Trauma-informed therapeutic arts: A neuroscience perspective

Educational Neuroscience Symposium
Butler University

Juliet King MA, ATR-BC, LPC, LMHC
Associate Professor Art Therapy
The George Washington University
Adjunct Associate Professor Neurology
Indiana University School of Medicine
PhD Candidate Translational Health Sciences

ART BY LUCAS BENTLEY

Disclaimer: Audience copy will be provided, no screen shots please 😊
Art Therapy: Process & Product

- **Symptom reduction** ➔ Anxiety, isolation, depression, despair
  - Body language
  - Catharsis
  - Objectivity
  - Social engagement

- **Increased verbal processing, sense of agency, validation of self, self-regulation**

- **Manipulation of materials** ➔ Locus of control, choice making, integration
  - Complex mental activity
  - Sensory, motor, perceptual, cognitive, emotional, physiological
“I could draw it, but I don’t know how to say it.”
Symbol Formation

- Body ego
- Senses inform brain development
- Pre-verbal to verbal communication
- Internal ➔ External
- Transitional Object
Symbol Formation

- *Intersubjective mindscape*
- Informs intimacy throughout lifetime
- Attachment and attunement
- Bottom up & Top down
- Art materials and media

Fluid < ---------------- > Resistive
Artwork J. King
Trauma

- Developmental, Acute, Chronic
- Individual, Systemic, Racialized, Vicarious, Generational
- Evolutionary → Science
  - Learning and survival
- Metabolized → Conducive to metaphor
Joseph LeDoux fear response

Fast Vs Slow Response
Van der Kolk, 2014

Smoke Detector & Watchtower
Low Road & High Road
Accelerator & Brake
“A metaphor is a mental tunnel between two concepts or percepts that appear grossly dissimilar on the surface.”

Bio-psycho-social-spiritual

Chronic stress shifts person away from integrated feelings and thoughts – away from function of frontal lobes (cognition) and to function of survival mode (limbic) (Henry & Wang in Haas- Cohen p.26)

Homeostasis

Stored in visual and sensory modes

Memory
- Small (neutral)
- Moderate (facilitates memory)
- Traumatic: impairment → amnesia, gaps, fragmentation, no story

Emotion → dysregulation
Cognition → compromise; impairment upon memory recall
Body/soma → stress, discomfort, chronic pain

Defense mechanisms (PSA//Cognitive distortions) → similar to anxiety (rationalization, repression, denial, projection, reaction formation); dissociation, alexithymia
“I am paraplegic in my mind”
Neuroplasticity

“Neurons that fire together wire together”

Brain Plasticity

Functional hubs → Networks

RESILIENCY
Increased Plasticity with Higher/Complex Brain Area

Recently evolved area: Learning Thinking Adaptive

Mid brain: Attachment, emotional behavior

Lower level: life sustaining/regulatory
Function: survival
Expressive Therapies Continuum (Lusebrink, 2010)
Artistic Engagement

- Complex mental & physical activity
- Mind-body connection
- Role of emotional unconscious in body-based states
  - Hyper-arousal
  - Homeostasis
- Shift in visual, spatial, motor, cognitive, emotional processing
- Focus and attention
- Emotional regulation through materials and relationship
  - Mirroring, modeling, attunement
- Flow
Therapeutic Arts

Art Therapy
“Art therapy is a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.”

-American Art Therapy Association
THERAPEUTIC ARTS < ------------------------- > ART THERAPY

Formal Elements
Verbal Association
Observed behaviors
Culture & Context
GOALS
Using Art & Art Therapy
(Rattigan, 1998; Olivera, 1997; Rubin, 1984)

Before getting started

- Who initiated the potential for art making? Is it coming from me or the client?
- What is the purpose of the art making? What is the intended therapeutic goal?
- What materials would be most appropriate to parallel the goal, and am I personally familiar with those materials?
- Am I prepared for the unexpected? Do I have some awareness of what materials I offer and what they can elicit in terms of emotional reactions?
  - Safe space
  - Vulnerability & threat
  - Boundaries & shared space
  - Ethical obligation

Safe space
Vulnerability & threat
Boundaries & shared space
Ethical obligation
Introducing the art and being in the process
(Rattigan, 1998; Olivera, 1997; Rubin, 1984)

- Consider all possible hazards of the provided materials (i.e., toxic, sharp, hot, fumes...).

- Do not be concerned with neatness or spills. Provide an appropriate space that can get messy (or if neatness is an issue, limit the materials to more structured types such as pre-cut collage images, paper, and a glue stick).

- You are the client’s support and ally in the creative process. Be encouraging, and remain process-focused.

- There is no right or wrong way to create art for personal expression. It is normal for some to experience anxiety when getting started, although this is often more so for adults than it is for children.
The little boy went first day of school
He got some crayons and started to drew
He put colors all over the paper
For colors was what he saw
And the teacher said.. What you doin' young man
I'm paintin' flowers he said
She said,
It's not the time for art young man
And anyway flowers are green and red
There's a time for everything young man
And a way it should be done
You've got to show concern for everyone else
For you're not the only one.....
Treat the art as an extension of the client’s Self. Treat it with respect and as a confidential record of the meeting.

Monitor changes in affect before, during, and after the art making process. Note these in the back of your mind to help you understand the client’s potential experience.

Use the art as a springboard for discussion, or for strength-building opportunities and self-esteem enhancement.

Ask open-ended questions and avoid interpreting the artwork.
A blank page can be a significant expression and powerful statement.

Refrain from asking a client to “draw a picture for me”. It’s not for you.

A client may ask you to help them draw something. Encourage the client to do what they can. You can also help by asking the client to imagine the object they are trying to draw and describe it in detail to help them visually.

Not all artwork is drawing. Perhaps the client has difficulty with fine motor skills due to a disability, and may feel less anxiety and more control utilizing pre-cut collage images or shapes. A sad or withdrawn client may experience a boost of affect and energy using clay.

Keep art directions simple. Tasks with multiple steps can be presented as each step is completed rather than all at once in the beginning.

Be open-minded. You may have a pre-set idea of how a client may respond. Avoid this as you may be easily disappointed.

Consider materials as object relationships, consider projections

The Masking Tape Intervention!
• It’s OK for a client to not complete an art directive and need to switch gears. Respect & explore what unfinished means to them.

• Everything is grist for the mill. Accidental spills, mistakes, or a completed project that broke are all opportunities for new learning. Unconditional positive regard.

• It’s best to err on the side of structure. It’s easier to begin with structured materials and gradually work towards more unstructured mediums. Unstructured materials induce regression in development and behavior. Can impact safety. Materials for self-regulation.

• Be prepared for resistance. It may be an important therapeutic response for a client to refuse to do the art. Do not take it personally. Consider defense mechanisms, coping skills as protective devices.
Do not, at any time, draw on, change, or manipulate the client’s artwork.

It’s OK to not know how to respond to the art or its underlying meaning.
- Pay attention to non-verbals
- Expression through behavior and play

A client responding to the art making process with increased anxiety, anger, sadness, withdraw, or confusion will need your assistance to “seal-over” before leaving their time spent with you.
- Emotional regulation
- Top down and bottom up strategies (mindfulness, grounding)
- Mandala, breath tracing

What to do with the client’s artwork: It is an extension of the client and should be treated with respect. If you feel it is important to keep, make a copy of it or place the original in the client’s folder with their other important documents.

Art is a record
When should I consult with/refer to an art therapist?

( Olivera, 1997)

- If you would like further information about the therapeutic uses of art.
- If the client is emotionally blocked.
- If the client overly intellectualizes.
- If the client expresses more easily through visual images.
- If the client experiences intense affect during or after an art process.
- If the client has preverbal trauma.
- If the client has unresolved trauma, or grief, or has difficulty making a developmental transition.
- If the client’s artwork is disturbing to you or if you have questions on how to respond to it.
- If you would like more information from a professional who has specialized in art therapy.
Properties of the world are systematically related to properties of the mind
Tenets of Art Therapy

Process and Product occur within the context of the Therapeutic Relationship

(King, 2016)
*Art Therapy as a Neurotherapeutic

*Art making process and product as feedback loop (King, 2016)

- Attachment
- Rupture & Repair
Tenets of Art Therapy

The processes of creativity are healing and life enhancing.
Creativity: Processing Information

- Bilateral
- Multi-directional
- Both vertical and horizontal shifts when processing information
- Unconscious and emotional material combines with cognition
- Verbalizing engages left brain cortical areas and regulates limbic functions
Cortical Activity Changes after Art Making and Rote Motor Movement as Measured by EEG: A Preliminary Study

Juliet L King1*, Kaitlin E Knapp2, L Alexandra Shaikh, Fang Li, Dragos Sabau, Robert M Pascuzzi and Leisha L Osburn

1Department of Neurology, Indiana University, USA
2Department of Art Therapy, Indianapolis University, USA

Received: September 05, 2017; Published: September 18, 2017

*Corresponding author: Juliet L King, Indianapolis University Purdue University Indianapolis, Indiana University Health Neuroscience Center, Department of Neurology, Indiana University School of Medicine, Indianapolis, IN, USA, Email: kingjul@iupui.edu
Tenets of Art Therapy

Materials and Methods effect self expression, assist in emotional regulation and are applied in specialized ways.
Approaches to Research in Art Therapy Using Imaging Technologies

Juliet L. King\textsuperscript{1,2} and Girija Kaimal\textsuperscript{3*}

\textsuperscript{1} Department of Art Therapy, The George Washington University, Washington, DC, United States, \textsuperscript{2} Department of Neurology, School of Medicine, Indiana University, Indianapolis, IN, United States, \textsuperscript{3} Department of Creative Arts Therapies, Drexel University, Philadelphia, PA, United States

Keywords: art therapy, neuroscience, mobile brain/body imaging, fNIRS (functional near infrared spectroscopy), EEG
IS THE ANSWER
CREATIVITY
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