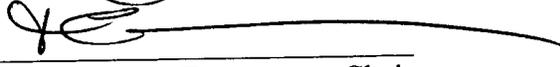


A Mindful Way to Heal:  
Discussing Efficacy of Mindfulness Based Expressive Arts Therapies in Treating Trauma  
Affected Adults

By  
Amber Folz

A Thesis Submitted to the  
Graduate Faculty in Partial Fulfillment  
of the Requirements for the Degree of  
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**Table of Contents**

Abstract.....	2
Introduction.....	2
Understanding Trauma.....	3
The Notion of Mindfulness.....	9
Expressive Arts Therapies .....	18
Art Therapy.....	22
Music Therapy .....	25
Movement Therapy.....	27
Mindfulness Based Expressive Arts vs. Traditional Therapies .....	28
Mindful Expressive Art Interventions .....	31
Limitations .....	34
Case Studies .....	35
Case Study 1 – Art Therapy.....	35
Review .....	36
Case Study 2 – Music Therapy .....	37
Review .....	38
Case Study 3 – Movement Therapy.....	38
Review .....	39
Conclusion .....	40

### **Abstract**

The purpose of this paper is to analyze the efficacy of mindfulness based expressive arts therapies in treating trauma affected adults. I will explore the notion of mindfulness and its many benefits separately as well as its role in combination with the expressive arts. I will analyze a variety of multi-modal approaches including art, music, and movement therapy. This paper will provide a literature review of the benefits of these therapies as well as provide support for the use of mindfulness in each of these categories. Multiple case studies will be examined and reviewed based on their impact on the client's trauma symptoms and their ability to promote mindfulness skills. I will also discuss the benefits and limitations of mindfulness based expressive arts therapies as well as that of traditional therapies to prompt future research.

*Keywords:* mindfulness, expressive arts, trauma, art therapy, music therapy, movement therapy

### **Introduction**

*We are healed of suffering only by experiencing it to the full.*

-- Marcel Proust (1925/2003)

The impacts of trauma to both the individual and the society are far reaching and in most cases, overwhelming. The struggle, then, is to find a way to cope with and survive traumas so as not to become consumed by them. One very effective way to do this is through therapy, specifically the creative therapies. The ways in which trauma changes the mind and body can be combated with creative expression. Simply the act of expressing, of doing, making, and creating is healing. However, when we combine this with the skills and techniques of mindfulness, something truly remarkable happens. Clients become engaged with their thoughts, their bodies, their emotions, and their true selves. Mindfulness is a deeply engaging approach to healing, yet is

## A MINDFUL WAY TO HEAL

not overwhelming for those coming out of traumatic experiences. Rather, it is a beginning for these survivors to express and make sense of their life after trauma.

This paper, through multiple lenses, will look at the impact that expressive arts therapies has on lessening the impact of trauma symptoms. First, I will discuss what trauma is, how it happens, and some of the major complications and difficulties when working with clients who have trauma-affected diagnoses. Next, I will discuss the concept of mindfulness, touching on techniques, and goals associated with mindfulness-based interventions. Lastly, I will discuss what expressive arts therapies are, and go into detail about three types: art, music, and movement therapy.

This paper will also discuss the benefits and limitations of using mindfulness-based expressive arts for clients impacted by trauma versus traditional therapeutic interventions. I will also provide examples of mindful expressive arts interventions in each of the types listed above. To finish, I will summarize, and review three case studies related to art, music, and movement therapies based on their ability to promote mindfulness and ease trauma symptoms.

### **Understanding Trauma**

At its core, trauma is stress, and a traumatic event is one that is deeply distressing to an individual. Trauma can result from accidents, or interactions, and can span either a single event or chronic occurrences (Levine, 2013). As a normal reaction to trauma, the mind and body exhibit anxiety or fear-based symptoms. We can attribute this to our brain's natural mechanisms that are wired for survival (Kiger, 2016). When exposed to such an event, we change behaviors and learn to avoid that situation in an attempt to avoid the same outcome. However, this psychological distress can sometimes manifest changes in the brain leading to hypersensitivity

## A MINDFUL WAY TO HEAL

and stressor-related disorders (Scaer, 2005). Trauma and stressor-related disorders include reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder (PTSD), acute stress disorder, and adjustment disorders (Diagnostic and statistical manual of mental disorders, 2013).

Trauma does not necessarily have to be an event of extreme proportion. Certainly, that is one end of the spectrum, but further down the line is the pervasive influences of life's "little traumas" (Scaer, 2005). These experiences accumulate until the person's threshold, or tolerance for stress breaks. It's like each small event is a pick, chipping away, making the person increasingly vulnerable to new stresses each time (Scaer, 2005). Simply put, trauma is what happens when there is either too much to handle at once, or too much over a long period of time (Levine, 2013). At the opposite end of the spectrum, then, is trauma that occurs from neglect. For example, hundreds of studies on attachment show that separation of a newborn infant from the mother has lasting impacts on both the function and structure of the brain as well as stability of the mind and the health of the body (Scaer, 2005).

Some frequently encountered causes of trauma are abuse, including physical, emotional, and sexual, as well as neglect during childhood (Scaer, 2005). Trauma can also result from major illness where the person is forced to cope with uncomfortable symptoms or pain, demoralizing or painful treatments, and in some cases, a profound loss of control (Scaer, 2005). However, one does not have to be a direct victim, but merely witness and event such as assault, suffering, illness, or major catastrophes to be affected by trauma. There is also a long history of trauma in times of war (Levine, 2013). Soldiers from WWI were referred to as having "shell shock", and after WWII, this was called "battle fatigue". Now, we refer to the same condition as Post Traumatic Stress Disorder, herby referred to as PTSD.

## A MINDFUL WAY TO HEAL

Like many stressor-related disorders, PTSD manifests with both physical and psychological symptoms. Studies have shown that this could have a great deal to do with the brain's limbic system, perhaps better known as the "fight or flight" response (Scaer, 2005). When this system is activated, blood flow in the brain changes, new connections are formed between neurons, and existing ones may diminish (Scaer, 2005). In this way, it has been shown that life experiences change the brain both structurally and functionally. These changes can then manifest outward, and affect the individual's behaviors.

Behavioral theories of psychotherapy teach us that reward and punishment shape our behaviors (Feder & Feder, 1984). In the famous study by Ivan Pavlov, he noted that dogs would salivate when presented with food; an unconscious reaction to a stimulus. When these experiences, either positive or negative, are coupled with an external stimulus, such as ringing a bell, the two stimuli become directly associated in the brain. Psychologists call this process conditioning (Scaer, 2005). The result, then, was that the initial response, salivation, was stimulated only by the ringing of the bell.

When a body is conditioned for stress, that is, when the limbic system is being activated consistently or nearly consistently, that amount of adrenaline recurring in the body can greatly impact one's health across a lifetime. The CDC-Kaiser Permanente published a study on this topic and concluded that adverse childhood experiences, what they called ACE scores, contributed to higher levels of disease in adulthood. These experiences, such as divorce, abuse, domestic violence, neglect, substance dependence, incarceration, or growing up with mentally ill parents, were all shown to affect brain development, the immune system, hormonal systems, and even our DNA (TED, 2015). Higher ACE scores directly correlates to higher levels of diseases such as heart disease, cancer, obesity, diabetes, hypertension, atherosclerosis, chronic fatigue,

## A MINDFUL WAY TO HEAL

asthma, arthritis, chronic obstructive pulmonary disease, irritable bowel syndrome, gastroesophageal reflux disease, migraines, hepatitis, depression, and even suicide behaviors (Scaer, 2005). In addition to all these effects on health over a lifetime, there are more immediate concerns for those coping with trauma.

Van der Kolk stated that “trauma is about having physical sensations, emotions, and feelings that are happening right now that don’t belong here” (2013). Physically, trauma can manifest in ways similar to that of anxiety. This includes paleness, fatigue, poor concentration, numbness or racing heartbeat (“Trauma Symptoms, Causes and Effects”, 2017). These symptom patterns of heightened anxiety and altered arousal responses, known as hyperarousal, can be incredibly alarming somatic experiences that often precede panic attacks. What is frequently the most frightening aspect for clients is that they have no control over these experiences, and often cannot connect triggers to their trauma (Duros & Crowley, 2014). Trauma disorders such as PTSD are characterized, in part, by dissociative reactions in which the individual feels or acts as if the traumatic event were recurring (Diagnostic and statistical manual of mental disorders, 2013). These sensations are also called flashbacks, and can feel dangerous and overwhelming. In severe instances, flashbacks can cause complete loss of awareness and a disconnect from one’s present surroundings (Diagnostic and statistical manual of mental disorders, 2013).

Dreams are another way that victims sometimes experience their traumatic events in visual, sensory, and emotional clarity. More accurately referred to as night terrors, these sleep disturbances will often include vivid sensory detail from the trauma (Scaer, 2005). This often persists long after the initial experience. As time passes, the specific details begin to fade, and so the dreams often incorporate other traumas from the past or new life content. This change tends

## A MINDFUL WAY TO HEAL

to create bizarre and confusing images that clients can then begin to evaluate symbolic content (Scaer, 2005).

The emotional effects of trauma are complex and varied for each person and each degree of experienced trauma. Some common emotional symptoms of trauma include denial, anger, sadness, and unregulated emotional outbursts ("Trauma Symptoms, Causes and Effects", 2017). As stated earlier, a trauma survivor can feel an overwhelming sense that they have lost control of both their thoughts as well as their bodily responses to triggers. Persistent, intrusive thoughts are one symptom of PTSD that is both cognitive and emotional. These thoughts generally have some connection to the trauma itself and are yet another way of reexperiencing the trauma (Scaer, 2005).

It is common for trauma victims to report feeling helpless. This is a perception induced by traumatic experiences that impacts the client's reflexive behaviors and capacity for learning. For example, soon after a traumatic experience the victims may feel a sense of immediate threat, non-dependent on their current state of reality in which they may have physical or emotional safety. This false perception has the client suspended in time, as though they were still in immediate danger. While trapped in this state, trauma victims are no longer able to learn new adaptive behaviors (Scaer, 2005). This lack of resiliency and inability to learn makes positive progress trying from this stage of trauma.

All the difficulties that arise after trauma can lead to significant changes in the client's social life as well. Social isolation is a common concern for many victims of trauma (Scaer, 2005). Factors influencing social isolation can be both internal and external. Internal influences may come from a type of sensory overload that occurs when the client perceives normally pleasurable stimuli as irritating or threatening (Scaer, 2005). Much of this is loud auditory

## A MINDFUL WAY TO HEAL

stimuli such as laughter, music, television programming, conversation, or traffic and construction noises. When the client becomes overwhelmed with this stimuli and experiences sensory overload, they tend to close themselves off to places and situations where these stimuli occur. In fact, one diagnostic criterion of PTSD is persistent avoidance of stimuli (Diagnostic and statistical manual of mental disorders, 2013). This process of internally motivated social isolation can be severely debilitating to the process of recovery (Scaer, 2005).

External influences of social isolation seem to be a product of internal isolation, which then feeds the external forces (Deitz et al., 2015). This self-perpetuating cycle seems to be the most destructive in a victim's recovery process. Much of the external isolation felt by victims of trauma stems from stigmas against the victims. In an examination of these stigmas by Deitz, Williams, Rife, and Cantrell (2015), it was suggested that cultural, public, and self-stigma are all determining factors in symptom severity in relation to sexual assault. Some examples of cultural and public stigmas include beliefs that husbands cannot sexually assault their wives, women ask for or enjoy being assaulted, or that women tend to lie about being sexually assaulted (Deitz et al., 2015). These are lies being perpetuated at institutional levels in many areas around the world. If a recent assault victim were to hear, or be accused of the trauma possibly being "brought upon themselves", one could see how that may lead to feelings of exclusion or isolation in many social situations (Deitz et al., 2015). The feelings brought about by these cultural stigmas includes shame, embarrassment, humiliation, and devaluation, eventually leading to self-stigmatization (Deitz et al., 2015).

The most significant difficulty that arises from trauma is the profound loss of self that comes from the experience. This personal change is the most difficult to combat once fully integrated into the client's perceptions (Scaer, 2005). Many victims report feeling as though

## A MINDFUL WAY TO HEAL

their life ended at the very moment of the traumatic event (Scaer, 2005). This fundamental transformation often makes the client feel as though they are unable to recognize themselves; a traumatic event in its own way. It is this reason that one of the main goals for many trauma survivors is regaining, or re-creating a sense of self and finding one's place in the world.

### **The Notion of Mindfulness**

Mindfulness is a practice, a technique, and sometimes a way of life that engages one to bring awareness to the present moment. It is a state of being that arises from intention and an attitude of acceptance, openness and non-judgment (Rappaport, 2014) (Shapiro, 2009).

Although mindfulness may not come naturally to most in this modern society, it is surely a universal human capacity that only requires intention and patience to become a part of our repertoire (Shapiro, 2009). Mindfulness practices are found in both ancient and modern traditions, and is believed to have strong roots in the teachings of Buddha. The aim of mindfulness in these teachings is to reduce suffering and live with a greater sense of happiness and peacefulness (Rappaport, 2014). These fundamentals can be recognized by those of varying beliefs and cultures, allowing mindfulness to be introduced and taught outside of any religious context.

Mindfulness techniques allow one to connect with their center self by paying careful and close attention to thoughts, feelings, and sensations of the present moment. Awareness of one's inner and outer state of being holds the greatest significance. For example, forming an awareness of the five senses; what one hears, smells, sees, tastes, or feels. In doing so, one creates a deep sense of knowing of their surroundings in the present moment (Shapiro, 2009). This process is a practical way to ground oneself in the present moment. A deep understanding of one's inner state is equally as important. Being able to recognize, label, and understand your emotional state does

## A MINDFUL WAY TO HEAL

not always come naturally. It is a learned skill that takes time and practice. Even more difficult is gaining the ability to understand emotions without judging, evaluating, or trying to change them (Shapiro, 2009). Buddhist teachings state that feelings, thoughts, and perceptions are all understood as they arise, understood again in the present, and understood fully as they pass away (Shapiro, 2009).

However, recognizing these inner and outer experiences is only one half of the path to accomplished mindfulness. The other half of mindfulness practice is our ability to witness and observe these experiences with complete and total acceptance (Rappaport, 2014). All experiences, positive, negative, and neutral, should be openly received in the same way, without adding or pushing away what may arise (Shapiro, 2009). Mindfulness is about seeing and feeling one's reality clearly, and coming to terms with the way things are. It can be difficult to release the feelings of wanting anything to be different, however total acceptance means owning the good and the bad (Shapiro, 2009). In this way, mindfulness is both a process of practice and outcome. A Buddhist scholar wrote,

“Mindfulness, then is the unfailing master key for *knowing* the mind, and is thus the starting point: the perfect tool for *shaping* the mind, and is thus the focal point; and the lofty manifestation of the achieved *freedom* of the mind; and is thus the culminating point” (Shapiro, 2009).

Both halves, the knowing and the shaping, must be learned and achieved in unison; only then is mindfulness truly realized.

Mindfulness in both theory and practice are being accepted more and more by traditional Western psychologies, becoming an integral part of humanistic, transpersonal, and contemplative

## A MINDFUL WAY TO HEAL

approaches to therapy and behavioral medicine (Rappaport, 2014). Humanistic approaches in particular, believe in the potential of the individual and have a very optimistic view of human nature (Rubin, 2001). This is very different from traditional psychoanalytic approaches that believed that every person is at the mercy of their unconscious, instinctual, and sexual desires (Rubin, 2001). However, these same Freudian psychoanalytic techniques highlighted the importance of open awareness and attention.

At the heart of Freudian psychoanalysis is a series of constructs suggesting that the human psyche consists of conscious, preconscious, and unconscious levels of awareness (Feder & Feder, 1984). Freud used techniques such as free-association and dream interpretation to tap into his client's unconscious. He believed that bringing forth underlying problems to the conscious level allowed the therapist and client to then deal with the problems rationally (Feder & Feder, 1984). Despite Freud's many assumptions and controversial topics, it is his work in the unconscious that laid the foundation for the entire field of psychotherapy and the roots of mindfulness.

In the latter half of the 1900's, humanistic psychological approaches began to emphasize acceptance, non-judgement, and awareness (Rappaport, 2014). Carl Rogers, a pivotal American psychologist, introduced the concept of unconditional positive regard. This is a humanistic principal for therapists that states that basic acceptance and support for the client should be maintained despite what the client says or does (Rogers, 1961). Unconditional positive regard should be consistent, and extend to the client's personality, thoughts, and feelings (Rogers, 1961). It is a genuine willingness to let the client be who they are, and to express themselves without reservation and without explanation (Rogers, 1961). When a client feels they are being

## A MINDFUL WAY TO HEAL

fully accepted and have built a greater sense of self-worth, defenses begin to fall and genuine expression begins (Rogers, 1961).

One can certainly see how easily mindfulness theory grew out of its humanistic roots. Regarding both, genuine acceptance is key. Today, mindfulness and psychotherapy have an optimistic and exciting future in which meditation and mindfulness skills are being used to adapt traditional techniques and stimulate research for entirely new approaches (Shapiro, 2009). Some of these approaches include mindfulness-based stress reduction, cognitive therapy, eating awareness training, relationship enhancement, relapse prevention, and acceptance and commitment therapy, dialectical behavior therapy, and mindfulness based expressive arts therapies (Shapiro, 2009).

One approach to healing is Mindfulness-Based Stress Reduction, or MBSR. This format involves mindfulness meditation training and practices such as yoga to decrease pain, depression, and anxiety while improving quality of life (Rappaport, 2014). This approach normally involves group work over multiple sessions and mainly encourages mindfulness as a way of life. One variation of this approach focuses on relapse prevention for addictive or harmful behaviors (Rappaport, 2014). Another approach is MBCT, or Mindfulness-Based Cognitive Therapy, which combines traditional cognitive-behavioral therapy with mindfulness practices. This approach is mainly used to help expand MBSR as an evidenced-based practice (Rappaport, 2014).

Another approach to healing that is well supported by evidence is Dialectical Behavioral Therapy, or DBT. Developed in the 1990's, this approach has gained a lot of support in a very short time. DBT incorporates learned skills to help regulate emotions and reactions including mindfulness, interpersonal skills, and coping skills (Rappaport, 2014). This approach has been

## A MINDFUL WAY TO HEAL

shown to be effective in treating many issues, including trauma. Similar to DBT is Acceptance and Commitment Therapy, or ACT. Also developed in the 1900s, this approach uses mindfulness techniques to set specific goals and encourage flexibility of thoughts. The main focus is acceptance of positive and negative events and feelings, and developing the values of the client to better understand what is most important to them (Rappaport, 2014).

From a mindfulness perspective, distress and suffering is a product of one's judgements about the present rather than what is present in reality (Shapiro, 2009). In theory, there is a disconnect between what one's life is, and what one believes it should be. This constant resistance to the present creates anguish. This concept comes from Buddhist psychology which teaches that suffering comes from a lack of acceptance, of wanting things to be different (Shapiro, 2009). Mindfulness practices offer something different, a different way of relating to the present. A way of total acceptance of all of life's experiences to alleviate suffering.

An earlier quote from a Buddhist scholar stated that mindfulness is freedom of the mind. In truth, mindfulness offers freedom from much more than just thoughts. It offers freedom from unconscious patterns and reflexes (Shapiro, 2009). May Sarton, a well-known novelist and poet, is celebrated for her commitment to live a life of mindfulness through solitude and constant self-reflection. "Solitude", she states, is "my last great love" (Motion Picture, 1979). Living a life away from society's pressures and conformist conditioned reactions, May Sarton realized that "everything becomes more intense, but [the] barrier between conscious and unconscious becomes less intense" (Motion Picture, 1979). Her ability to be mindful and to connect with her unconscious thoughts and feelings is something to be admired. She explains her lifetime experience with mindfulness to be "terrifying and marvelous and always makes for growth"

## A MINDFUL WAY TO HEAL

(Motion Picture, 1979). May Sarton has been an inspiration to many writers, including Louise DeSalvo, who said,

“the film taught me that paying careful and loving attention to who we are right now, to what we’re thinking and feeling and seeing, to the ordinary routines of our life and our pastimes and pleasures, is healing and will help us write healing works.” (DeSalvo, 2000).

Mindful practices can be broken down into three core elements: intention, attention, and attitude. These processes are synchronized, each feeding into the other simultaneously and fluidly in a cyclical process (Shapiro, 2009). Each aspect in each moment is a part of the mindfulness process. All three aspects are essential, feeding back into each other and mobilizing the next.

Intention is the “why” behind mindfulness. To have a deep understanding of mindfulness, one must first understand why you were drawn to it in the first place, and what you intend to get out of it. These reasons vary greatly from person to person. Perhaps it’s something a friend or therapist suggested; maybe you were introduced to mindfulness by the media, read it in a book, or saw something about it on television. No matter the initial draw, one must be certain about the why. Why would someone want to integrate mindfulness into their lives? The benefits are countless, but all have some connection to relief. This can be relief from suffering, intrusive thoughts, self-defeating thoughts and actions, stress, or an overwhelming need for satisfaction, happiness, and contentment with one’s life. Our individual values generally dictate our intentions. However, values can be either externally or intrinsically motivated. Mindful practices greatly assist in the recognition of these values (Shapiro, 2009). Regulation, exploration, and liberation are common goals of a mindfulness-based lifestyle (Shapiro, 2009). As one learns and

## A MINDFUL WAY TO HEAL

acquires mastery in mindfulness practices, the goal is to gain a greater ability to recognize their intentions and decide if they fit with their current values. This is one of the contributing reasons that mindfulness is a fluid, repeating process.

Attention is the second core element. In the context of mindfulness, attention involves making careful observations of one's moment-to-moment internal and external experiences (Shapiro, 2009). More focus is needed than simply dragging the surface of one's experiences. Mindfulness means diving deep beneath the superficial thoughts, feelings, and sensations, and sustaining oneself in the experience. Attention is critical to the healing process (Shapiro, 2009). Sustained attention, even when faced with unsettling thoughts and feelings, is where clarity is found. One must only be willing to sit in stillness of body and focus the mind. This element of mindfulness can be one of the most difficult. Typically, the mind is conditioned to manage its resources in highly efficient ways. Our brains are skilled at taking in sensory information and quickly placing it into categories (Kiger, 2016). It does this in an instant, millions and millions of times each day. This process is essential; without it, our brains would not be able to quickly determine dangers. If every input were processed equally, the mind would fall into sensory overload. Researchers Brown and Cordin explain it in this way:

What comes into awareness is often held in focal attention only briefly, if at all, before some cognitive and emotional reaction to it occurs... The psychological consequence of such processing is that concepts, labels, ideas, and judgements are often imposed, often automatically, on everything that is encountered... [W]e do not experience reality impartially, as it truly is, but rather through cognitive filters that are frequently of a habitual, conditioned nature, and that can furnish superficial, incomplete, or distorted views of reality (Shapiro, 2009).

## A MINDFUL WAY TO HEAL

This same process that ensures sensory stimuli is processed efficiently and successfully, is also the one that breeds stigma. It is an instinctive response for the brain to put things into categories. These categories often receive labels, judgements, and prejudices based on what we learn and experience. Mindfulness, and the ability to give full, unbiased, and bottomless attention, is an extraordinarily successful way to see things, including oneself, as they truly are (Shapiro, 2009).

Lastly, attitude is the “how” element of mindfulness (Shapiro, 2009). When one knows the why, and has begun paying attention, it is then time to develop the necessary qualities to bring greater meaning to their attention experience. This is the feeling quality one brings to mindfulness: cold and critical, or affectionate and compassionate (Shapiro, 2009). Mindfulness is often recognized as a practice of both the mind and body, but one can certainly argue that to be successfully mindful, one must also have a strong connection to the heart as well, opening it to compassion, empathy, and forgiveness for one’s self as well as others.

These core elements of mindfulness can be just as important for the therapist as they are for clients. The things that make a therapist effective are also those that make one mindful. Intention, attention, and attitude on the part of the therapist all have a significant positive impact in the therapeutic relationship and a correlation to beneficial therapy outcomes (Shapiro, 2009). Arguably the most important factor in successful therapy is a positive therapeutic relationship. Positive, healthy relationships between therapist and client show connection, understanding, and trust (Shapiro, 2009). A mindful therapist will often appear to be more receptive, have higher levels of empathy, and a greater ability to regulate their own emotions.

The ability of a therapist to be receptive to their clients is crucial to success. Sustaining meaningful attention to multiple clients a day for long periods at a time certainly requires practice, but will ultimately allow a connection to be formed with the client (Rogers, 1961). The

## A MINDFUL WAY TO HEAL

time the client is in the therapist's presence is theirs and theirs alone. If they feel as though the therapist is truly hearing them and engaging in their company, the client will feel seen, heard, and understood (Shapiro, 2009). Furthermore, if a therapist is mindful of both the client's experiences and their own thoughts, they are more likely to be able to respond appropriately to a client's behavioral cues as well as what they are saying.

In addition to being receptive, a therapist must also be attuned to the emotional states of their clients. It is critical, then, to have the ability to empathize with them (Shapiro, 2009). Carl Rogers (1957) defined empathy as the ability "to sense the [client's] private world as if it were your own". The key to successful empathetic listening in therapy is putting yourself in the client's shoes without losing objectivity (Rogers, 1957). People drawn to the therapeutic and helping professions often have an average or high level of empathic abilities. However, through continued work with clients in high-stress situations, such as those who have experienced trauma, therapists can develop compassion fatigue (Compassion Fatigue Awareness Project, 2017). Patricia Smith, writer of *To Weep for a Stranger* and founder of the Compassion Fatigue Awareness Project describes compassion fatigue as "a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper" (Compassion Fatigue Awareness Project, 2017). This phenomenon mainly occurs when helpers practice little to no self-care. Research suggests that mindfulness and meditation can greatly enhance one's ability to empathize as well as combat the onset of compassion fatigue (Shapiro, 2009).

Mindfulness techniques can also allow therapists to learn to better regulate their emotions (Shapiro, 2009). This is an essential skill, as it is important to know when it is necessary to

## A MINDFUL WAY TO HEAL

express emotion with a client and when it is important to refrain from reacting (Shapiro, 2009). It is one of the therapist's main goals to develop a relationship and hold a safe space for the client in which they feel free to express themselves (Moon, 2006). If a therapist shows too little emotion, they may be perceived as inauthentic (Rogers, 1961). On the other hand, if a therapist shows too much emotion, it can take away from the client's experience of therapy (Moon, 2006). Through developing a strong ability to regulate one's own emotions, therapists can be more present and accepting of their clients as well as maintain a strong, supportive therapeutic relationship (Shapiro, 2009).

### **Expressive Arts Therapies**

Expressive arts therapies, also known as creative arts therapies, are defined as the use of art, music, dance or movement, drama, poetry or creative writing, play, and sandtray within the context of therapy (Malchiodi, 2005). While certain expressive arts therapies are considered their own field, these techniques can be used responsibly as integrative approaches in combination with other forms of treatment when the therapist is sufficiently trained in these areas. Each area of the expressive arts therapies is as unique as the clients that use them; however, all offer an opportunity for action (Malchiodi, 2005). Clients can express in a variety of ways including paint, movement, poetry, or play as their first and foremost method of communication. This is not to say that these approaches to therapy are strictly nonverbal, but they do have both verbal and nonverbal components (Malchiodi, 2005). For example, a session may begin with discussion, then use expressive modalities to explore thoughts or feelings further. A session may also begin with an expressive activity as a "warm-up" or way to induce relaxation for the client to successfully begin discussion (Malchiodi, 2005).

## A MINDFUL WAY TO HEAL

Creating within the therapeutic context, in the presence of a trained expressive arts therapist, can help clients to channel their energies, process their cognitive and emotional reactions, and strive for the integration of mind and body (Pearson & Wilson, 2009). The exclusive use of or addition of expressive arts therapies in use with clients has several unique benefits. These types of therapies are uniquely successful at promoting self-expression, active participation, imagination, and mind-body connections (Malchiodi, 2005).

Expressive arts therapies are generally focused on facilitating expression and releasing emotions rather than the interpretation of the creative works (Malchiodi, 2005). In expressive arts therapies, engaging in the creative process can help provide relief from the most painful or traumatic experiences. A focus on self-expression and self-exploration is highly encouraged. Self-expression is a natural, and necessary part of the human experience. In fact, recent studies in neuroscience are suggesting that self-expression may be one of the most important ways that people connect with the world (Glaser, 2016). The need to express is hardwired into our very beings so that we can communicate our feelings, thoughts, experiences, and perceptions (Malchiodi, 2005). The self-expression experience can be therapeutically beneficial when our inner thoughts, and inner voices are seen, heard, and acknowledged (Glaser, 2016). This connection between inner and outer worlds helps validate what the clients experience emotionally, and may even let them realize they are not alone in their experience (Glaser, 2016).

Another component of the expressive arts therapies that makes them so successful is the way that they encourage the client to actively participate in their own healing experience (Malchiodi, 2005). By definition, art, music, movement, and play therapies are all action-oriented approaches. All these methods require the client to invest their time, and a large portion of their physical and mental energy sources (Malchiodi, 2005). Engaging in the creative process,

## A MINDFUL WAY TO HEAL

the physical act itself, can be therapeutic by its ability to energize or alter a client's mental state, alleviate physical and psychological stresses, or concentrate the client's focus on desired areas (Malchiodi, 2005).

Active participation in one's own therapeutic process also has the added benefit of teaching the client to be responsible, if only partially at first, for their own healing.

One of the most important things a therapist can teach their clients is this: you are responsible for getting your needs met. Taking personal responsibility for your own happiness is an intimidating, often forgotten notion. This means realizing that you cannot blame others, or the world, for your unhappiness (Raghunathan, 2011). Ultimately, it requires a strong mental attitude, a belief that you can be happy no matter what the external circumstances, and a willingness to fully, unconditionally, accept whatever life gives you (Raghunathan, 2011).

Expressive arts therapies are also successful at promoting imagination and allowing imaginative thinking to promote healing (Malchiodi, 2005). Imagination is inherent as part of the human experience and is a healing agent in many forms of self-expression (Malchiodi, 2005). Imagination is inherently multi-modal (Levine & Levine, 1999). For example, a dream can be remembered by more than what we saw. We remember the motions, the feelings, sounds, and rhythms as well as the images (Levine & Levine, 1999). Imaginative perceptions, such as dreams or play can be very experiential in nature. This quality is what lends itself well to the expressive arts therapies. Embracing one's imagination can also be beneficial by allowing the client to connect with their unconscious, as well as embrace the concepts of reality vs. fantasy (Levine & Levine, 1999). Its efficacy in the expressive arts therapies comes from assisting clients to experiment with new or different ways of thinking and acting (Malchiodi, 2005). This freedom to

## A MINDFUL WAY TO HEAL

pretend, to imagine, through drawing, play, movement, and other forms of creativity allows the client to generate or try-out a multitude of scenarios (Malchiodi, 2005).

Lastly, the expressive arts therapies are uniquely successful in promoting mind-body connections (Malchiodi, 2005). Because of the expressive arts physical, hands-on methods, the mind is immediately engaged with the body through sensory perception. The sensory nature of art making, playing or listening to music, moving, or sand play directs the client's awareness to visual, tactile, and auditory channels (Malchiodi, 2005). These mind-body connective approaches have shown great promise in helping many conditions, especially the expression of traumatic memories and the easement of PTSD symptoms (Malchiodi, 2005).

Sensory engagement in expressive arts therapies is also beneficial because of its ability to connect with the unconscious (Kramer, 1971). Freud spent much of his time researching and attempting to understand the unconscious and its impact on behaviors. The unconscious can be thought of a storehouse of life experiences that are either suppressed or repressed (Malchiodi, 2005). Suppression or repression occur when material is too painful for the conscious to deal with (Malchiodi, 2005). Sensory modalities, like many of the expressive therapies, are uniquely capable of tapping in to the client's unconscious and bringing forth suppressed or repressed materials into the client's conscious awareness (Kramer, 1971).

In addition to work with the unconscious, Freud also explored the ideas of self-expression and creative expression (Feder & Feder, 1984). He believed that our creative imagination has the potential to act as "an emotional self-righting mechanism" (DeSalvo, 2000). In Freudian analysis, the preconscious level is where spontaneity and creativity are held. He believed that the preconscious served as a go-between for the conscious and unconscious, and the way these two levels of awareness communicated was symbolically through images (Feder & Feder, 1984).

## A MINDFUL WAY TO HEAL

Whereas Freud turned to free-association and dream interpretation for expression of the unconscious, expressive arts therapists turn to art, music, and movement.

Once a student of Freud, Carl Jung broke away from Freudian psychoanalysis and expanded on Freud's work of conscious and unconscious communication through symbols. Jung believed in the power of images and that certain symbols were common to all humans (Feder & Feder, 1984). He also believed that creativity was a healing force and that feelings should be explored through a variety of approaches including painting, sculpture, music, and movement (Feder & Feder, 1984). Another researcher to break away from Freud's work was Alfred Adler. He rejected many of Freud's theories, and focused mainly on the conscious level of functioning and how the social environment impacts individuals (Feder & Feder, 1984). Adlerian psychology is one of the first humanistic therapies because it sees people as holistic beings of mind and body (Feder & Feder, 1984).

Each of these researchers, and many more since then have contributed to the development of the field of expressive arts therapy. Although much of the research and many of the interventions can be seen as relatively new, psychology and other related fields have been recognizing the potential of art, music, movement, writing, and play in therapy for the past 100 years (Malchiodi, 2005). More focused research in each of these areas has led to approaches such as art, music, and play therapies becoming major fields in mental health professions. Each of these areas show promising opportunities for advancement and solid empirical research proving the efficacy of expressive arts interventions.

### **Art Therapy**

Art Therapy is a visual expressive modality focusing on the use of symbols and images. The American Art Therapy Association (1996) defines it as an integrative mental health

## A MINDFUL WAY TO HEAL

profession that combines knowledge and understanding of human development and psychological theories and techniques with visual arts and the creative process. The goal in art therapy is to provide a unique approach for helping clients improve their overall health, including abilities of cognition, reflection, and sensory functioning (American Art Therapy Association, 1996). Trained art therapists use a variety of art media, and often the verbal processing of the resulting imagery, to help their clients work through any issues or challenges.

There are two main approaches to art therapy. The first was created by Margret Naumburg, who is considered one of the founding mothers of art therapy (Pearson & Wilson, 2009). Her approach to the field considered art as an aid in psychotherapy and a form of symbolic-speech. Much like Freud, Naumburg believed in releasing the unconscious through spontaneous expression (Pearson & Wilson, 2009). They shared this analytic orientation, setting the foundation for Naumburg's approach. Naumburg stated that her approach

“bases its methods on releasing the unconscious by means of spontaneous art expression; it has its roots in the transference relation between patient and therapist, and on the encouragement of free-association. It is closely allied to psychoanalytic therapy... Treatment depends on the development of the transference relation and on a continuous effort to obtain the patient's own interpretation of his symbolic designs... The images produced are a form of communication between patient and therapist; they constitute symbolic speech.”  
(Ulman, 2001).

As Naumburg stated, art psychotherapy embraces art as a means of symbolic communication (Ulman, 2001). This focus on communication through symbols means that the images produced in session are viewed as an attempt for the client to communicate with the

## A MINDFUL WAY TO HEAL

therapist, what Naumburg called “symbolic speech” (Ulman, 2001). She believed that the resulting symbols were meant to be interpreted. This interpretation can be done by the therapist, to some extent; however, judgements are reserved until the client is encouraged to interpret their own works (Ulman, 2001). An art therapist should always avoid analysis of the artwork, even when presented with obvious metaphors that the client may not be able to see yet for themselves (Pearson & Wilson, 2009). A basic tenant of art therapy is to meet the client where they are at, making sure to move forward at a pace that is both comfortable and productive (Moon, 2006).

The second approach to art therapy was developed by Edith Kramer, another founding mother of art therapy. Her methods focus on using art media in a way that the therapeutic value is contained solely in the *doing* of the art (Pearson & Wilson, 2009). Kramer believed in the creative process being inherently therapeutic (Ulman, 2001). She states that art

“is a means of widening the range of human experiences by creating equivalents for such experiences. It is an area wherein experiences can be chosen, varied, repeated at will. In the creative act, conflict is re-experienced, resolved and integrated... The arts throughout history have helped man to reconcile the eternal conflict between the individual’s instinctual urges and the demands of society” (Ulman, 2001).

This focus on the creative process was greatly different than Naumburg’s product oriented approach. Kramer, too, believed in the power of the unconscious. She explored the value of sublimation through art media (Pearson & Wilson, 2009). Sublimation, in a basic sense, is the external symbolic representation of the unconscious. Kramer describes artistic sublimation as “the creation of visual images for the purpose of communicating very complex material which would not be available for communication in any other form” (Ulman, 2001). By this process,

## A MINDFUL WAY TO HEAL

the client's unconscious conflicts are brought to the surface through images and symbols. The resulting product can then be interpreted by the client. In this way, sublimation can be thought of as another way that the conscious and unconscious communicate. This process is effective, and can enhance healing by accessing, symbolizing, and eternalizing the client's inner subjective experiences (Malchiodi, 2005).

In Kramer's process oriented approach, the goal of therapy is to aid in transformation, rather than instruction to achieve a desired product (Pearson & Wilson, 2009). The healing power of the creative process could then be amplified by verbal discussion (Pearson & Wilson, 2009). However, this is not always the case. As Kramer believes, having the opportunity to express oneself spontaneously and authentically is, in and of itself, a transformative process (Malchiodi, *The art therapy sourcebook*, 2007).

In all approaches to art therapy, it is important to avoid giving praise associated with any creative works. In doing so, the therapist then assigns a value judgement to the work (Pearson & Wilson, 2009). Value judgements can be detrimental to the creative process and the therapeutic relationship. Surveys show that children often stop creating art before adolescence due to condemning or unsupportive comments from others (Fussell, 2016). This societal stigma can manifest in many clients as an initial resistance to art therapy. They may say things like "I can't draw" or "mine looks terrible" (Fussell, 2016). It is important to remember that art therapists encourage free self-expression and an emphasis on the creative process rather than worrying about the aesthetics of the product.

## **Music Therapy**

Music therapy is another expressive arts modality that has become a field of its own. It is described by the American Music Therapy Association as "the clinical and evidence-based use

## A MINDFUL WAY TO HEAL

of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional”. Music therapy, like all the expressive therapies, can be effective in promoting wellness, managing stress, alleviating pain, expressing feelings, enhancing memory, improving communication, and promoting physical rehabilitation (American Music Therapy Association, n.d.). Like many approaches to therapy, there are a variety of theories and models to work from.

In all the different approaches to music therapy, there are four fundamental methods that can be applied in a variety of ways (Malchiodi, 2005). The first is improvisation, which includes the spontaneous experience of making up music individually, or in groups (Malchiodi, 2005). The second is recreative experiences, which are experiences in which the client, therapist, or both work to reproduce, perform, or interpret a precomposed piece (Malchiodi, 2005). The third method used in music therapy is composition experiences. These focus on the authentic creation of a musical product (Malchiodi, 2005). Lastly, there are receptive experiences in which the client listens to music, and then responds through verbal, musical, or other expressive arts modalities (Malchiodi, 2005).

Much like art therapy discussed earlier, there are two approaches to the practice of music therapy that differ in their view of the role of verbal processing in the therapeutic process. The first considers music to be an aid in psychotherapy, beginning with musical experiences and then using the resulting openness and expression to lead to verbal discussion and insight (Malchiodi, 2005). The other approach views music as the therapy component, focusing on the music-making process or musical experience and realizing that music, in and of itself, can be effective in promoting positive change (Malchiodi, 2005).

## A MINDFUL WAY TO HEAL

### **Movement Therapy**

Another highly expressive arts modality is movement therapy. Sometimes referred to as dance therapy, this approach is defined by the American Dance Therapy Association as “the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual”. This approach is rooted in the theory that the body, mind, and spirit are all interconnected (American Dance Therapy Association, n.d.). Researchers in the field of movement therapies have had great success in using this approach to promote communication, empathy, and social interactions (Malchiodi, 2005). Touch or action based theories, such as assisted movement, may also be useful in resolving body dissociation related to trauma diagnoses (Scaer, 2005).

As discussed earlier, Carl Jung’s research had a profound and lasting effect on many of the expressive arts therapies approaches. Early in his career, Jung explored the mind-body relationship (Scaer, 2005). One of the most common documented problems in those dealing with trauma is a disconnection between the mind and body (Levine & Land, 2016). One of the goals of trauma treatment is to help clients experience their feelings both cognitively and somatically (Levine & Land, 2016). Movement therapy, as researchers such as Mary Whitehouse noticed, can help tremendously by re-establishing the mind-body connection through movement’s ability to access the unconscious (Malchiodi, 2005) (Scaer, 2005).

Repeated movement stemming from the unconscious and guided by a movement therapist can help the client become aware of the sensations within their bodies (Levine & Land, 2016). This process, like the previously discussed expressive therapies, is inherently mindful in nature. By going inward, recognizing bodily sensations, and expressing them externally, clients can raise their awareness of how the mind impacts the body (Levine & Land, 2016). With

## A MINDFUL WAY TO HEAL

guidance, clients dealing with trauma can begin to use movement with intention; this shift in focus has been successful in making connections between the mind and body (Levine & Land, 2016). This creates a starting point for the movement therapist to interpret nonverbal behaviors, ask questions, and begin forming goals for the client.

All the approaches to movement therapy require the ability to interpret nonverbal behaviors (Malchiodi, 2005). The nonverbal language of movement can be the primary way in which the client communicates with the therapist (Malchiodi, 2005). However, like art and music therapies, authentic movement motivated by emotions or unconscious drives can be therapeutic in an of itself. Dance and movement therapy is also especially effective in expression, discharging strong emotions, releasing tension, reducing stress, and forming relationships (Malchiodi, 2005).

### **Mindfulness Based Expressive Arts vs. Traditional Therapies**

Using expressive therapies provides hands-on approaches to healing that are “liberating and provide an openness of expression not readily available in the primarily verbal, one-to-one, therapist and client methods” (Moreno, 2005). At some point, many people feel a difficulty expressing their feelings with words. For those dealing with trauma, it can be nearly impossible (Malchiodi, *The art therapy sourcebook*, 2007). In expressive arts therapies that are not text based, clients are encouraged to express through drawings, paintings, movements, or music. This can be extremely beneficial in helping traumatized clients tap into their unconscious. Because expressive arts are not focused on language, grammar, and logic, feelings and thoughts can become obvious when previously unable to be accessed through traditional verbal talk therapies (Malchiodi, *The art therapy sourcebook*, 2007).

## A MINDFUL WAY TO HEAL

When therapists can offer a variety of expressive arts modalities when working with clients, they can fully enhance each person's unique ability to communicate authentically (Malchiodi, 2005). Natalie Rogers, a researcher in person-centered expressive arts therapies stated that,

“By moving from art form to art form, we release layers of inhibition that have covered our originality, discovering our uniqueness and special beauty. Like a spiral, the process plumbs the depths of our body, mind, emotions, and spirit to bring us to our center. This center or core is our essence, our wellspring of creative vitality.” (Rogers N. , 1993).

This concept of diving emotionally inward to connect with our “essence” is a concept of mindfulness that helps clients understand their inner emotional realities (Malchiodi, 2005). Being that the expressive arts therapies are process-oriented and sensory in nature, understanding and expression of emotions can be communicated in many ways. For example, an expressive arts therapist may ask what an emotion looks like, feels like, or sounds like (Malchiodi, 2005). In addition, mindfulness based approaches will attempt to connect the client's emotions and teach them to respect their inner worlds, focusing on how the emotion feels in their bodies, as well as trusting and respecting themselves (Malchiodi, 2005).

When treating clients whose thoughts may seem to be chaotic and impossible to manage, the expressive arts therapies allow shock, grief, trauma, and loss to emerge wordlessly on the page (Pearson & Wilson, 2009). As discussed earlier, this nonverbal approach to treatment is effective for many reasons. Also discussed, was the ability of mindfulness based approaches to aid in creating a deeper connection of mind and body (Shapiro, 2009). Combining these two approaches, then, is highly effective for many clients, especially those effected by trauma.

## A MINDFUL WAY TO HEAL

Building upon our understanding of trauma, many years of research in neurobiology have proven that traumatic events impact both the brain's anatomy and functionality (Duros & Corwley, 2014). Traumatic experiences predominantly impact the brainstem and limbic system, both of which are responsible for our most basic functions and physical responses (Rappaport, 2014). The impacts on these areas is the cause of symptoms such as hyperarousal, where the brain and body are being frequently overstimulated (Bailey, 2013). Our ability to self-regulate and other higher-order functions are controlled by the neo-frontal cortex (Rappaport, 2014). Traumatic experiences disunite the connections between these areas of the brain (Rappaport, 2014). The goal, then, for effective trauma treatment is for the client to successfully integrate connections all the way from the brainstem to the prefrontal cortex, learning how to balance their reactions. One way to do this is to teach the clients to notice when they are in hyperarousal, and empower them to use techniques that will give them a sense of peacefulness and wellbeing (Duros & Corwley, 2014). Another way is teaching clients to pay attention to their outer world when they are experiencing strong emotional states (Duros & Corwley, 2014). This orients them to the present, which in turn reminds the client that the external environment can be grounding and safe (Duros & Corwley, 2014).

Where the expressive arts therapies have shown to be a more effective treatment than traditional talk-based therapies, is their ability to calm the nervous system by accessing the brainstem directly through sensory stimulation (Duros & Corwley, 2014). This direct access is also seen in other areas of the brain as well. For example, thoughts, feelings, and memories are stored in ways that expressive therapies can access quicker and more effectively than traditional verbal therapies (Malchiodi, 2005). Mindfulness based expressive arts techniques then build

## A MINDFUL WAY TO HEAL

from this, teaching clients to recognize response patterns, and develop skills for positive emotional regulation (Duros & Corwley, 2014).

### **Mindful Expressive Art Interventions**

One intervention that is based in mindfulness practices is called the Body Scan. Shiparo (2009) describes this as “a guided somatic sensory awareness exercise in which the facilitator slowly directs participants’ attention through body parts, usually from the feet to the head, encouraging them to pay close attention to whatever arises in each area moment to moment, without trying to change the experience or achieve any particular outcome”. This intervention is usually practiced in a warm, safe, quiet, and comfortable location where the client can fully relax (Shapiro, 2009). It is important for the environment to be free of distractions that may interrupt the process. The process usually takes between 30 and 45 minutes, and should ideally be repeated daily over a period of weeks (Shapiro, 2009). Through repeating this exercise, clients practice awareness, focus, non-judgement, and acceptance (Shapiro, 2009).

When working with clients who have experienced trauma, they often feel a disconnection with their bodies (Rappaport, 2014). For this reason, the body scan activity can be a difficult task for most clients at the beginning stages of therapy. One way to combat the mind-body disconnection with clients is to gently ease their focus inward (Shapiro, 2009). As discussed earlier, trauma survivors often experience hyperarousal and have an overwhelming fixation on external stimuli. Shiparo (2009) developed an approach that gradually eases the client’s attention from the environment, to the body’s boundaries, and then to their internal feelings.

The initial focus on the environment is generally non-threatening toward the client, and allows them to establish a sense of safety with the environment and with their therapist (Shapiro,

## A MINDFUL WAY TO HEAL

2009). The second area of focus is the client's body boundary; this is their relationship to and connection with the environment (Shapiro, 2009). In this stage the client's focus is turned to the five senses: sight, sound, smell, touch, and taste. Lastly, the client is asked to focus their attention inward, becoming aware of their bodily sensations and beginning to recognize emotional states (Shapiro, 2009).

The body scan intervention can be modified to include expressive arts therapies practices such as movement or art therapy. One example of this type of intervention is called Body Mapping or Body Contour (Barber, 2002). The main idea is to allow the client to visually represent what they have become aware of after doing the Body Scan or similar activity. A body mapping activity can be either table-top sized or a life size image created from tracing the client's body (Barber, 2002). The benefits of creating a life-sized image is that it is custom to the client, making the process more personal. The large paper and body tracing can be transformed with colors, shapes, and images to represent what the client is feeling inside their body. A body tracing can also be a good way to discuss external space as well as the body boundary (Shiparo, 2009). A main goal of this intervention for clients with trauma is to help them express sensations and to identify where in their body they feel the discomfort (Malchiodi, 2012).

Mapping out areas of pain or joy allows the client to engage with their somatic feelings visually. This process of transforming unconscious and emotional energies into visual symbols is called sublimation (Kramer, 1971). This term originated in Freudian theory, and was later adopted by Kramer in her art therapy research (Kramer, 1971). Other mindfulness based expressive arts approaches using the concept of sublimation can also act as a medium for clients to safely let out tensions, desires, and drives that are generally considered to be socially unacceptable (Kramer, 1971).

## A MINDFUL WAY TO HEAL

One intervention based in mindfulness that incorporates music therapy is the foundational concept of musical listening (Bruscia, 2012). Musical listening is a way of putting the client's attention fully into the music (Bruscia, 2012). This includes everything from the sounds, instruments, and rhythms to how the piece was produced (Bruscia, 2012). This music therapy intervention is purely receptive in nature, meaning that the client does not need to physically take part in creating music. Although, the client does participate fully in the session through practicing being present in the moment and tuning into their body, breath, and mind (Benattar, 2016). Music can be a powerful way to experience the present moment (Benattar, 2016).

This intervention is typically done in a quiet, comfortable room. It may also be beneficial to listen through headphones or earbuds to help block out any external noises (Benattar, 2016). A piece of music is then selected, either by the client or the therapist, and the music starts. The client should be encouraged to just listen, without judgement or self-criticism (Benattar, 2016). The music therapist will then assist the client in reflecting on the process, paying attention to how the client's breathing may have changed, if they feel any differently in their bodies, and what thoughts or feelings might have come up during the exercise (Benattar, 2016).

One mindfulness based intervention using movement therapy is a gentle walking meditation (Shapiro, 2009). The benefits of a simple walking meditation include reducing anxiety and elevating awareness of both the environment and the body (Shapiro, 2009). This intervention is generally conducted in a place that feels quiet and comfortable. It can be done indoors or outside depending on the client's preferences. The client should be oriented to notice the sensations they feel in their feet and in their legs as they walk (Shapiro, 2009). Eventually the client will begin paying attention to their entire body.

## A MINDFUL WAY TO HEAL

The movement therapist's role in this intervention is generally one of guidance (Shapiro, 2009). However, the walking meditation technique can be expanded upon by having the therapist use a technique called mirroring. Mirroring is the act of reflecting back to a client a movement that they have made (Levine & Land, 2016). This technique is used by movement therapists to help the client become more self-aware of a specific movement they are making (Levine & Land, 2016). It can also be encouraging for the client because it shows that the therapist is paying attention, and that they understand the client's body (Levine & Land, 2016). In this way, walking meditations and mirroring can be effective in building the therapeutic relationship.

### **Limitations**

Although mindfulness based expressive arts therapies can be a powerful tool for treating trauma, there are a few things to consider or approach with caution. One is that mindfulness practices involving long periods of sitting or silence, may be experienced as a threat if the client is not yet progressed far enough in treatment (Duros & Corwley, 2014). These experiences can even trigger hyperarousal or dissociation (Duros & Corwley, 2014). It is important for the therapist to remember that mindfulness practices must be performed in an environment where the client feels safe and grounded.

Much can be said for the benefits of meeting a client where they are at. This means recognizing where a client is in their healing journey, and using that as a starting point for selecting appropriate therapeutic activities. Both mindfulness and the expressive arts can be daunting and overwhelming approaches if introduced too quickly or at too large a scale. It is important to avoid bombarding the client with "too much too soon" (Duros & Corwley, 2014).

### Case Studies

The following are reviews of studies conducted in art therapy, music therapy, and movement therapy. Each study focuses on mindfulness-based approaches to treatment. I will summarize each study and then review them based on their efficacy in their treatment of trauma including reduction of trauma-related symptoms, and overall wellbeing.

#### Case Study 1 – Art Therapy

This example of mindfulness based art therapy using body mapping comes from a paper titled *If 'The Body Keeps the Score': Mapping the Dissociated Body in Trauma Narrative, Intervention, and Theory*. It was written by Allison Crawford and published in 2010 by University of Toronto Press. In the paper, the author discusses how she used a body scanning meditation to relax and ground her client, and then continued with a body mapping intervention and a series of prompts. She began by tracing an outline of the client's body onto heavy paper. The client then responded to the prompts by adding words or symbols to the outline. The following is a list of the prompts the author asked her client:

1. How do you feel today?
2. What is a symbol that represents you?
3. Who supports you?
4. How do you see yourself? Draw a self-portrait.
5. Where are some of your power points? Where do you draw strength from?
6. Traumatic experiences can be felt in the body. Where do you feel what you have been through? How does your body remember? Consider your face, inside your head, on your skin, under your skin, your chest (lungs and heart), your stomach and gut, your muscles, your pelvis, your arms and hands, your legs and feet.

## A MINDFUL WAY TO HEAL

7. What happens to your body when you blank out, when you lose awareness (dissociate)?  
What happens to your mind?
8. What techniques do you use to remind your body that you are in the present, not the past time of the traumatic event(s)?
9. Do you take any medications? What do they look like on/in your body? What side effects have you experienced?
10. What is a personal slogan that you live by?
11. What do you see for your future? Is there anything you are doing now you would like not to be doing? Is there anything you are not doing you would like to work toward doing?

The entire body mapping activity continued over the course of four sessions. The therapist concluded the activity by allowing the client to narrate his body map for the therapist, allowing himself to fully share his experience.

### **Review**

The client in this case study was having difficulty coping with the trauma associated with witnessing the death of his girlfriend. The client's experience with the body scan and body mapping intervention was a positive one. He stated that, "doing this outline of my body has helped me see all of the hidden ways her murder and my injuries still plague me". As discussed earlier, one of the goals of mindfulness based trauma treatment is to help clients make sense of their trauma experience and recognize how it impacts them both mentally and physically. Based on the client's narration of his body map, it may be implied that he has become highly aware of his feelings and how his experience has changed the way he interacts with the world. This is also evidenced by his statement reading "What surprised me the most was seeing how everything outside of my body is so bright. I 'put on a happy face' because I think I must be strong. I

## A MINDFUL WAY TO HEAL

thought I could fight off the memories”. This statement shows that the client has learned to accept his traumatic experience, and creating the body map gave him a place where he felt he no longer had to keep the memories and feelings down.

As discussed earlier, another main goal of mindfulness based trauma treatment is to combat mind-body dissociation. During his narration after the intervention, the client reflected about how his memory of the trauma and his physical ailments are connected. He stated, “the pain in my knees, my stomach, my neck, if I focus on it at all I can get sucked right back into that time. I didn’t make that connection before. I didn’t realize that all those places ache when I think about what happened”. This showcases a substantial leap forward in this client’s ability to be self-aware of his inner somatic experiences as it relates to the emotions surrounding his trauma.

### **Case Study 2 – Music Therapy**

This example of mindfulness based music therapy using musical listening comes from a paper titled *From the Highest Height to the Lowest Depth: Music Therapy with a Paraplegic Soldier* written by Chava Sekeles. It was published in 2012 by Barcelona Publishers as a part of a collection titled *Case Examples of Music Therapy for Event Trauma* by Kenneth Bruscia. In this paper the author discusses a client who is a veteran of war and was traumatized from a military accident in which he lost both of his legs. The therapists overall goal was to ease the client’s symptoms of discomfort, facilitate emotional expression and psychological rehabilitation. A secondary goal was to help the client return to his hobby of playing the guitar and creating music.

Because of this client’s loss of body in addition to the trauma or war, he suffered a deep loss of identity, self-confidence, and self-respect. This was evidenced by the client stating,

## A MINDFUL WAY TO HEAL

“Leave me alone, I don’t believe you, or any therapy, nobody can give me back my legs. I am not ready to live as half a man. I prefer to die”. This initial resistance toward the therapist and the idea of music therapy may likely have been the client’s defense mechanism against the profound loss of mind-body connection that he must have felt.

### **Review**

When the client finally agreed trying music therapy, the therapist came prepared with a variety of musical categories for the client to choose from. This musical listening intervention, continued over multiple sessions, allowed the client to be purely receptive. The non-threatening nature of the musical listening intervention allowed the client to be eased into relaxation and ultimately begin to open-up to the therapist.

Eventually the client began playing the guitar again, slowly gaining confidence in himself and his abilities. His connection with the music therapist was evidenced by the client asking if the therapist would sing along as he played. Building off the therapeutic relationship they had created together through music, the client started to open-up further and talk about things that were bothering him. From there, the client progressed to using the music and instruments to increase his mobility, represent his feelings symbolically through music and lyric writing, and most importantly, turn his feelings into art. Another great feat for this client was his ability to move toward emotional acceptance of his situation and overcome his desire to “prefer to die” rather than “live as half a man”.

### **Case Study 3 – Movement Therapy**

This example of mindfulness based movement therapy comes from an evidenced based study published in 2013 called *Mindful Walking in Psychologically Distressed Individuals: A Randomized Controlled Trial* by Teut et al. The goal of the study was to investigate the

## A MINDFUL WAY TO HEAL

effectiveness of a walking meditation intervention for clients with high levels of psychological distress. The clients participated in eight, 60-minute walking meditation sessions over the course of four weeks.

The sessions were structured to include other movement therapy techniques as well. This included warm ups before and agility exercises after the mindful walking component. The researchers analyzed levels of stress in an effort to provide support for mind-body connection theories. One main theoretical theory they implemented is the belief that physical exercise combined with mindfulness exercises are a significantly effective way to help reduce psychological distress.

### **Review**

According to the study, the clients that participated in the walking meditation intervention showed significantly reduced stress symptoms and an overall improvement in quality of life. This is evidenced by statistically significant differences between the treatment and control group in the following areas relating to the mind-body connection and trauma:

1. Cohen's Perceived Stress Scale
2. Bodily Pain Scale
3. Emotional Role Functioning Scale
4. Social Role Functioning Scale
5. Mental Health Scale

The significance of this study provides overwhelming support for future research into mindfulness-based movement therapy and clients with psychological distress or trauma symptoms.

### **Conclusion**

The facts and ideas presented in this paper contribute to an vast amount of research supporting the efficacy of mindfulness based expressive arts therapies in treating adult survivors of trauma. Traumas, whether large or small, have significant effects on not only our behaviors, but our brains and our bodies as well. The expressive arts therapies have a unique capability of connecting to the most primitive parts of our brains, and establishing new, healthy connections. Mindfulness practices have been hugely successful in allowing clients to become engaged with their surroundings, their own bodies, and their inner emotional states. Putting these two techniques together seems somewhat of a no-brainer; however, it is a concept that still generates skepticism among many practicing professionals that are still using traditional techniques.

My hope for you, after reading this paper, is that you have gained an understanding of and an appreciation for the expressive arts and mindfulness techniques. At the very least, I hope that I have sufficiently spiked your curiosity in these areas. I encourage extended research into all the topics presented in this paper, and thoroughly advocate for future research in the field of mindfulness-based expressive arts therapies. As a future professional in the field of Art Therapy I hope to continue learning about all mediums of expression, and hope to advocate for more art, music, and movement therapists in my own community.

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