healing modalities, “Yet little has been done to further our understanding of the energetic basis of art and healing or to explore how ideas from the natural sciences, especially modern physics, may resonate with what we experience” (McNiff, 2004, p. 211). Even with ThetaHealing® testimonies of clearing lifetimes of trauma, finding inner stillness, or freeing oneself of cancer, there still lacks enough research and data to validate it scientifically (Hinterberger et al., 2016; Stibal, 2010). Reiki has been practiced on over 1.2 million hospitalized adults in 2018, there are 74 peer-reviewed research articles from 1989 to 2018 on Reiki, and controlled research experiments found it to significantly lessen pain, anxiety, depression, and burnout, yet there is still scientific data missing for the general population and on a variety of diseases (Bondi et al., 2021; Dyer et al., 2019). A study performed by Liesel Hecht (2019) found that mental health professionals who were Reiki certified did not have clear direction on how to use it in session, had concerns about best practices and ethics, and they feared possible repercussions. Professionals may seek support through agencies, but like The

Association for Comprehensive Energy Psychology (TACEP) which focuses on energy psychology and Emotional Freedom Technique (EMT), some tend to be specific with a single modality and do not encompass variety (2022).

The idea of using energy work within an ethically appropriate psychotherapy appointment covered by insurance seems to be off-putting to some clinicians. In the study by Hecht (2019), half of the research participants reported not using Reiki in session due to lack of clear permission from state licensing boards, their workplace not supporting non-evidence-based approaches, fear of losing their license, and fear of judgement. A thoroughly disputed moral of touch versus no touch in the field of mental health has a part in the lack of structure behind energy work in session, which do not necessarily require a physical touch (Calmes et al., 2013). In addition, the American Counseling Association (ACA) Code of Ethics (ACA, 2014) has no explicit statement regarding therapeutic touch being a negative experience, only when involving sexual content is it a clear violation of client or clinician trust and safety. For the client or patient, insurance's general lack of coverage can also be a deterrent. Conventional mainstream insurances do not explicitly cover reiki or alternative medicine, except if a person's insurance covers physical massage and the massage therapist utilizes Reiki as a secondary form of healing within the session, or if various preliminary resources have been tried (Saputo, 2009). Overall, the use of insurance from the practitioner and client's standpoint can be difficult, exhausting, and narrow, seen as a purposeful deterrent from wellness, the opposite of conventional medicine's desires (Saputo, 2009).

A professional was found who understands and practices both energy healing and psychotherapy together. Although not an art therapist, Judith Orloff is a board-certified

psychiatrist who has developed *Energy Psychiatry*, a definition for traditional psychotherapy sessions that incorporate intuition, energy, and spirituality, acknowledging the subtle energy bodies that manifest in behaviors and thoughts (Mason, 2005). Orloff believes that a person's most profound transformation can only be done on an energetic level, and that what has been offered in psychiatry and psychotherapy are intellectual oriented only (Mason, 2005). Orloff responded to the lack of energy in practice to be a travesty (Mason, 2005). Orloff continued, "it is simply not possible to fully assess what it means to be human without considering those factors which influence an individual's energy" (Mason, 2005, p.32). There are therapists who use the arts and energy healing in practice that varies from state to state depending on licensure, specific ethical considerations, and cultural values, although none were found that practice while also holding an art therapist license.

Necessary Adjustments

In recent years, there has been an influx of theories that are evidence-based driven and may work on core beliefs, ranging from CBT, internal family systems, acceptance and commitment therapy, dialectical behavioral therapy, eye movement desensitization and reprocessing (EMDR), or emotional freedom technique, more often known as *tapping* (Bass et al., 2014; Fisher, 2017; Shapiro & Brown, 2019; TACEP, 2022). Many would consider CBT first when citing belief work within a therapeutic setting because CBT theoretical framework involves the processing of unconscious core beliefs, overcoming negative programming or schemas, and noticing the undesirable and dysfunctional triggers (Macarthur, 2013; Osmo et al., 2018). This approach has clinical proof of helping vast amounts of people through its evidence-based research (Macarthur,

2013; Otani et al., 2020). However, with a growth in trauma awareness and trauma focused work in various sectors of mental health, it becomes apparent that diving into the deep traumas that surround a core belief may be difficult, time consuming, or unhealthy and retraumatizing (Fisher, 2017; SAMHSA's Trauma and Justice Strategic Initiative, 2014; Van der Kolk, 2014). To make an impactful shift in experience when trauma has occurred, it would be ideal to access these core beliefs without having to verbally process and reexperience the event(s) (Fisher, 2017). This is where art therapy and energy work can have profound healing and results.

Discussion

Research shows how the use of both art therapy and energy work can individually shift core beliefs by alleviating emotional symptoms, activating or deactivating specific DNA strands, releasing traumas, and releasing limiting beliefs (Dennison & Powell-Watts, 2021; Hinz, 2009; Kanherkar et al., 2017; Malchiodi, 2012; Shapiro et al., 2019; Stibal, 2010; Yount, 2013). Art therapy and energy equally work to connect both hemispheres of the brain, allowing for a greater resource of intuitive information, release, and processing (Hinz, 2009; Malchiodi, 2012; Stibal, 2010). It was found that there is great strength in wellness when connecting the mind, spirit and body back together (Crawford, 2010; Dennison & Powell-Watts, 2021; Mason, 2005; McNiff, 2004; Saputo, 2009). As Orloff suggested, "Each individual has the potential for astonishing transformation; it is a built-in intuitive capability and is always present. All one needs to do is discover that it's been there all along and then how to access it" (Mason, 2005, p. 32). This literature review brings together the power of human's instinctual and primal association with using both art and energy in the healing process, the way various

cultures have applied prior to the precedence of Western philosophies (Dennison & Powell-Watts, 2021; Dziemidko, 1999; Hecht, 2019; Miles & True, 2003). Although unable to find research indicating this precise combination, the results from the exploration set a substantial foundation for further consideration of the topic.

First, it is important to note how one brings art therapy and energy work to shift core beliefs in a session can be as vast and unique as each individual clinician and client. The importance lies in maintaining ethics, values, and boundaries according to various professional associations (ACA, 2014; ATCB, 2021; Dyer et al., 2019, Hecht, 2019; Miles & True, 2003; Saputo, 2009). The client is trusting the clinician and even though these practices have little background with being combined in this setting, the clinician should take highly ethical measures in the same way as any other professional therapeutic space (Miles & True, 2003). Reiki does not necessarily require physical touch, a common fear among practitioners, making it more accessible regardless of professional ethical boundaries (Hecht, 2016). Energy healing also requires a level of acceptance from the client if a change is to occur (Stibal, 2010). This acceptance may look like a verbal confirmation within the session or establishing a written authorization that the clinician is addressing beliefs for the overall highest and most alignment. Either way, if it is not accepted the change has much smaller chances of settling.

An opportunity where a practitioner may add both art and energy healing into sessions while also addressing core beliefs, is within a CBT or IFS based theoretical framework. Energy work and art therapy could easily be implemented into session with CBT as it naturally aligns with the actions of mindfulness and acceptance-based approaches found in the CBT cognitive and behavioral components (Bass et al., 2014;

Macarthur, 2013). Because IFS uses parts of self in the framework, specifically those affected by trauma, implementing energy work and art therapy with the part(s) of self that identify with the trauma and core belief align seamlessly (Fisher, 2017). Also, Reiki's healing energy can be sent to a past, present or future event, making it a great tool for connecting with a part of self that may be discovered during art making that needs healing, particularly if related to an event of a core belief (Dennison & Powell-Watts, 2021; Dyer et al., 2019; Dziemidko, 1999).

Energy and art implemented in session may look like using Reiki on the room, office, or art materials to clear and implement healing energy. It may be given to the client while they are creating art, while they are conversing and verbally processing an uncovered energy block (which could lessen their defenses) or sending it to the session and art itself. If there is countertransference or transference happening, energy healing could be sent to that experience to ease the discomfort and elevate the healing around it. With these examples and due to Reiki's nature, the clinician will be receiving the energy as well, making it a sweeping act of healing that includes the therapeutic relationship (Ventura & Persinger, 2014). Reiki has been a well-received integrative form of healing in the medical field, working well with other forms of health care (Miles & True, 2003).

ThetaHealing® could be used to clear beliefs that are preventing a client from accepting change, to clear a belief that came up within the art making process, or to help guide the therapy session. The clinician can use ThetaHealing® to access a guided meditation that targets the client's specific needs that unfolds into art making. It can also be used to download feelings of safety, unconditional love, and creativity. A method that may be most potent is using ThetaHealing® upon exploring the artwork and finding core

beliefs that impede on their life and requesting that change. Overall, implementing healing energy with art therapy can help bring the client to a baseline where they are able to uncover, process, and heal.

Limitations

Like many CATs, CAMs, CIHPs, IHCs, or other terms used for the newer form of alternative, integrative, and complementary health services, there is far less data and research than the former scientifically-based practices (Dyer et al., 2019; Hecht, 2019; Possamai-Inesedy & Cochrane, 2013; Stapleton et al., 2015). These alternative practices tend to be rooted in phenomenological and qualitative frameworks (Dennison & Powell-Watts, 2021; Dyer et al., 2019; Hecht, 2016; Possamai-Inesedy & Cochrane, 2013; Settersten, 2011). One study with general practitioners (GPs) showed a rate of 69% of the participants saying they would recommend a CAT to a client and 51% were already referring a client to a CAT (Stapleton et al., 2015). This study, and others like it, estimated that GPs are comfortable with referring clients to alternative healing, and many are already integrating it into practice through biofeedback, relaxation, or hypnosis without realizing its place in this new field (Stapleton et al., 2015). Although practicing and acknowledging their helpfulness, there is still room to grow.

While art therapy has been established as an evidence-based practice in many ways that can positively affect both physical, emotional and cognitive functioning, it still may show up in the alterative, integrative, and complement health services department of various programs and establishments (Kennedy et al., 2014; Malchiodi, 2007; Muhr, 2020). Reiki has been researched primarily within a qualitative lens of lessened pain, anxiety, symptoms of discomfort, and other various ailments, with no research around

behavior, beliefs, or shifting in internal perception (Bondi et al., 2021; Dyer et al., 2019; Hecht, 2016). ThetaHealing® has been researched to understand the brainwave state implications with both practitioner and client but resulting in no findings for changes in brain frequencies and there lacks any form of research about the effects on shifting beliefs or other internal states (Hinterberger et al., 2016). These cases result in a lack of research in effectiveness of using art therapy with energy work to shift core beliefs due to a lack of substantial evidence for general energy healing in a therapeutic work (Hecht, 2016). Ideally evidence-based research can be gathered to fill in the gaps with the acknowledged foundation of energy healing, art therapy, and core beliefs. Ideally training would be a future goal to benefit art therapy clinicians in the scope of energy work. As McNiff (2004) illuminated, “The future expansion of art and healing will be based upon art’s ability to connect with the many different ways of practicing therapy” (p. 264).

Limitations to the research presented involve researcher bias, as those who practice energy work, art therapy, and target trauma within core beliefs are primarily interested and/or utilize it within practice. There is also the distinction with energy work where it may be practiced due to cultural or ancestral tendencies, which may not subscribe to the Westernize way of categorizing healing with a science-based lens, but rather energy work is an intuitive, innate and traditional formality (Dennison & Powell-Watts, 2021). Furthermore, art therapy and energy work may not be accessible to those needing it most due to the cost of services and lack of insurance coverage, making the research limited in data. Also, the perspective practitioners hold on CAM’s influences the desire to suggest or practice it on patients, which appears to be directly linked to educational level, gender, and level of training in CAMs (Stapleton et al., 2015).

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