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## Bringing the Body Into Art Therapy: The Use of Touch and Body Awareness in Creative Healing

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## **Bringing the Body Into Art Therapy: The Use of Touch and Body Awareness in Creative Healing**

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Bringing the Body Into Art Therapy:  
The Use of Touch and Body Awareness in Creative Healing  
A Literature Review  
Janna Corsetti  
Lesley University

### **Abstract**

The focus on the use of healing touch and body awareness in art therapy is critically lacking. Despite the research supporting the use of body-oriented techniques in clinical therapy, there is little research related to this use specifically in art therapy. Research reveals that healing touch and body awareness can be instrumental in healing trauma, if done with the proper training and boundaries in place. The first form of attachment and comfort for children is that of touch. Therefore, it is imperative to acknowledge the power of touch and body awareness when healing from traumatic experiences. The purpose of this literature review is to explore some of the reasons as to why this disconnect exists in westernized art therapy, and to begin to build a bridge between psyche and soma in the clinical art therapy setting. Through multiple avenues of literature, the use of touch and body awareness to inform art therapy treatment was found to be highly effective at engaging with suppressed traumatic experiences and in supporting the healing from said experiences. This literature review aims to present relevant research on the history of touch and body awareness, the neurobiology of trauma and trauma healing, additional body-oriented techniques, the body-based aspects of art therapy, and specific body-focused art therapy directives.

*Keywords:* touch, body-awareness, art therapy, trauma, psyche, soma, neurobiology

### **Introduction**

The concept of touch in psychotherapy is one that is met with great controversy. The deeper acknowledgement and research into the use of touch and body awareness in expressive therapies, specifically art therapy, is an area that is critically lacking. This is very interesting as it is known that touch is the basis of secure attachment and holds a strong healing power (Elbrecht, 2014). Touch is understood to be an undeniably powerful communication tool with many possibilities for both healing and conversely misinterpretation in the context of therapy (McRae, 2008). I was intrigued by the lack of research specifically related to the body in art therapy, the negative stigma related to acknowledging the body in clinical work, and the potential healing benefits of utilizing a body-oriented approach in art therapy. The literature presented is necessary to conceptualize how the field of mental health became so disconnected from the body, to outline the empirically supported benefits of body-oriented work, and to present ways to bring a trauma-informed body focus into art therapy.

This paper will focus on the integration of body awareness into psychotherapy through a sensorimotor process as the grounding ideal for their point. This process is known as the bottom-up approach in trauma therapy (Elbrecht, 2014). Body-oriented approaches are especially beneficial to those who have experienced trauma in childhood, specifically bodily trauma, as recovery is intimately related to integration of the self. This involves reassociation with the self and reduction of dissociation (Price, 2005). In recent years, there has been increased attention to the clinical importance of addressing the body to facilitate integration of sensory and emotional awareness in trauma recovery (Price, 2005). There has also been a push in recent years in neuroimaging towards exploring the effects of trauma on the brain and the way expressive

therapies and body-oriented approaches work within the brain. There are many connections emerging between the fields of neurobiology, art therapy, and somatic psychotherapy that point to the potential promise each of these fields have for working with individuals who have experienced trauma. However, integration of these modalities has not been fully researched and it is one of the goals of this paper, beginning to connect these multiple schools of thought (Lubbers, 2017).

This paper will aim to build a bridge between psyche and soma in the clinical therapeutic setting. This will be done with a specific focus on building an awareness of the body and the healing power of touch in art therapy treatment with a trauma-focused lens, as trauma creates intrapsychic and physiological dynamics that often cannot be undone without expert help (Lubbers, 2017). McRae (2008) states that “the matter of touch is so important and pervasive that the question may not be whether or not the therapists *should* touch their patients, but rather *how* touch is utilized and processed in therapy” (pg. 15). The historical background for the use of touch and body awareness in psychotherapy and a basic description of art therapy will be reviewed, followed by neurobiology and the mind, necessary training for clinicians on the use of touch, and ultimately connect back to the body. Lastly, body-oriented art therapy specific treatment options will be discussed. The scope of the literature will be analyzed, in part, utilizing my own art process and reflective artwork.

The disconnect between mind and body in clinical therapy has created a great gap in therapeutic techniques resulting in treating the client as separate parts and not acknowledging the whole person; mind, body, and spirit. The disconnect that is present can inhibit healing for clients who have experienced trauma. It is the focus of this author to examine the literature and attempt

to bring about a “holistic” approach to art therapy, as “holistic medicine” is the effort to span the chasm between treatment of mind and body and promote healing (McRae, 2008). “Integration of body awareness in psychotherapy through a focus on the sensorimotor process is increasingly becoming best practice in trauma therapy” (Elbrecht, 2014). Therefore, literature is presented and examined in this paper to support said integration specifically in the art therapy setting. Such approaches to therapy that allow kinesthetic and motor impulses to ‘lead the way’ have given rise to emergent sensory and cognitive awareness; or intermodal approaches to therapy. A multi-modal approach to therapy can deepen the experience of the client by utilizing techniques from multiple modalities. Healing depends on experiential knowledge, and one can only be fully in charge of their life if they acknowledge the reality of their body in all its visceral dimensions (Van der Kolk, 2014). This paper will attempt to do just that; acknowledge the whole lived experience of the client in mind and body in order to support therapeutic healing.

### **History of Touch and Body Awareness in Therapeutic Setting**

The use of touch and body awareness is a branch of psychotherapy that has roots going back to and beyond Freud. While it is easily traced back to Freud, the writings of Augustine, Aquinas, Newton, and Descartes are the most well known roots for the debate around the use of touch in psychotherapy (McRae, 2008). These ancient theorists made many points to the power of touch; however, there is a larger cultural history of religious authorities who had forfeited the body to science and claimed the spirit as its dominion during enlightenment. Freud himself did not start out condemning touch, but ultimately did abandon the use of healing touch in psychotherapy effectively continuing the tradition of thinking of humans in terms of mind-body-spirit separation (McRae, 2008). “Freud’s ban on touch in psychoanalysis spread to all branches

of psychotherapy and continues to affect the practice of many psychotherapists" (McRae, 2008, pg 6). Due to Freud's influence, healing touch has not been commonly utilized or studied until recently and many current mental health professionals are still split on whether touch in the clinical setting is ethical. This thought process also enforces the westernized view of mental health as the mind separate from the body.

Controversy continues among clinicians as to whether the use of touch and body awareness is ever appropriate in psychotherapy. There is no consensus in the field for or against the use of touch in the therapeutic setting, but it is obvious that touch in treatment rooms continues. Most clinicians still think of touch in treatment rooms as contraindicated for patients and legally and ethically risky; if not outright dangerous for patient and therapist, and researchers and writers both are divided in dialogue about use of touch in psychotherapy (McRae, 2008).

There is no empirical correlation between the use of touch and sexualized misconduct in the clinical setting; however, research has found opposite-sex dyads present more possibility for misunderstanding touch incidents and this power dynamic is one that needs to be acknowledged (McRae, 2008). McRae conducted a survey of students and professionals in the field of psychotherapy on their use of touch in therapy. Almost 90% of clinicians surveyed report never or rarely touching clients during session and 80% reported only shaking hands sometimes (McRae, 2008). This can be seen in part due to the taboo of touch that is still very much a part of ethical concerns in the field; however, the strict absence of touch in the clinical setting is no longer as strictly adhered to as it once was during the Freudian era (McRae, 2008). Humanistic, Gestalt, and existential therapist reported using touch more than those with psychodynamic training (McRae, 2008)



## Mind

### Neurobiology

When the brain is affected by trauma, significant changes occur. Therefore, more creative techniques that access the traumatic memories and the emotions connected by them are necessary to ultimately bring about healing. Since the early 1990s brain imaging tools have started to show what is actually happening in the brains of people who have experienced trauma (Van Der Kolk, 2014). When one experiences trauma, especially during the pivotal developmental years of childhood, neuroimaging advances have shown that there is a significant decrease in the Broca's area of the brain. The Broca's area is one of the speech centers of the brain, and without a functioning Broca's area, one cannot put thoughts and feelings into words (Van Der Kolk, 2014). Scans show that the Broca's area goes offline when an individual is triggered into a trauma response or remembers their trauma experience. Even years later, individuals who experienced trauma have enormous difficulty telling other people what has happened to them. Therefore, it is very challenging for one to organize their traumatic experiences into a coherent narrative with a beginning, middle, and end; effectively cutting off the traumatized individual from healing through verbal narration (Van Der Kolk, 2014). Recent findings in neurobiology "highlight the usefulness of psychotherapies for trauma treatment that specifically target nonverbal memory" (Lubbers, 2017, pg. 2). Touch is but one method in psychotherapy treatment that can bring the client from verbal to non-verbal processing (McRae, 2008).

Van Der Kolk (2014) states that "trauma results in a fundamental reorganization in the way the mind and brain manage perceptions. It changes not only how we think and what we

think about, but also our very capacity to think” (pg. 21). The Broca’s area is not the only part of the brain affected by trauma. Trauma and stress during the experience is processed through the amygdala, a cluster of brain cells that determines whether a sound, image, or body sensation is perceived as a threat. The sensitivity of the amygdala depends in some ways on the amount of the neurotransmitter serotonin in the brain. Those with low serotonin, such as individuals with PTSD, tend to be hyperactive to stressful stimuli and struggle to cope socially (Van Der Kolk, 2014).

Scans of the brain also clearly showed that images of past trauma activates the right hemisphere of the brain and deactivates the left. The right hemisphere is intuitive, emotional, and visual while the left is linguistic, analytical, and sequential. The two sides of the brain also process the imprints of the past in drastically different ways. The left brain remembers facts, statistics, and the vocabulary of the event and puts them in sequential order. The right brain stores memories of sound, touch, smell, and the emotions they evoke (Van Der Kolk, 2014).

Van Der Kolk (2014) explains the following:

Deactivation of the left hemisphere has a direct impact on the capacity to organize experience into logical sequences and to translate our shifting feelings and perceptions into words. (Broca’s area, which blacks out during flashbacks, is on the left side). (pg. 45)

When something reminds an individual of their past trauma, their right brain reacts as if it's happening in the present. Van Der Kolk (2014) also expresses that “dissociation is the essence of trauma. The overwhelming experience is split off and fragmented, so that their emotions, sounds, images, thoughts, and physical sensations related to the trauma take on a life of their

own” (pg. 66). Without sequencing the left brain, individuals cannot identify cause and effect, grasp long term effects of their actions, or create coherent plans for the future. They are experiencing the loss of executive functioning (Van Der Kolk, 2014). Two brain systems outside of the hemispheres are also relevant for the mental processing of trauma: those dealing with emotional intensity and context. Emotional intensity is defined by the amygdala relating to time and space and is mediated by the prefrontal cortex. The context and meaning of an experience is determined by the prefrontal cortex and the hippocampus (Van Der Kolk, 2014). Traumatic memories are most often stored in the implicit memory, or preverbal memory, and are therefore not accessible through the explicit memory system which is mediated by the hippocampus (Lubbers, 2017).

The Broca’s area is often also inhibited when one has a stroke, showing researchers visual proof that the effects of trauma are not necessarily different from, and can even overlap with, the effects of physical ailments such as strokes (Van Der Kolk, 2014). “We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body” (Van Der Kolk, 2014, pg. 21). Research has shown that individuals who experienced abuse as children often feel sensations (such as abdominal pain) that have no physical cause. Those who suffer from traumatic neuroses or PTSD experience a phenomenon known as “physioneurosis,” in other words, posttraumatic stress is not “all in one’s head” but instead has a physiological basis. Those with PTSD experience a decreased level of the stress hormone cortisol, which puts an end to the stress response by sending an all-safe signal. In PTSD, the body’s main stress hormone cortisol does not return to baseline after the threat has passed but stays in a constant state of threat (Van Der Kolk, 2014).

The continued secretion of stress hormones has the potential in the long run to wreak havoc on one's health. It is understood then that the symptoms of trauma experienced have their origin in the entire body's response to the original trauma. Survivors of trauma become focused on constantly suppressing inner chaos, at the expense of spontaneous involvement in their life. These attempts to maintain control over physiological reactions can result in many different physiological symptoms such as fibromyalgia, chronic fatigue, and other autoimmune diseases. "We now know that trauma compromises the brain area that communicates the physical, embodied feeling of being alive" (Van Der Kolk, 2014, pg. 3). Therefore, one cannot holistically heal and live fully without acknowledging the body. This is why it is critical for trauma treatment to engage the entire organism: body, mind and brain.

The nature of trauma pushes individuals to the edge of their comprehension and effectively cuts off one's ability to communicate verbally about a common experience or imaginable past (Van Der Kolk, 2014). When words ultimately fail, haunting images return the individual to their traumatic experience through nightmares and flashbacks. It has been long believed that some method of talking about distressing feelings can resolve them; however, the experience of trauma itself gets in the way of being able to do that. Survivors of trauma struggle to notice, feel, and put into words the reality of their internal experience. When the brain 'blanks out' or dissociates in response to being reminded of past trauma, almost every area of the brain has decreased activation, interfering with thinking, focus, and orientation. When this happens, individuals cannot think, feel deeply, remember, or make sense of what is going on.

Conventional talk therapy in these situations is virtually useless. This is where the bottom-up approach to therapy becomes essential. The aim is to actually change the individual's physiology

and relationship to bodily sensations. Bottom-up regulation involves recalibrating the autonomic nervous system and with the hope of bringing cortisol levels back to baseline (Van Der Kolk, 2014).

Neurobiological patterns point to the value of nonverbal modalities to circumvent these mentioned critical challenges. (Lubbers, 2017). Trauma affects the imagination which is debilitating as imagination is absolutely crucial to the quality of our lives. When people are constantly being pulled back into their trauma, to the last time they felt intense involvement and emotion, they suffer from a failure of imagination and a loss of mental flexibility (Lubbers, 2017). Therefore, traumatized people view the world in a fundamentally different way than other people (Van Der Kolk, 2014). While helping survivors of trauma find the words to describe what they have experienced is profoundly meaningful, it is often not enough. For significant change to take place, the body needs to be integrated in the process and learn that the danger has passed and to live in the reality of the present (Van Der Kolk, 2014).

Researchers agree that trauma may severely impair language ability while artistic skills are minimally affected. Arts-based and somatically-oriented therapies each have the unique ability to target this nonverbal memory (Lusebrink, 2004) and are therefore most equipped for processing trauma. This is supported by the finding that both left and right hemispheres of the brain are involved simultaneously in the production of visual art, and in the light of recent neuropsychology research on creativity, it is possible to infer that art making accesses memories and processes emotions through both hemispheres in a way that verbal processing cannot (Talwar, 2007). The utilization of therapeutic art expression, followed by reviewing and discussing the art product with an arts therapist elicits this participation of both hemispheres of

the brain (Lubbers, 2017). Bessel Van Der Kolk (2014) states that “all trauma is preverbal” (pg. 43). Non-verbal expressive therapies such as dance, movement, art, and music activate and access said preverbal memories and the implicit memory system; however, specialized training is required to understand how to utilize these techniques to integrate emotional material in the preverbal state (Talwar, 2007). The use of somatic based techniques with traumatized individuals is further supported by their ability to access the right hemisphere of the brain and the limbic material, while art activates non-verbal material through kinesthetic and sensory pathways. In order to process traumatic memories successfully, each of the expressive modalities must employ an approach that integrates cognitive, emotional and physiological memory and work towards positive healing (Talwar, 2007).

Brain imaging scans reveal that people can recover from trauma only when the whole brain is back online. Therapy won't work as long as people are being pulled back into their trauma and their brain is functioning in a fragmented state (Van Der Kolk, 2014). Individuals who have experienced trauma, as any individuals, have the ability to regulate their own physiology through breathing, movement, and touching as well as have the ability to employ the power of narrative healing to process trauma; however, this is made very difficult by the fragmentation of the brain. This is where the power of non-verbal expressive and somatic based therapies can support great positive change. “Language gives us the power to change ourselves and others by communicating our experiences, helping us define what we know, and finding a common sense of meaning” (Van Der Kolk, 2014, pg. 38); however, one first needs to be able to access this language. There is still very little research that has been done into this holistic approach to trauma treatment.

### **Body Held Trauma**

As outlined in the previous section, traumatic experiences greatly affect the development of the brain and physiology. The body remembers emotional distress as physical symptoms that may have no purely physical antecedents (McRae, 2008). Individuals with body held trauma may experience a litany of physical maladies late in life, as the body is a holding vessel for experiences. If negative effects of these experiences are not dispelled in a healthy way, such as through expressive or somatic therapeutic intervention, they become part of a rigidified physical defense system and cause maladaptive emotional and physical response to new situations (McRae, 2008). Wilhelm Reich coined the term “body armoring” which is a “process that occurred as a result of bodily accident and illness, emotional distress, and trauma,” and may be the first noted mention of the idea of body held trauma (McRae, 2008, pg. 9). Creative therapies with a body-oriented or somatic therapy focus can support the individual in connecting their mind back to their body and has the potential to heal from these very real physical ailments.

### **Body-Oriented Therapy or Somatic Psychology**

Body-oriented therapy is a therapeutic approach focused on body awareness and involves a combination of bodywork and emotional processing of psychotherapy (Price, 2005).

“Bodywork” is the “intentional use of systematic touch to therapeutically assist clients in the integration of body awareness in release of stored habitual tension patterns” (McRae, 2008, pg. 3). The therapeutic goal of body-oriented therapy is to promote integration of psyche and soma through a focus on sensory and emotional awareness, and often uses proprioceptive sensing or a combination of hands-on and verbal therapy to enhance somatic awareness (Price, 2005).

Proprioceptive sensing includes the internal awareness of physiological release in tight muscle

tissue during a massage and the internal awareness of the underlying emotion associated with stomach ‘knots’ (Price, 2005). When proprioceptive sensing is combined with touch therapy, a focal point for inner awareness is provided. This serves to facilitate both access to and sustained presence in bodily attention (Price, 2005). Somatic psychology holds the principal tenet that mind and body are one. Thoughts, emotions, and bodily felt experience (sensations and felt sense) are understood as inextricably linked within somatic psychology and must both be acknowledged and held in order for healing to occur (Lubbers, 2017). This healing can therefore occur both in the mind and body; healing very real physical symptoms and maladies.

In somatic psychology that body is viewed as our emotional container. Therapeutic change is considered a process of healing and transforming traumatic responses and patterns. When the therapist utilizes somatic modalities, this therapeutic change is facilitated through a reconnection and reintegration to bodily felt sense, sensations, and feelings (Lubbers, 2017). Results of a study done by Price (2005) on the use of body-oriented psychotherapy with female survivors of childhood sexual abuse provided preliminary support for the efficacy and effectiveness of body therapy in recovery from childhood sexual abuse. The results of this study demonstrated the suitability of implementing training into body-oriented therapeutic interventions and the development of ethical protocols and study designs for vulnerable populations (Price, 2005). There is an innate capacity to move toward healing and growth through reconnecting mind and body, given the appropriate safe therapeutic environment, and body-oriented therapy is just one way to create this connection (Lubbers, 2017).

### **Body Awareness / Embodied Awareness**

‘Body awareness’ is “a means of perception as experienced through movement, gesture,



illness, or sensation” (McRae, 2008, pg. 3). Body awareness does not necessarily include actual touching but when a therapist holds embodied awareness it can serve as a barometer for the state of the client’s transference and any countertransference on part of the therapist. Thereby allowing for richer attunement to non-verbal or preverbal cues of the client (McRae, 2008). Therapists who work from a personal embodied approach within their clinical practice also have an opportunity for greater self-care and knowledge through mindful attention to themselves, physically and emotionally (McRae, 2008).

Therapeutic approaches that enhance body awareness and have a body-oriented focus are gaining popularity in the Western world. Such approaches include yoga, Tai Chi, mindfulness-based therapies, meditation, body-oriented psychotherapy, and more. Mehling et. al. (2011) suggests that “body awareness is a complex, multi-dimensional construct in need of more nuanced conceptualization.” Mehling et. al. (2011) embarked on this conceptualization by inviting mental health professionals and clients to partake in focus groups whose intent was to gain insights into body awareness, how it is understood theoretically, and as it is conveyed in practice and how it is experienced. This focus group agreed that there is an innate tendency for humans to work toward embodiment in an attempt to become a “whole” being; meaning mind and body are one (Mehling et. al., 2011).

Therapeutic techniques that employ an embodied awareness tap into the indivisible integrity of the self through practices of breath awareness for the therapist and/or client, repetition and refinement of noticing one’s embodied sense, and discriminating and discerning physical sensations. This practice can be “described in terms of shifts in awareness of physical sensations and negative symptoms, of engagement in self-regulation, emotion regulation and

self-care, integration of mind, body, and lifeworld context” (Mehling et. al., 2011). The mental health professionals in this focus group wholly agreed that there is an absolute need to see body awareness as an inseparable part of self-awareness. The process that clients experience within this approach is witnessed as a progression towards greater unity between body and self, therefore supporting the use of embodied awareness in trauma recovery. This qualitative study supported the current evidence that body awareness focused therapeutic approaches may provide psychological and pain-related benefits for clients experiencing a variety of conditions (Mehling et. al., 2011). This practice overcomes the mind-body disconnect that persists in the westernized model of therapy and integrates the phenomenology of complex mind-body interactions.

Embodiment provides many chances for art therapists to build bridges to interdisciplinary cognitive sciences, phenomenology, and to actively contribute to establishing the unity between psyche and soma (Lubbers, 2017). This provides the space for therapists to utilize techniques of multiple modalities and disciplines to build the bridge between psyche and soma. Research conducted in the use of multi-modal embodied awareness with middle school students suggests that engaging their bodies in space, in motion, and in character can teach not only the socio-historical context but also emotional context of other’s experiences (Chisholm, 2016). The dialectical relationship in which emotions inhabit bodies and bodies inhabit emotions opened the instructional space for students to interpret complex texts and make visceral, enduring connections to historical figures (Chisholm, 2016). As evidenced by Chisholm (2016), an embodied awareness not only supports empathy for others, but also connects an individual to their own felt sense and experience. It is to be fully attuned to one’s own internal state and to

gain information from this sense. Body awareness in the therapeutic setting provides information for the clinician and supports deep mind-body healing.

## **Body**

### **Body Image**

Individuals in modern society are continually inundated with symbols in the media of “ideal bodies,” and these body image ideals, such as size and shape, are rooted in each specific culture's values (Bechtel, 2020). These idealized body features in the media can lead to an increased body dissatisfaction in men, women, and those who are outside the gender binary. Body image is considered a multidimensional construct composed of perception, sensation, affect, cognition, and personal experience. Body image is a multifaceted societal construct and is intricately linked to an individual's experience within other such constructs as gender, ethnicity, ability, and/or personal relationships (Bechtel, 2020). A negative body image can be reinforced by conscious or unconscious narratives. These images of the ‘ideal body’ can be viewed as a specific form of trauma and promote greater societal disconnection of the individual to their own body, if they are constantly working towards a different body type or shape and not living embodied within themselves. Therapists have the unique ability to interrupt such narratives and provide a space for finding love and appreciation for one’s body again. Therapists also have the ability to address issues of body image on a larger scale by actively challenging dominant societal narratives and the systems that keep these narratives in place in service of the clients (Bechtel, 2020).

### **Haptic Perception**

The use of hands as a tool of perception is known as haptic perception and is very

important for art therapy. For example, when hands touch clay in a therapeutic setting, exteroceptors and interoceptors become naturally stimulated with every movement of the hands providing instant feedback to the brain (Elbrecht, 2014). Haptic object relations relates to the skin sense, balance, and depth sense, and haptic perception allows individuals to nonverbally access psychological and sensorimotor processes thwarted by trauma (Elbrecht, 2014). Haptic perception can also be linked to object relations theory with clay in the hands creating a relationship between material and hands/body. The clay then becomes a transitional aspect, constant and reliable and can bring about healing (Elbrecht, 2014). A focus on haptic perception supports a person in discovering a unique sensory awareness including feelings and embodied awareness, and potentially leads to new cognitive insights and an opening to rewrite their life or trauma script (Elbrecht, 2014). Elbrecht (2014) states that the hands “are capable of finding solutions by connecting with the most ancient part of the brain in an often astounding and creative way” (pg. 26).

### **Gendlin’s Focusing and Felt Sense**

When thinking of bringing the body back into the clinical art therapy setting, it is important to acknowledge Eugene Gendlin’s work on Focusing, the “felt sense”, and the awareness that individuals are conscious of only a fragment of what they deeply know (Gendlin, 2007). Gendlin’s “focusing” is a practice of deep somatic awareness and connection to emotion, and can be grounding for clinicians working to bring a body-oriented focus into session. Gendlin (2007) postulates that “you can sense your living body directly under your thoughts and memories and under your familiar feelings. Focusing happens at a deeper level than your feelings...Once found, it is a palpable presence underneath” (pg. ix). The goal of this practice is

to make contact with the felt sense, understood as a special kind of internal bodily awareness, and work towards a felt shift (Gendlin, 2007). The felt sense involves bringing one's awareness to their own body and sensing an issue in a fresh way, the physical sense of a problem or issue (Gendlin, 1996). The felt shift then occurs when a visceral release of this felt sense is achieved; when there is a distinct physical sensation of a change (Gendlin, 2007). This sensation of change does not happen in the mind, but is instead felt parts of the body (Gendlin, 2007). This practice has the potential to bring hidden pieces of information to conscious awareness for the client (Gendlin, 2007). Gendlin (2007) himself describes this process and its support in the creative realm best:

The emergence of a step forward on a problem, and the simultaneous physical sense of relief, suggest a sudden knowing in *both* hemispheres (of the brain). The felt shift is essentially identical to the freeing insight of the creative process (pg. xviii).

The practice of focusing involves multiple steps that a therapist can support a client in doing, but the therapist is not completely necessary for this practice if the individual knows how to focus on their own. It is incredibly beneficial however, for a therapist to be present to witness the practice and process the experience after. This felt shift doesn't communicate itself verbally, often instead it is felt physically or seen in the mind's eye as images, and therefore is very difficult to explain and process verbally (Gendlin, 2007). Lubbers (2017) further supports the use of Gendlin's process of Focusing stating that the practice "lends itself well to blending with a variety of psychotherapeutic orientations and modalities" (pg. 24). This practice enables one to live from a deeper place than just their thoughts and feelings (Gendlin, 2007). The processing of

this experience can be most impactful when done through creative therapies. This bodily awareness has the potential for powerful change on a very deep level and accesses similar areas of the brain that creative modalities access (Lubbers, 2017). This practice acknowledges that when a great change has occurred in an individual, they show and experience it physically, and it can be a startling change (Gendlin, 2007). In this sense, the clinician should then be present to support the client through this surprising experience.

### **Touch in The Clinical Setting**

**Training for Clinicians.** Touch in therapy as a technique is unique in that it requires extensive and specific training on the part of the clinician, especially considering the drastic history of abuse in the therapeutic setting (McRae, 2008). Quantitative research involving clinicians that are fully trained in the use of touch and body awareness in therapy is particularly absent from the literature. However, an anonymous online survey conducted by McRae of approximately 164 licensed and practicing mental health professionals found that training in the use of touch and body awareness does influence positive attitudes towards both. This study also found that training is an indicator of increased use of touch and body awareness by those clinicians surveyed (McRae, 2008). Much, if not all, training of psychotherapists is curiously lacking in knowledge relative to seeing the client as a person living within and as a body other than perhaps pharmacological issues and physical trauma (McRae, 2008). This study found that the absence of training and dialogue about the use of touch and body awareness has been cited as one plausible reason for ethical misconduct vis-a-vis physical contact in the treatment room (McRae, 2008). Results of this study also reveal a relationship between training in the use of touch and body awareness and attitudes and use among the mental health professionals surveyed.

Those with training were much more likely to have more affirming beliefs about the use of touch and body awareness and tend to use both more often in their therapeutic practice (McRae, 2008). Absence of dialogue around touch in educational settings hampers mental health professionals and students in their ability to develop professional ethics and self-understanding that could help guide clinicians in their use of healing touch (McRae, 2008). Training for clinicians and students in the mental health field is the best line of defense against ethical violations concerning touch.

**Boundaries/Safety.** When considering the use of touch in the clinical setting, boundaries and safety is of the utmost importance. It is important to note the power dynamic within the clinical therapeutic relationship in that clients may feel pressured to engage in touch with the clinician. Women, children, elderly, and people in lower social standing are granted less freedom to touch. The client may feel that they do not have the ability to deny touch initiated by the therapist; therefore locking the client into unclear and harmful exchanges, but this is unsafe and should never be the case.

Specific training in the use of touch in the clinical setting for clinicians is the best defense against such breaks in ethics. Due to the lack of training and research readily available for clinicians, some recommend handshakes as the extent of touch allowed in the clinical setting; partially because of the litigious nature of our society and partially because of the very real potential for sexual misconduct and other boundary violations by some therapists (McRae, 2008). The American Psychological Association (APA) and the National Association of Social Workers (NASW) prohibit sexual relationships and any physical contact that would potentially harm the client, but neither explicitly prohibits touch altogether (McRae, 2008). One of the most basic rules of thumb therapists recommend in terms of boundaries are touch in the clinical setting

is to have the client initiate touch or the therapists always ask permission or consent before engaging in touch (McRae, 2008). Edward W. L. Smith labelled seven types of touch in 1998 of which the acceptable forms in the therapeutic setting are considered inadvertent or unintentional touch, touch as a conversational marker; socially ritualized touch, touch as an expression of comfort or care; or touch as a therapeutic technique (McRae, 2008). Touch as an expression of comfort or care and touch as a therapeutic technique are the forms of touch this author is most interested in.

**Positive Effects and Outcomes.** Many clinicians and researchers in the field of mental health have a recognition for the crucial place of touch in human development (McRae, 2008). Our sense of touch is the first sense to develop in infancy and is recognized as perhaps the most powerful way humans and animals communicate (McRae, 2008). “Human contact plays a major assisting role in the growth of movement patterns and a sense of self in the world by allowing for the evolution of a ‘secure base’ from which the infant, child, or adult can orient oneself” (McRae, 2008, pg. 10). Children who do not receive enough or confusing physical contact may go on to develop maladaptive forms of connection (McRae, 2008). Research conclusively shows that the absence of touch or the negative use of touch affects the emotional-mental maturation and survival of infants, and that appropriate physical contact has a significant role to play in helping trauma survivors recover (McRae, 2008). As touch is the basis of secure attachment and healthy development, it is surprising how little healing touch is used in therapy. Some of the therapeutic benefits to touch include but are not limited to facilitating a greater self-disclosure and bond with the therapist, reparation of human contact-attachment disorders, grounding of the client in the present moment, accessing of preverbal material or trauma-blocked information, providing



emotionally corrective experiences, and calming or consoling the client in times of distress (McRae, 2008). With such great potential for positive outcomes, it is important to address the potential for negative effects and outcomes of the use of touch as well.

**Negative Effects and Outcomes.** There are many clinicians and researchers in the field who have an understandable and justifiable focus on past and potential future abuses of touch, ranging from sexual misconduct and other inappropriate boundary violations to situations where touch would be clinically contraindicated (McRae, 2008). It is important to acknowledge the history of abusive use of touch in the clinical setting and the inherent power dynamic present between client and clinician before attempting to bring healing touch back into therapy. Often clinicians can be viewed as an authority figure in instances when therapy has been prescribed, or the client may be experiencing adverse idealizing transference onto the clinician. A temporary state of idealization is common for clients who have experienced an adverse dependency or attachment via neglect and trauma (Hook, 2018). A client experiencing such adverse idealization is in a powerless state in relation to the clinician, relatively unable to make use of their communication or set clear boundaries giving all power in the relationship to the clinician (Hook, 2018).

Currently, the topic of abusive use of touch in the clinical setting is often met with little acknowledgement and seen as taboo because it can be viewed as an attack on therapy; a field often on the defense with a rife history of abuse (Hook, 2018). It is difficult to obtain data on the current rates of harm in the therapeutic setting; however, there has also been a tendency to associate harm with inadequately qualified therapists, despite evidence showing that harm occurs disproportionately more often with more experienced mental health professionals (Hook, 2018).

Individuals who seek help following abuse by a mental health professional often report a worsening of the symptoms as a result of inadequate support within the field (Hook, 2018). Additional side effects of physical boundary violations include increased anxiety, depression, dependency, regression and depersonalization. It is also common for individuals who have experienced harm in the therapeutic relationship in this way to describe symptoms of post-traumatic stress disorder, suicidal ideation and suicide attempts. Other negative consequences range from ineffective use of time and money to therapeutic relationship breakdown and acting-out behaviors (Hook, 2018). It is important to note that research studies show a significant minority of clients of the mental health field experience harm, between 3 and 10%, but this data may be lower due to clients not reporting (Hook, 2018). The clinician hoping to utilize healing touch must first address safety and boundaries, the client's personal trauma history, and the sociocultural-based power dynamic existing between client and therapist.

### **Art Therapy**

Art therapy is one form of expressive therapies that utilizes metaphor and creative materials to support and enrich healing for clients. Art therapy enriches the experience of the client through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Through integrative methods, art therapy engages mind, body, and spirit in ways that are distinct from verbal narration alone. The kinesthetic, sensory, perceptual, and symbolic opportunities present in art therapy invite alternative modes of receptive and expressive communication through working beyond words, or in a metaverbal process. This can circumvent the limitations of language in the therapeutic setting with visual and symbolic expression giving voice to personal experience and may

empower the client towards transformation (*Definition of Profession, 2017*). Art therapy has been found to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and promote healing (*Definition of Profession, 2017*). Art expression is utilized as a visual language that has the ability to move beyond the verbal in facilitating awareness, and supports shifts to occur on a deep, nonverbal, symbolic level (Lubbers, 2017).

Lubbers (2017) posits that an individual's inner imagery has powerful physiological and neurobiological consequences. This is due in part to the body's ability to produce the same physiological responses with imagery as it would in a real, concrete encounter. Therefore, images are experienced as real for the client, and imagination can be utilized as a viable and valuable means for exploring change and transformation in both soma and psyche (Lubbers, 2017). There is a great importance on symbols acting as a place of interconnection between mind and body, and the physical aspect of creating art (Lusebrink, 2004). "Arts-based practices are known to help individuals stay centered, aligned, present and alert to the moment," giving space for embodied awareness and deep symbolic healing in both mind and body (Lubbers, 2017, pg. 32).

### **Expressive Therapies Continuum**

Understanding the different materials and their uses and abilities within art therapy treatment can be broken down through the Expressive Therapies Continuum (ETC). Art therapy provides a structure for clients to create and process images on various levels of the ETC: the sensory/kinesthetic level, the perceptual/affective level, and the cognitive/symbolic level. The ability to work on these different levels makes art therapy a natural modality to address issues

relating to the body (Bechtel, 2020). For the purposes of this paper, the sensory/kinesthetic level of the ETC and the haptic sense and information gleaned from these materials will be the focus. There is a great significance of art therapy's ability to incorporate a more active, kinesthetic role of the body than verbal therapy; naturally connecting the body to the mind through the physical aspect of creating art (Bechtel, 2020).

While most commonly infants and toddlers are witnessed processing information via sensation and movement, it is imperative that people of all ages have access to this kinesthetic and sensory information as well. The information gathered and processed on this level of the ETC is often preverbal. These types of input form the basis of many experiences and therefore are of great influence on the understanding of one's emotions and the development of memory, especially trauma-based memory (Hinz, 2020). Individuals who have experienced trauma are therefore unable to put words to their experience and are practically out of touch with the experience of their own emotions. These individuals can greatly benefit from non-threatening kinesthetic action and rhythms, similar to how infants and toddlers self-soothe (Hinz, 2020). While the kinesthetic sense is understood to encompass sensations that inform people through bodily movement, rhythms, and actions, it is often neglected. Individuals are commonly largely unaware of the information they get from their bodies or how to use this kinesthetic information and expression effectively (Hinz, 2020). Art therapy performed on this level of the ETC is particularly helpful in accessing preverbal or suppressed verbal material.

Infants and toddlers are often seen as utilizing repeated kinesthetic action as a form of self-soothing (Hinz, 2020). Art therapists can utilize this as a technique for caring for a client's inner child, as experiences using kinesthetic techniques in which motor action itself is used can

therapeutically express locked energy through simple art-making. The movements involved in creating art naturally provide stimulation and release tension, and are even known to support individuals who are cut off from their bodily awareness to gain a new appreciation for kinesthetic input. In the art therapy setting this can be done through the arousal of energy through involvement with kinesthetic action, or the *discharge* of energy that reduces the individual's tension (i.e. hitting clay, throwing paint, etc.) (Hinz, 2020). Through this release of tension using art mediums and expressive experiences, great healing can occur.

### **BodyMap Protocol (BMP)**

One of the few art therapy directives with a body-oriented focus that has been empirically researched and supported and is one of the most powerful directives with this specific type of approach is the BodyMap Protocol (BMP). The BMP integrates aspects of Genlin's focusing and therapeutic art expression, and utilizes the outline of the body as a container (Lubbers, 2017). The BMP brings together two important avenues of healing; the process of art expression and somatic awareness for cultivating present moment awareness and for accessing unconscious material such as sensations, emotions, thoughts, images, and fantasies. The BMP as an integrated protocol incorporates the modalities of focusing and therapeutic art expression, grounded in mindfulness as an integral component to each of the somatic and therapeutic arts steps of the protocol (Lubbers, 2017). The BMP focuses on the content and phenomena of consciousness as accessed through awareness of both inner felt sense and inner imagery through art expression (Lubbers, 2017).

The BMP is a full sized, visual image of the soma, or *living body*, created with the felt sense as an internal reference point for clients' visual art expression. This is begun with a life-

size drawn or painted image of an individual's body on paper, which is then utilized as a symbolic container for said individual's personal lived experience (Lubbers, 2017). This directive then asks clients to direct their attention inward and to engage with their felt sense and inner sensations, and depict those feelings symbolically with art materials within the already drawn body shape. The expectation is that clients will begin the process of bringing their personal, subjective meanings into more conscious awareness by putting them down on paper and being able to visually witness their inner felt sense and then process this experience with an art therapist (Lubbers, 2017). The BMP is expected to capture the lived experience of the world as it presents itself in a particular moment to each individual, and acknowledges the living body as a gateway between inner and outer experience, providing a record of personal experience (Lubbers, 2017).

A study conducted by Lubbers (2017) utilized the BMP, with nine adults receiving therapy for trauma. This resulted in positive outcomes for all participants as expressed through interviews and artwork. The significance of this study was to integrate the work that was beginning to be conducted in the art therapy and somatic fields by providing a one-time protocol that effectively uses the strengths of each field in a synergistic way, with the potential for greater efficacy than using either modality on its own (Lubbers, 2017). This study explored the benefits of these two modalities to create an integrated discipline that one might call "somatic art therapy" (Lubber, 2017, pg. 6). The results of this study point to the BMP as providing a very safe, conducive, and effective environment for this kind of deep healing to occur and points to a very positive response to the viability of the BMP in working with individuals with trauma (Lubbers, 2017). It was reported that each of the study participants' lived experiences of the

BMP were positive and meaningful, and reflected a perceived and real therapeutic shift and change. Each participant reported experiences that were reflective of a personal breakthrough, and a shift towards greater embodiment, self-regulation, and resilience (Lubbers, 2017). This provided a foundation and motivation for continued trauma studies with this protocol as this study demonstrated the therapeutic effectiveness of the BMP as a one-time protocol for the treatment of trauma. It has evidenced trustworthiness with credibility, transferability, dependability, and confirmability (Lubbers, 2017). With even just this one somatically focused art therapy directive proving to be so effective as a one-time therapeutic intervention, one can only assume the power and change that can come from utilizing other somatically based art therapy techniques. The BMP is a powerful art therapy directive that supports the use of other body-oriented interventions for future art therapists.

### **Packing Tape Body Sculptures**

Another somatically focused art therapy directive that has been researched and seen to have positive outcomes is packing tape body sculptures. As an art therapy medium, packing tape possesses both fluid and structured properties, allowing for some freedom in its application. This directive is more geared towards group process, with group members supporting each other in creating the tape body cast. The basic technique consists of groups of three or four people working together to cast the body in segments to ultimately be put together and create a composite full body sculpture. Since group members will be touching each other's bodies, advanced techniques for emotional and physical safety are required. It is necessary to engage group members in a conversation about touch, safety, consent, and boundaries before embarking on this directive. Drama therapy techniques can be utilized as a warm-up to art-making to aid

participants in clarifying the messages received about the body, the safety aspects of the directive, and the beginning of embodying, exploring, and constructing a new narrative, and lastly to process using touch and movement and to prepare group members for the physical interaction (Bechtel, 2020).

A study conducted by Bechtel with adults ages 18-65 on the use of this directive resulted in positive feedback, both in research participants' exploration of their own narratives, as well as the application of this directive to clients with eating disorders, body image issues, and body-related trauma. This directive also supports the exploration of larger systemic problems such as sizeism and oppression of bodies, especially those of women and non-gender binary peoples (Bechtel, 2020). The most common theme found among participant responses was a "personal and collective shift from judging or even hating the body to a viewpoint of appreciation and celebration" (Bechtel, 2020). Some participants with severe body image dissatisfaction, physical disability, or a history of trauma reported this process as being a new and empowering experience for their body. Many participants who reported struggling with negative body image experienced their physical form as an object of beauty through this directive. This recognition seemed to provide some participants a new platform in which to consider the value and worth of their own body and serves as an initial resource that participants can recall as they move into deeper exploration of their body narratives (Bechtel, 2020).

This research study once again proved the intense power and transformation that can come when the body is acknowledged in the clinical art therapy setting. By using the packing tape to create a life size cast of the body, clients have an ability to respond and interact with a self representation in real time and space (Bechtel, 2020). Clients are able to approach a life-size



self portrait and create new narratives of their self-image and relationship with their own body. While the focus of this research study was on body image, the possible applications of this process are much larger, and have the potential to foster arts-activism related to body image in various forms, working towards potentially alleviating the stigma related to acknowledging the body in therapy. This directive once again supports the use of an intermodal, holistic approach to therapy.

### Discussion

This critical review of literature and research integrates schools of thought across multiple modalities on the use of touch and body awareness in the clinical art therapy setting, with a trauma-informed focus. This review highlighted aspects of somatic psychotherapy, history of psychoanalysis, neurobiology, movement therapy, and art therapy to ultimately build a bridge between the psyche and soma in creative art therapy treatment; while also acknowledging both the rocky past of touch in the clinical setting and the potential benefits for a body-oriented lens. This review also attempted to alleviate some of the negative stigma associated with acknowledging the body in mental health by presenting the potential benefits for working from an embodied approach to therapy.

I artistically reflected on the use of body awareness in the therapeutic relationship (see *Figure 1*). This reflection piece solidified the power of utilizing embodied awareness on part of the therapist, and supported the research findings outlined in this paper for me. When the therapist is attuned to the embodied sense of the client, a deepened sense of awareness



*Figure 1.* Author's personal reflection on therapist's body

and understanding can be felt within the relationship. Embodiment however does not just benefit the therapist, but also the client in processing their lived experience and strengthening the working therapeutic relationship.

Additionally, this review illuminated gaps in the research around the use of healing touch and body awareness, especially in the field art therapy. Such gaps in research include, but are not limited to, lacking in research and education for therapists on the use of touch in the clinical setting, body-oriented/focused specific art therapy directives, and a lack in knowledge and research on seeing the client as a person living wholly within their body. This review included emerging art therapy directives specifically focused on incorporating the body into art therapy work and how this new information is adding to the body of existing somatic literature and influencing treatment approaches, but also highlights how few empirically researched body-oriented art therapy directives exist.

Of the few empirically researched body-oriented art therapy directives that exist, I chose to reflect upon the BMP. I created my own personal BMP as an example for this paper (see *Figure 2*). This experience supported the findings of the study conducted by Lubbers (2017) for me. I felt a deep sense of understanding and knowing myself that came from the BMP experience. There was symbolic acknowledgment of my struggles with boundaries, anxiety, and body image; areas that are pervasive to my psyche. However, this experience also highlighted the strengths I felt in myself. A groundedness and connection to nature and a focus on internal



*Figure 2.* Author's personal BMP experience

balance that I am consistently striving for in my future therapeutic work.

Current expressive therapy researchers are also continuing work on exploring the merit of tape sculptures as a therapeutic process and encourage other researchers to join in exploring the inherent qualities of tape as an art media as well as the value of cross-disciplinary collaboration (Bechtel, 2020). There is still a clear need for more research to be conducted to further understand in what situations touch and body-awareness is beneficial or where it has the potential to harm, as well as what specific training would be necessary for creative arts therapists to begin to incorporate healing touch and body awareness into session. Lubbers (2017) acknowledges that integrated art and somatic therapies show great promise with regard to increasing the benefits of said modalities on their own; however, credible studies are seriously lacking.

The main limitations to the research presented in this paper involve researcher bias, as most clinicians who believe in the healing power of touch hold fast to this belief, and small sample size of research participants due in large part to the vulnerability necessary when working from a body-oriented approach. These small sample sizes have impacted the validity and reliability of the research findings presented in this paper, and limited the transferability of these treatment approaches to clients of diverse cultures; as the majority of the studies were done with western-based clients and do not acknowledge the sensitive nuance of touch in different cultures. Future studies should aim to investigate in what ways culture influences the use of touch and body awareness in the clinical setting. Future studies should also attempt to garner a larger and more diverse pool of research participants to enforce validity and transferability of the potential

findings. Addressing these gaps in research requires a multi-cultural, trauma-focused, and multi-modal approach.

This literature review presented research that supports the use of touch and body awareness as an effective treatment modality for individuals who have experienced trauma. The creative arts therapies and somatic based therapies are uniquely equipped to work together to process traumatic memories by accessing unconscious and nonverbal memory as well as working within the metaphor, which can help support clients in keeping a safe distance from their experienced trauma. Utilizing art therapy and body-oriented approaches in treatment has the power to bring the fragmented pieces of the traumatized brain back together, but little research has been done into this holistic approach to trauma treatment. Bechtel (2020) supports this integration of modalities further by stating that “interdisciplinary practice in arts is grounded in the belief that the creative arts therapies are interrelated - enhancing and expanding upon one another” (pg. 2).

I created a reflection piece on the entirety of the literature presented (see *Figure 3*). This piece concretized the intense work that takes place when one is focused on their internal bodily-felt sense for me, through the time and effort it took to embroider the image. When an individual achieves embodied awareness, there is a process of growth and integration of the self into a whole being— a person who can live as fully present and grounded. Bringing the body back into the clinical setting strengthens the working therapeutic relationship and allows for healing to happen on a deep physiological level.



*Figure 3.* Author’s reflection on literature

Multiple avenues of research and literature (Baker, Bechtel, Chisholm, Elbrecht, Gendlin, Lubbers, Lusebrink, McRae, Price, Talwar, Van Der Kolk) supported the use of touch and body awareness as an effective treatment approach for engaging the whole person; mind, body, and spirit. Moving forward, it is essential to conduct research in the field of art therapy specifically and how the body is affected within this treatment modality as much of the research presented in this paper came from somatic psychotherapy as opposed to art therapy itself. Future research should aim to provide evidence-based results for the use of touch and body awareness in art therapy and expand upon the understanding of haptic perception, as well as what types of training would be beneficial for clinicians. Lubbers (2017) also posits that “visual art expressions are more than narrative and verbal ideas, so responding to them creatively through the body and other senses enables us to more completely access and appreciate their expressive energy and visual communications” (pg. 43). When verbal processing fails individuals who have experienced trauma, art therapy with a body-oriented focus, with its non-verbal and somatic foundation, may be the most appropriate treatment modality to help said individuals process their past experiences, deal with them in the present, and hope to move beyond them as a complete person; with mind and body working as one.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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