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**Recovering Vitality After Trauma Through the Use of Body-Oriented Expressive Arts
Therapy: A Literature Review**

Capstone Thesis

Lesley University

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Expressive Arts Therapy

Dr. Elizabeth Kellogg

Abstract

This capstone thesis examines how to use body-oriented expressive arts therapy to address dissociative symptoms of trauma in adults. Dissociation can arise during or after trauma has occurred and creates a state of disconnection in the body, inhibiting one's sense of vitality. In this literature review, I provide a basis for why to look to the expressive arts and the body as effective resources for restoring vitality. I present relevant research on trauma, dissociation, and body-oriented expressive arts therapy; I also explore how concepts embedded in sensuality, pleasure, and eroticism may help inform how to use expressive arts therapy as a means of reconnecting to one's body. Ultimately, there is a large gap in research in this area; however, results from the literature review reveal a great potential for using an erotic, body-oriented expressive arts therapy as a pathway out of dissociation. In the discussion section I consolidate my findings and offer a list of themes regarding how to incorporate the body safely and meaningfully into expressive arts therapy interventions.

Keywords: Expressive arts therapy, trauma, dissociation, pleasure, eroticism, body-oriented

Author Identity Statement: I am a White, queer, cisgender woman of European descent. I inhabit a body that has allowed me to move through my life experiences with relative ease. This embodied privilege requires consistent reflection.

Recovering Vitality After Trauma Through the Use of Body-Oriented Expressive Arts Therapy: A Literature Review

The body, not the thinking brain, is where we experience most of our pain, pleasure, and joy, and where we process most of what happens to us. It is also where we do most of our healing, including our emotional and psychological healing. And it is where we experience resilience and a sense of flow.

– Resmaa Menakem, *My Grandmother's Hands*

Introduction

There is currently little research available on how to use the arts, specifically body-oriented expressive arts therapy, to safely reconnect to vitality, embodiment, and pleasure after trauma—sexual or otherwise. My research examines how expressive arts therapy may be used for the treatment of dissociative symptoms of trauma in adults and as a way to reconnect to one's body, experience of safety, access to pleasure, and ability to engage with the world in an embodied way.

Trauma is an increasingly salient topic in the field of mental health, with trauma-informed care becoming common clinical practice to account for the prevalence of trauma symptoms presenting in adults. In addition to the understanding that trauma can arise from sustained conditions or environments, the US Department of Veteran Affairs (2022) estimates that 50-60% of Americans will experience at least one traumatic event in their lives. According to the American Psychological Association (2020), the four most recommended treatments for trauma or post-traumatic stress currently include cognitive behavioral therapy, cognitive processing therapy, cognitive therapy, and prolonged exposure. The majority of these therapies

focus specifically on modifying thoughts and shifting behaviors associated with trauma through the use of talk therapy. However, trauma symptoms are not solely cognitive; they are physiological, taking root in the nervous system and affecting physical functioning or somatization (SAMHSA, 2022). In the Diagnostic and Statistical Manual for Mental Disorders (DSM-5), the diagnostic criteria for trauma and stressor-related disorders shows that trauma is not just manifesting in thoughts, but in the body's sense of arousal and reactivity, affecting the way that one *feels* their way through the world (APA, 2013). In a study on adverse childhood experiences, Boullier & Blair (2018) wrote,

Exposure to adversity has been shown to alter the molecular and genetic makeup of a child as well as change the way the neurological, immune, and endocrine systems develop and function. Adverse events in childhood are of great public health concern given the evidence of their long-term impact on health. (p. 132)

This study is one example of how long-term effects of trauma are not limited to the mind. Trauma often reveals itself through the body in the form of disease, maladaptive behaviors, hypo and hyperarousal, etc.—all of which ultimately have harmful effects on both the mind and body (Van der Kolk, 2014).

Considering this information, I wish to uncover how to involve the body more intentionally in the treatment of adults with trauma and explore what research exists to support the use of body-oriented expressive arts therapy. Briefly defined as “the purposeful application of art, music, dance/movement, dramatic enactment, creative writing, and imaginative play” (Malchiodi, 2020, p. 1), expressive arts therapy has the unique advantage of being an inherently embodied therapeutic approach with the potential to access psychological material that talk therapies may not be able to reach through speech alone. I will be focusing specifically on the

dissociative symptoms of trauma, in other words, the disconnection from one's body that may result due to trauma. Bessel van der Kolk (2014) described dissociation as the "essence of trauma" (p. 66), and I am choosing to concentrate on dissociative symptoms because of what seems like a natural and logical marriage between bodily disconnection and body-oriented therapies. Given my desire to better understand how to help facilitate bringing a client back into a vital relationship with their own body after trauma, focusing on dissociative symptoms seemed like a good place to start.

A key question that I set out to answer in this literature review is: how can we use expressive arts therapy to not only help individuals experience a sense of safety in their bodies but go further to assist them in recovering a sense of vitality? What role might embodiment and eroticism play in exploring the pleasure of *feeling* again? I faced considerable challenges in addressing this facet of treatment, as the nuance of pleasure and eroticism is not only understudied, but difficult to study, and perhaps undervalued in the grand scheme of trauma healing and psychology. In search of peer-reviewed literature, I combed through Lesley University's online library and Google Scholar looking for any research that included terms like sensuality, pleasure, and eroticism in the title alongside trauma and post-traumatic growth. Ultimately, I had to look outside of research databases and explore more experiential documentation of this kind of work. And although personal accounts may not be validated in the same way that research is in this field, I want to amplify the voices of those whose work is a living embodiment of that which I am attempting to capture in this project through words and available research. The role of pleasure and eroticism in healing seems to exist at the margins of this field, with the majority of writing coming from historically marginalized people (specifically Black, Queer, and People of Color), who have been involving pleasure and eroticism as part of

healing, resistance, activism, and community building, but whose names and works are less likely to arise in peer-reviewed research studies.

In the following literature review, I examine how expressive arts therapy has the capacity to incorporate elements of embodiment, sensuality, pleasure, and eroticism via the use of the arts within trauma treatment. Ultimately, in reviewing the available research, I offer insight into how to use expressive arts therapy to recover vitality in adults with dissociative symptoms of trauma.

Literature Review

The following sections discuss trauma and dissociation, including a brief explanation about the neurobiology of trauma and phases of trauma treatment. I then define and explain expressive arts therapy and body-oriented approaches to trauma treatment, their relevance to treating dissociative symptoms of trauma, and notable studies on the use and effectiveness of body-oriented expressive therapy interventions. Finally, I examine the role of the senses, pleasure, and eroticism in the context of recovering vitality after trauma.

Trauma

What is Trauma?

In its essence, trauma is a response to an event or series of events/conditions. In Greek, trauma means “wound,” and perhaps this can serve as a helpful way to conceptualize trauma—an inflicted psychological wound that, like other types of injuries, produces a series of symptoms that can be ongoing and disruptive to daily functioning and quality of life. Resmaa Menakem (2017) emphasized how trauma is not a weakness, but a tool for safety and survival; he beautifully described trauma as “a wordless story our body tells itself about what is safe and what is a threat” (p. 8). It is important to note that not all traumatic events cause trauma; two

people may react to the same traumatic event differently. In this way, trauma is a deeply personal experience. Although research helps us understand patterns in trauma symptoms to determine best practices for treatment, no two individuals' experiences of trauma will be exactly alike.

Western understanding of trauma has its roots in post-traumatic stress, which the DSM-5 attributes to directly experiencing or witnessing a traumatic event, learning that a traumatic event happened to a close friend or family member, or having repeated exposure to details of a traumatic event (APA, 2013). In my research, I was more inclusive about what kinds of events or conditions result in trauma, understanding that the majority of current research on trauma takes a Eurocentric lens of what constitutes as "traumatic." Author Layla AlAmmar (2023) illustrates this in a Twitter review of Bessel van der Kolk's popular book on trauma, *The Body Keeps the Score*, in which she criticized the book for focusing on western perspectives of trauma that are disconnected from social and political systems. I wish to be another voice advocating for more research on the traumatic effects of exposure to things like structural/systemic oppression, racism, immigration, marginalization, transphobia, sex-negativity, and religious indoctrination, among many, many others. Rather than attempt to define what qualifies as traumatic, I will focus on trauma symptoms, which can vary widely. Symptoms can include—but are not limited to—depression, irritability, difficulty concentrating, numbing, loss of interest, emotional overwhelm, hopelessness, shame, worthlessness, loss of memories, nightmares, flashbacks, hypervigilance, anxiety, panic attacks, chronic pain, headaches, substance use, eating disorders, feeling unreal or out of body, self-destructive behavior, and loss of sense of self (Fisher, 2021).

What is Dissociation?

Dissociation is a state of disconnection. Clinically speaking, dissociation refers to "altered perceptions and behavior, including derealization, depersonalization, and distortions of

perception of time, space, and body” (Scaer, 2001, p. 73). Derealization and depersonalization are simply fancy terms to describe *how* someone is experiencing disconnection—derealization refers to a detachment from one’s surroundings (feeling outside of reality), while depersonalization refers to a detachment from one’s sense of self (feeling outside of one’s body) (APA, 2013). The American Psychological Association (2013) now includes a section specifically for dissociative disorders in the DSM-5, including dissociative identity disorder, dissociative amnesia, and depersonalization/derealization disorder; however, it also notes that these disorders are most commonly found in the aftermath of trauma. Many of the dissociative symptoms found in this diagnostic category are also included as symptoms for acute stress disorder and posttraumatic stress disorder, “reflecting the close relationship between these diagnostic classes” (APA, 2013, p. 291). I am highlighting this overlap between dissociative disorders and trauma-and stressor-related disorders to emphasize the relationship between trauma and dissociation and to honor the tendency for disconnection to occur during and after trauma. In the following sections I do not focus on any one specific dissociative “disorder”; rather, I look at approaches to address the cluster of symptoms that characterize dissociation.

I want to pause for a moment and honor that our brains and bodies are WISE and have evolved over time to ensure our safety and survival. Dissociation seems to be a part of that protection, and I am curious about how we can honor and appreciate the body’s unique defense system, while helping it adapt to *support* rather than *inhibit* one’s sense of vitality. “While dissociation appears to be an instinctive response to save the self from suffering—and it does this very well—it exacts a high price in return” (Rothschild, 2000, p. 13). Bessel van der Kolk (2014) spoke to this high price of what happens when dissociation settles into the mind of individuals who have experienced trauma:

Not being able to deeply take in what is going on around them makes it impossible to feel fully alive. It becomes harder to feel the joys and aggravations of ordinary life...

Not being fully alive in the present keeps them more firmly imprisoned in the past.

(p.67)

To better understand ways to address dissociation and restore connection, I briefly examine some of the neurobiology behind trauma.

Neurobiology of Trauma

Understanding how our brains operate under traumatic stress should inform how to approach treatment. As the term “trauma” is tossed around casually in conversation and across social media, I want to ground this term in the available neurobiology research we now have. An important part of understanding trauma and trauma responses is getting familiar with the two sides, or hemispheres of our brains. The left brain deals with the linguistic, sequential, and analytical; the right brain deals with the intuitive, emotional, visual, spatial, and tactual (van der Kolk, 2014). “While the left half of the brain does all the talking, the right half of the brain carries the music of experience” (van der Kolk, 2014, p. 44). In a study looking at the brains of participants experiencing trauma flashbacks, brain scans showed that trauma activated the right side of the brain while deactivating the left (van der Kolk, 2014). Without the involvement of the left brain, whose executive functioning can help distinguish past, present, logic, and reason, the right brain will respond to triggers as though the trauma is happening in the present (van der Kolk, 2014). The study also found that Broca’s Area, one of the regions responsible for speech, also went offline during trauma flashbacks (van der Kolk, 2014). In sum, trauma is stored in the *sensory memory of experience*, not in language; and while individuals may eventually be able to put words to their experience, these stories “rarely capture the inner truth of the experience” (van

der Kolk, 2014, p. 43). The neurobiology of trauma is complex; for the purposes of this literature review, this information is sufficient in pointing us towards studying the use of body-oriented expressive arts therapy as a path out of disconnection and dissociation.

Phases of Trauma Treatment

In her article on the integrative power of dance/movement therapy on dissociative symptoms of trauma, Laura Pierce (2014) reviewed literature from trauma psychology, neuroscience, and dance/movement therapy to generate a framework for how to “support the integration of dissociated somatic, emotional, and psychological experiences” (p. 7). Her three-phase framework included interventions focused specifically on right brain integration of trauma. The three phases were: 1) building safety and stability, 2) integrating traumatic memories, and 3) developing the relational self (Pierce, 2014). Each of the phases Pierce described are imperative in the process of trauma healing and integration, and I found that most available research focuses specifically on these aspects of trauma work, as seen in the following sections on body-oriented expressive arts therapy. I imagine recovering vitality as a hypothetical “final phase” in Pierce’s model, where treatment goals are oriented around increasing one’s capacity and tolerance for life experiences—and exploring pleasure in this process. I discuss this “final phase” more in depth in my section on moving from dissociation towards vitality.

Expressive Arts Therapy

There are a variety of reasons to look to the expressive arts as a guiding resource to intentionally utilize in the treatment of trauma. While the field of expressive arts therapy emerged in the later part of the 20th century, using the expressive arts to process and heal trauma is not a new concept (Malchiodi, 2020). Perry (2015) expressed a similar sentiment and wrote,

Amid the current pressure for “evidence-based practice” parameters, we should remind ourselves that the most powerful evidence is that which comes from hundreds of separate cultures across the thousands of generations independently converging on rhythm, touch, storytelling, and reconnection to community...as the core ingredients to coping and healing from trauma. (p. xii)

Simply put, expressive arts therapy is the use of the creative process therapeutically. If we imagine each arts modality as a piece of string, expressive arts therapy is the act of weaving—a process of moving between art forms, honoring the role of each individual modality as well as the value of bringing them together. According to Natalie Rogers (1993),

Expressive art refers to using the emotional, intuitive aspects of ourselves in various media. To use the arts expressively means going into our inner realms to discover feelings and to express them through visual art, movement, sound, writing, or drama. (p. 2)

In their article on the neuroscience behind using the creative arts in trauma therapy, Perryman et al. (2019) reviewed a case study in which the authors explored the efficacy of combining relaxation, creative arts strategies, and body movement as a way to safely process traumatic content in a 60-year-old client experiencing symptoms of trauma but whose memory of the traumatic events were fragmented and difficult to verbalize. The authors posited four factors to consider when using the creative therapies in trauma work: to first build a trusting relationship with the client to establish a “safe zone” of attunement and resonance, to offer clear directives to the client, to access trauma through the right hemisphere of the brain, and to be aware that processing one trauma may lead to others (Perryman et al., 2019). The case study found that

“creative arts therapies offer a nonthreatening way for clients to access and express their trauma, creating a corrective experience in the brain” (Perryman et al., 2019, p. 80).

Cathy Malchiodi (2020) listed eight specific reasons for using the expressive arts in trauma interventions: “(1) letting the senses tell the story; (2) self-soothing mind and body; (3) engaging the body; (4) enhancing nonverbal communication; (5) recovering self-efficacy; (6) rescripting the trauma story; (7) imagining new meaning; and (8) restoring aliveness” (p. 24). When thinking about the disconnecting quality of dissociative symptoms of trauma, expressive arts therapists have a unique advantage of working directly with the body through the act of artmaking. As an action-oriented therapy, expressive arts interventions are inherently embodied, and Malchiodi (2020) highlights how trauma-informed expressive arts therapy “emphasizes the centrality of the body as a source of trauma memory through nonverbal, embodied communication” (pp. 202-203). With that being said, expressive arts therapists may deepen the opportunity for healing and growth if intentional about *how* to involve and honor the body in the process of utilizing the expressive arts.

Body-Oriented Expressive Art Therapy

When speaking about body-oriented approaches to trauma treatment, I want to be clear about what I mean when I use terms like embodiment, body-based, etc. In the simplest sense, I am talking about the inclusion and involvement of the body in treatment. Although these terms may provoke an association with movement or dance, I use them in the broader sense of acknowledging and becoming aware of inner sensations and feelings in addition to the physical expression of the body. Relating specifically to trauma treatment, Streater (2022) stated that, “body-oriented trauma modalities emphasize interoception and attuned relational presence and

include phenomenological therapies that value experiencing and view healing as the restoration of bodily authority through satisfaction, completion and pleasure” (p. 36).

Embodiment and somatics are two other terms that often arise in the context of body-oriented trauma work. These terms relate to ways of feeling, experiencing, and understanding that come from one’s body versus one’s thoughts. adrienne maree brown (2019) provided a definition for this kind of healing:

Somatics is a path, a methodology, a change theory, by which we can embody transformation...Embodied transformation is foundational change that show in our actions, ways of being, relating, and perceiving. It helps us to develop depth and the capacity to feel ourselves, each other, and life around us. (p. 274)

Every practitioner’s definition of each of these terms may differ slightly; as I discuss the research and literature around body-oriented approaches to trauma treatment, I delineate when appropriate the difference between each term.

Body-Oriented Approaches to Trauma Treatment

While not as deeply researched as cognitive and behavioral therapies, body-oriented approaches to healing are beginning to find their place in the field of psychology. In this section, I highlight some of the qualities of body-oriented approaches to trauma treatment, specifically in somatic experiencing and sensorimotor psychotherapy. These are but two of many body-oriented approaches to trauma treatment (others include somatic psychotherapy, Hakomi, EMDR, etc.). I want to note that while utilizing the body in trauma healing may only just be gaining its legitimacy as an effective treatment approach in the field of psychology, this field did not “invent” the idea of using the body to heal psychological wounds. Rather, historically speaking,

the field of psychology has played a role in invalidating or pathologizing the lived, bodily experiences of people, particularly oppressed or marginalized groups (Buchanan & Wiklund, 2020), further contributing to the “splitting” quality of dissociation.

Somatic Experiencing. Developed by Peter Levine, somatic experiencing (SE) is a form of trauma therapy that focuses on developing internal awareness by directing clients to their interoceptive (internal felt sense), kinesthetic (sensations of movement), and proprioceptive (sense of orientation) experience (Payne et al., 2015). SE views trauma as an incomplete biological response to threat and approaches trauma through the body; rather than targeting cognitive processes, it aims to work directly with the nervous system. “In contrast to psychoanalytic treatment, where we focus intently on narratives, fantasies, and associated emotions and meanings, SE focuses primary its attention on body sensations, urges, emotions, motions, and images” (Levit, 2018, p. 595). SE directs its attention specifically to the regulatory activity of what SE calls the Core Response Network—made up of the autonomic nervous system, emotional motor system, reticular arousal systems, and the limbic system, all of which are considered the first responders to threatening stimuli (Payne et al., 2015). Instead of directly approaching traumatic content and memories, SE takes a more gradual approach, aiming to provide a corrective, completive experience in the body:

SE avoids asking clients to relive their traumatic experiences, rather it approaches the sensations associated with trauma only after establishing bodily sensations associated with safety and comfort; these become a reservoir of innate, embodied resource to which the individual can return repeatedly as they touch, bit by bit (titration), on the stress-associated sensations. (Payne et al., 2015, pp. 14-15)

In a study to understand the effectiveness of SE in the treatment of trauma, Kuhfuß et al. (2021) conducted a scoping literature in which they systematically analyzed 16 peer-reviewed studies on somatic experiencing. Their results showed “promising findings indicating that SE might be effective in reducing traumatic stress, affective disorders, and somatic symptoms and in improving life quality” (p. 15). The authors acknowledged limitations within the study, pointing mainly to the lack of “rigorous methodological criteria” (p. 14) present in the majority of the studies being reviewed and called for additional research.

Sensorimotor Psychotherapy. Sensorimotor psychotherapy is another body-oriented approach that addresses the “repetitive, unbidden, physical sensations, movement inhibitions, and somatosensory intrusions of unresolved trauma” (Ogden et al., 2005, pp. 6-7). Developed by Pat Ogden in the 1980s, sensorimotor psychotherapy acknowledges the usefulness of traditional cognitive and dynamic approaches to trauma (top down) while centering the body as the primary entry point in processing trauma (bottom-up) (Ogden et al., 2005). “The encompassing aim of using both top-down and bottom-up interventions is not only to alleviate symptoms and resolve the traumatic past, but also to help clients experience a reorganized sense of self” (p. 7). Sensorimotor psychotherapy utilizes physical interventions to support body awareness and empowerment such as observing and tracking internal sensations, physically expressing uncompleted actions, and practicing new actions to foster possibility:

While words are indispensable in the treatment of trauma, they cannot substitute for the meticulous observation of how a patient attempted to defend herself or how such physical defenses were thwarted during the original traumatic event...Knowing, feeling, and doing—and thus experiencing—these physical actions helps to

transmute the way in which clients consciously and unconsciously hold and organize past traumas. (Ogden et al., 2005, p. 14)

While more research on the efficacy of sensorimotor psychotherapy is warranted, anecdotal reports from clients and therapists point towards the value of sensation-tracking and interactive self-regulation in addressing dissociation (Ogden & Minton, 2000).

Both somatic experiencing and sensorimotor psychotherapy utilize the body as a resource within the therapeutic process. Their similarities reveal the wisdom in gradually bringing clients into greater awareness of and relationship with their bodies as a means for establishing safety, regulation, exploration, and healing. I include these approaches in this literature review for the purpose of further articulating *how* to use the body in trauma work—through internal awareness, sensation tracking, creating corrective experiences, physical expression, etc. All of these important elements of body-oriented therapy may further enhance the effectiveness of expressive arts therapy interventions when working with dissociation.

Examples of Body-Oriented Expressive Arts Therapy

In this section, I review some of the available literature and research on the use of body-oriented expressive arts therapy in trauma treatment.

Bodymap Protocol. Applying her knowledge of neurobiology, body psychotherapy, and art therapy research, Darcy Lubbers (2019) came up with the Bodymap Protocol (BMP), an approach to trauma treatment that “utilizes the body outline as a container for felt sense impressions, which are expressed through visual art” (p. 86). The BMP uses Eugene Gendlin’s Focusing techniques to help guide clients’ awareness towards their internal experiences, which they then illustrate through colors, shapes, images, symbols, etc. within a full-size representation

of their body (Lubbers, 2019). In her qualitative study, Lubbers (2019) tested the efficacy of this protocol by administering it to nine participants and having them make notes about their experience of the activity, followed by semi-structured interviews that she reviewed using Interpretive Phenomenological Analysis. Results revealed that each participant had a positive experience of the BMP and felt that the protocol had a therapeutic effect on their trauma symptoms. Lubbers (2019) went on to describe four emergent themes from the study:

The BMP facilitated

1. A safe container for expression of feelings, with resulting emotional and physiological release, and the freeing up of life energy
2. Access to unconscious material, bringing it forward into greater conscious awareness, with resulting shifts in insight and meaning-making
3. A transition toward a physical, physiological state of greater embodiment and self-regulation
4. The emergence of healing imagery and an experience of integration

The BMP is a rich example of how to merge the body psychotherapies with the expressive therapies in the treatment of trauma, and why this is such a powerful fusion that warrants additional research. Lubbers (2019) elaborated on the effectiveness of integrating art and body modalities and wrote,

Both art and somatic modalities have the potential to aid individuals in moving into a more embodied state of awareness...Participants reported experiences of breakthrough, of moving from either a more vigilant fight/ flight, or a more dissociated or frozen pattern of awareness, into an experience of greater embodiment. (p. 97)

Body Casting. Michaela Kirby, a board certified/registered art therapist, psychologist, and mental health counselor discussed her work with me around body casting as a body-oriented expressive arts intervention (M. Kirby, personal communication, April 6, 2023). While body

casting can be used for a variety of purposes, she acknowledged its unique power in working with trauma. She spoke to the value of each step of this process –the sensory, intimate act of physically casting one’s own body part, the experience of seeing the cast, and the choice to add color, words, texture, etc. to the cast as a means of re-storying that part of oneself. She stated, “a cast can hold a lot,” and noted how she gives participants the option to create art both outside and inside of the cast. Kirby shared anecdotal stories of how individuals were able to connect with the experience of their bodies in novel ways. In one instance, a participant came to the realization of how much she experienced her body from the *outside*, connecting only to her body’s appearance; after creating her body casting, she began to honor her desire to move away from *how I look*, and towards *how I feel*.

Integration via Music Therapy. In her research on music therapy in the treatment of trauma-induced dissociative disorders, Stephanie Volkman (1993) discussed the splitting quality of dissociation and the role that expression via music plays in bridging past material and the present moment. She made the argument that repressed trauma will surface via symptoms that ought to be respected but also used as a “springboard for exploration” (p. 245). “If dissociation worked completely and permanently there would, theoretically, be no discomfort or need for treatment, but apparently the mind/body requires integration of dissociated material and has its own built-in agenda towards reaching such a goal” (p. 244). Volkman (1993) ultimately spoke to the value of finding nonverbal approaches to this process of integration and pointed to music making as a way to access felt sense by connecting mind and body.

Moshe Bensimon (2022) echoed this sentiment in her qualitative study on trauma integration via music therapy. Rooting her approach in an understanding of the neuropsychology of trauma, she highlighted the importance of working towards integration when processing the

residual effects of trauma and investigated specific principles and techniques for music therapists to use in trauma treatment. The study used a phenomenological approach, gathering data via semi-structured interviews of 41 music therapists with at least five years of experience working with trauma survivors. The results revealed three forms of integration: body integration, event integration, and life story integration. Given the focus of my own research I want to highlight techniques used for body integration, which refer to the “ability of active music playing to serve as a sensorial stimulus that bypasses linguistic and logical mediation and enables clients to live in peace with their body” (Bensimon, 2022, p. 367). In her discussion of body integration, Bensimon included participants’ powerful anecdotes about the success of using the voice as an instrument to connect directly with the body as well as fixed rhythm as a tool for bodily regulation and control. She described how participants viewed trauma as a sensory experience and how active music playing can be an effective way of working with the trauma by “directly touching the physical imprint of the traumatic experience” (Bensimon, 2022, p. 370).

Dance & Movement. As mentioned previously, Laura Pierce (2014) created a three-phase framework for dance/movement interventions, focusing specifically on right brain integration of trauma (pictured below).

Figure 1

Framework for a Dance/Movement Therapy Approach to Treating Trauma-Related Dissociation

Phase-oriented treatment	Integrative functions of DMT	DMT toolbox
<i>Phase 1: Safety and stability</i>	<ul style="list-style-type: none"> • Supports a felt sense of safety through interactive regulation occurring through relationship 	<ul style="list-style-type: none"> • Body-to-body relating through attunement and mirroring • Interactive regulation uses grounding exercises, orienting to the present moment, 5-sense perceptions, use of sensory props, and breathing techniques
<i>Phase 2: Integration of traumatic memories</i>	<ul style="list-style-type: none"> • Cultivates an internalized sense of safety within the self • Increases tolerance for internal experience 	<ul style="list-style-type: none"> • Attention to interoception and self-awareness links implicit body sensations with emotion and cognition • Symbolism, metaphor, creative expression, and artistic distance
<i>Phase 3: Development of the relational self and rehabilitation</i>	<ul style="list-style-type: none"> • Encourages relational skills and expands movement repertoire 	<ul style="list-style-type: none"> • Group movement settings emphasize relational exchange, merging and differentiation, and interactional movement

Note. From “The integrative power of dance/movement therapy: Implications for the treatment of dissociation and developmental trauma,” by L. Pierce, 2014, *The Arts in Psychotherapy*, 41(1), 7, p. 10 (<https://doi.org/10.1016/j.aip.2013.10.002>).

In phase 2 (integration of traumatic memories), Pierce (2014) recommended attention to interoception and creative expression as ways for clients to “explore, to tolerate, and to regulate their internal experience without resorting to defensive subsystems” (p. 10). She suggested using dance/movement therapy exercises that focus on mindful self-awareness, assisted by the therapist, who may reflect and mirror the client’s movements phrases, or direct the client’s attention to unconscious somatic experiences. Pierce (2014) also recommended developing a scale for identifying the intensity of feelings of dissociation and using movements as coping skills that correspond with each number on the scale to encourage self-regulation:

Helping a client identify the different somatic markers that occur as they become dysregulated such as, ‘at 1 I start to look for the door; at 4 my hands start to shake; at 8 I start to rock back and forth’, can help the client begin to track individual responses to arousal. (p. 13)

Mills and Daniluk (2002) explored the therapeutic elements of dance/movement therapy on female survivors of sexual trauma in a qualitative, phenomenological study using in depth, unstructured interviews of five women with histories of childhood sexual abuse. Several themes emerged from participants' experiences of dance/movement therapy, including reconnection to the body, permission to play, sense of spontaneity, and sense of freedom (including freedom of choice). Based on the personal anecdotes of participants in the study, Mills and Daniluk (2002) strongly advocated for more active involvement of the body in therapy, specifically to help reestablish a connection to and awareness of the body, express and discharge emotions nonverbally, and access one's sense of vitality and playfulness, among others. The authors also included challenges participants experienced, such as struggling with self-consciousness or embarrassment when attempting to move authentically and the rise of painful memories while moving. The authors stressed the importance of building a safe environment to hold these experiences as well as use them as opportunities for working through challenging material within a safe container (Mills & Daniluk, 2002).

A highlight I took away from this study was the contrast of pain and pleasure present in the participants' experiences. All participants noted prior symptoms of bodily disconnection, and several discussed how their experiences of emotional struggle in dance therapy were balanced by the pleasure of gaining greater access to their bodies—that establishing trust, acceptance, and understanding of the body allowed greater tolerance for difficult emotional content as well as for pleasurable experiences and sensations (Mills & Daniluk, 2002). Participants spoke to the power of movement that was “free, self-determined, natural, and uncontrived” (p. 81).

Moving from Dissociation Towards Vitality

If the final phase of treating trauma is to recover vitality, perhaps it is important to contemplate the meaning of “vitality.” Looking at dissociation as a state of disconnection that clouds the ability to feel one’s vitality, perhaps we can simply equate vitality with experience, and the ability to fully be *in* one’s experience. Tshogofatso Senne (n.d.) wrote in blog post that “embodiment means we are simply more able to experience the world through the senses and sensations in our bodies, acknowledging what they tell us rather than suppressing and ignoring the information it is communicating with us.” In the previous section, I looked at body-oriented expressive arts therapy interventions for the treatment of trauma-related dissociation. I now wish to expand and deepen this understanding of how to use this embodied expressive arts therapy to build one’s capacity, tolerance, and pleasure for vitality.

The terms sensuality, pleasure, and eroticism often have a sexual connotation, but my goal here is to instead use them in the context of embodied sensation and emotion, depth and range of feeling, and capacity and tolerance for the experience of life itself. Audre Lorde (1978) shared her definition of eroticism:

The very word *erotic* comes from the Greek word *eros*, the personification of love in all its aspects – born of Chaos and personifying creative power and harmony. When I speak of the erotic, then, I speak of it as an assertion of the life force of women; of that creative energy empowered, the knowledge and use of which we are now reclaiming in our language, our dancing, our loving, our work, our lives. (p. 55)

What might happen if sensuality, pleasure, and eroticism were woven into trauma treatment as ways in which to explore sensation when moving out of dissociation?

Sensory / Embodied Awareness

In a presentation called “Expressive Arts Therapy as Somatically-Based Interventions With Trauma: Using Rhythm, Movement, Sound, and Imagery for Embodied Awareness,” Cathy Malchiodi (2020) discussed how a key part in restoring the self after trauma has occurred happens by helping clients come back into their senses. She shared that in order to help people recover from trauma on a deeper level, practitioners must help individuals experience their senses in safe and self-regulating ways. Thinking back to how trauma lives in the right brain’s sensory memory of experience, and dissociation’s tendency to block out that sensory experience as a form of protection and self-preservation, bringing people into their senses is a direct and active route back into feeling.

The Expressive Therapies Continuum (ETC), a methodology for working with art media and activities based on developmental level, is one framework that can serve as a guide for how, why, and when to involve the senses in expressive arts therapy (Hinz, 2019). The kinesthetic/sensory level of this framework is conceptualized and designed to help individuals process information through sensation and movement (Hinz, 2019). Therapeutic goals for the kinesthetic/sensory components of this level are listed below.

Figure 2*Therapeutic Goals for the Kinesthetic/Sensory Components of the ETC*

Kinesthetic	Sensory
<ul style="list-style-type: none"> • Discharge energy • Release tension • Provide muscle relaxation • Find or create an inner rhythm • Encourage self-soothing through rhythm and movement • Counteract physical or psychological numbing • Reconnect with the wisdom of the body <p style="text-align: right;">(Hinz, 2019, p. 49)</p>	<ul style="list-style-type: none"> • Discover, value, and express inner sensations • Facilitate mindfulness • Decrease sensory deprivation in older adult clients • Increase tolerance for internal/external sensation • Externalize sensation as a way to manage it • Reduce dependence on poor coping skills to manage or provide sensation • Encourage self-soothing through sensation <p style="text-align: right;">(Hinz, 2019, p. 66)</p>

When bringing clients into their senses, using the ETC serves as a helpful framework in the selection of expressive arts activities focused on either increasing/decreasing physical arousal and bringing awareness to internal sensations (Hinz, 2019).

Pleasure & Eroticism

In her essay, *Uses of the Erotic*, Audre Lorde (1978) wrote,

The erotic is a measure between the beginnings of our sense of self and the chaos of our strongest feelings...for the erotic is not a question only of what we do; it is a question of how acutely and fully we can feel in the doing. (p. 29)

This concept of eroticism is perhaps another helpful framework for looking at how to use the expressive arts to move beyond dissociation, beyond even just the acknowledgement of sensation

and the senses, and into learning how to slow down and sink in—to feel the *pleasure* within sensation—to remember and experience the feeling of awe and richness abundant in it, whether the sensation is biting into a ripe strawberry or feeling the acute pain of losing a loved one. The erotic takes us into a different relationship with the felt sense; one that equates depth of sensation with quality of vitality.

In her introduction to *Pleasure Activism*, a book of essays, conversations, profiles, poetry, and tools about pleasure, adrienne maree brown offered a list of intentions for her readers:

- Recognize that pleasure is a measure of freedom;
- Notice what makes you feel good and what you are curious about;
- Learn ways you can increase the amount of feeling-good time in your life, to have abundant pleasure;
- Decrease any internal or projected shame or scarcity thinking about the pursuit of pleasure, quieting any voices of trauma that keep you from your full sacred sensual life;
- Create more room for joy, wholeness, and aliveness (and less room for oppression, repression, self-denial and unnecessary suffering) in your life;
- Identify strategies beyond denial or repression for navigating pleasure in relationship to others; and
- Begin to understand the liberation possible when we collectively orient around pleasure and longing

(brown, 2019, p. 3)

What would it look like to incorporate these intentions into expressive arts therapy interventions when working with trauma survivors? While I was unable to find research that

supports the incorporation of pleasure practices in trauma healing, deepening one's sense of pleasure seems to align with the concepts explored throughout my research in previous sections around bringing awareness to embodiment, interoception, felt sense, etc. In a conversation with Cara Page, recorded and transcribed by adrienne maree brown (2019), Page, the former Executive Director of the Audre Lorde Project, spoke of using sound, movement, and vibration when working with Black women with tumors, which she attributed possibly to manifestations of oppression. She said, "Let us honor what is happening to our bodies, the histories of trauma we are holding in our bodies that block us from desire" (p. 45). Page went on to describe how she has used the erotic as a source of healing power in her work through gathering community around performance, poetry, burlesque, music, etc. always coming back to the question: "how do we center creation and desire as integral to liberation?" (p. 48).

Discussion

In the previous sections, I have discussed trauma and dissociation, examined why to use expressive arts therapy and body-oriented approaches in trauma treatment, looked at body-oriented expressive arts therapy studies, and inquired about the role of the senses, pleasure, and eroticism in the context of recovering vitality. Some themes uncovered through this research are as follows: directing clients towards their internal awareness and felt sense; using the body as a resource for establishing safety and self-regulation; practicing titration when focusing on and tracking internal sensations; utilizing the expressive arts to integrate and bridge unconscious material; creating corrective experiences in the brain through nonverbal approaches; using the expressive arts to access and experience the senses; and exploring depth of feeling / pleasure in feeling as part of recovering vitality after trauma.

I chose this topic because of my own experience, both personally and professionally, around the success of getting out of the mind and into the body when addressing trauma and dissociation, and the astounding therapeutic resource that is the arts and creative process to assist in this task. Ironically, but perhaps not surprisingly, the deeper I got into the academic mindset of this writing and research, the more I touched into the realm of dissociation and disembodiment in myself. This has been a recurrent theme of my experience in graduate school—the very act of “studying” the expressive arts in an intellectual sense seems to negate the very thing that makes them therapeutic. The power of the expressive arts lives in the experience of them, in the *right* side of the brain; meanwhile advocates for expressive arts therapy desperately attempt to show their value in a field primarily operating in the *left* side of the brain. This becomes a sort of catch 22—without ample research, the expressive therapies are left un-legitimized and therefore underutilized; however, traditional research design asks that the expressive arts be translated across hemispheres, into a different language. So, while the left side of me wants to end this project with a call for more research on the uses of an embodied, erotic expressive arts therapy, the right side of me begs for more inclusivity in the field of psychology for creative, embodied understanding of knowledge and experience.

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