



EXPLORING THE TRANSFORMATIVE EFFECTS OF FLOW ON CHILDREN'S LIMINALITY AND TRAUMA

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Abstract: The process of creating art seems to be a healing as much as an expressive practice for children. Not only are art activities recognized as a necessity for children's cognitive development, but also as a voice to express the trauma of their distressing experiences. The following article is based on art making as an effective trauma intervention therapy, adding to previous knowledge of childhood trauma and liminality for teachers and health community services. In our diverse, fast changing, challenging times, we need to encourage reflecting and utilising social justice in professionalism to achieve lasting changes in society. Therefore, the authors investigated the concept of "liminality" (a phase of change, transition and transformation) as a framework for understanding how the process of art making soothes "childhood trauma." Recent research has revealed that the beneficial effects of drawing are due to children entering a time and phase of liminality. Emotions and states such as despair, depression and fear, accompanied by intuitive knowledge, memory, resilience and wellness might be experienced. This leads to an integrative process: while children are drawing, they are completely engaged in a non-verbal activity which needs their total involvement, concentration, imagination and creativity. The healing effect of drawing while in the flow, which helps children with trauma, has been translated from research findings into a poem. This unique contribution to the literature on art therapy's transformative effects summarizes the results of the above study.

Keywords: childhood trauma, art therapy, liminality, poem, teachers

We are living in a world filled with uncertainty. Natural disasters like earthquakes, hurricanes, and fires are current events experienced globally. Added to these catastrophes are human-made disasters like war, terrorism, forced relocation and ethnic conflicts (Orr, 2007). Generally, children are affected most as their lives totally depend on adults. UNICEF (2017) reports that around 535 million children worldwide are living in distressing situations, facing violence, disease, and hunger daily. UNICEF also states that “humanitarian crises are threatening the lives and futures of more children today than perhaps any other time in history” (p. 2). These traumatic events, which might also include personal trauma like child abuse, frequently connected to domestic violence, the divorce of parents, or the death of a loved one, may produce negative childhood experiences (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Read & Bentall, 2012). These events might leave “invisible bruises and permanent scars” on children’s developing brains (Danese & Baldwin, 2017; Gerge, 2017; Perry & Szalavitz, 2017), affecting them throughout their lifespan. It is therefore relevant to consider effective interventions to reduce psychological damage (Wethington et al., 2008). Art therapy is one of the possible mediations found helpful (Atkinson & Robson, 2012; Chilton, 2013; Dunphy, Mullane, & Jacobsson, n.d.; Hass-Cohen, Bokoch, Findlay, & Banford Witting, 2018; Haywood, 2012; Kapitan, 2014; Klorer, 2005; Malchiodi, 2003; Perryman, Blisard, & Moss, 2019; Rubin, 1984; Sideris, 2017; Slayton, D’Archer, & Kaplan, 2010; Steele, 2009; St Thomas & Johnson, 2007; van Westrhenen et al., 2017). Although there has been empirical research into art therapists’ claims to its effectiveness in the more than 50 years of “theory and practice,” critics still speak of a missing evidence base (Heenan, 2006). However, art therapists “know” that this method helps children with trauma (Goulder, 2018; Malchiodi, 2009; Rubin, 1984; Sayers, 2004).

As Haywood (2012) suggests, the effects of flow and liminality on children with trauma need further investigation. Equally the concept of liminality has hardly been acknowledged in art therapy (Haywood, 2012), nor have scholarly investigators expanded research into the complex effectiveness of flow in Art Therapy (Chilton, 2013). This paper examines the notion of the flow experience during drawing as a way of helping children overcome trauma. Children with trauma, when being in the flow state while drawing or painting experience a “loss of self-consciousness” (Jackson & Marsh, as cited in Yaden, Haidt, Hood Jr., Vago, & Newberg, 2017, p. 146), a state that is “an enjoyable end in itself.” Within this involvement, an integrative process (Weinstein, Przybylski, & Ryan, 2013) produces positive reactions, decreases depression, and increases happiness (Yaden et al., 2017, p. 145).

The next section begins with an exploration of the effect of traumatic experiences on children, followed by a discussion of art therapy and the positive consequences it

has on a child with trauma. This is followed by a discussion of the different components or “active ingredients” (Kapitan, 2012, p. 48) which might lead to healing results, including interpretations of liminality and the flow state, and an analysis of self-transcendent experiences. The article concludes with a poem, which summarises the literature review, providing information on trauma, liminality, and art therapy for teachers and community workers to reflect on social justice issues in the classroom and the wider health community regarding the multicultural environment of the children in their care.

Trauma in Children

Children can be exposed to traumatic experiences in many ways. Not only are natural disasters and human made catastrophes trauma producing for a child, but above all personal distressful experiences can lead to deep disturbing trauma (Briggs, 2012; Haring, Sorin, & Caltabiano, 2019). According to Perry (2002) childhood should be “a time of great opportunity.” However, it is equally “a time of great vulnerability” as neural systems in the brain are developing for functioning throughout the life span (p. 82). Research into child abuse and drawings of distraught children in women shelters centre around the trauma arising from child abuse (especially on the abuse of trust), which is consistently connected to domestic violence (Briggs, 2012; Herrenkohl, Sousa, Tajima, Herrenkohl, & Moyla, 2008). Child abuse has been defined by Colman (2003) as: “Any form of physical, mental, or sexual exploitation of or cruelty towards a child by a parent or other adult, causing significant harm to its victim” (p. 126). Domestic violence might include all four categories of child abuse: physical, emotional (psychological), sexual abuse, and neglect (Briggs, 2012; Haring, Sorin, & Caltabiano, 2019).

If a child is exposed to “extreme, persistent or frequent” abuse, the brain might become over sensitised (Supin, 2016, p. 1). This can feel to children as if they are living continuously in a “war zone” (Supin, 2016; Thornton, 2014). Due to this, children’s developing brains could be transformed and store these experiences as trauma (Perry, 2002), which consequently might throw a “long shadow” over their later lives (Supin, 2016). Normal child development is lost in the liminality of time and space: The abuse will affect a child throughout the lifespan (Briggs, 2012; Supin, 2016). This negative impact “has a ripple effect, tearing through families, schools, and the greater community” (Fearon, 2018, p. 4), possibly producing the “intergenerational cycle of domestic violence” (Holt, Buckley, & Whelan, 2008, p. 802). Unresolved trauma needs early intervention as children’s life-long wellbeing is at risk (Anda et al., 2006 Briggs, 2012; Guedes, Bott, Garcia-Moreno, & Colombini, 2016; Malchiodi, 2012; Kapitan, 2014; Orr, 2007; Perry & Szalavitz, 2017; Rubin, 1984; Supin, 2016).

According to Perry (as cited in Supin, 2016) psychiatrists are still hesitant about the definition of trauma, as people experience trauma differently. Wethington et al. (2008) have defined trauma as an event “in which a person experiences or witnesses actual or threatened death or serious injury, or a threat to the physical integrity of self or others” (p. 287). Cozolini (2005) states that the brain might store the event chemically, while Danese and Baldwin (2017) report that trauma experienced in childhood affects the brain similarly to an infection in the body, therefore termed the “hidden wounds of childhood trauma” (p. 517). These could consequently be activated as disturbing memories. Those memories can come as nightmares or flashbacks, triggered by sounds, smells, or thought connections, because they are programmed and stored in the brain (Cozolino, 2005; Perry & Szalavitz, 2017; Supin, 2016).

According to Malchiodi (2012) and Perry and Szalavitz (2017), children’s reactions to trauma can differ, “depending on psychosocial, developmental, cultural, behavioural, and cognitive factors” (Malchiodi, 2012, p. 342). This echoes Brummer’s observation that “[t]rauma has many faces” (as cited in Weissova, 2008, p. 151). Children can react to trauma in a number of ways, such as hyperarousal, avoidance, dissociation, and intrusive memories. Hyperarousal can result in irritability and a “startle reflex,” making the child’s surrounding world a dangerous place. Avoidance means withdrawal from others, which could lead to dissociation (Cozolino, 2005). A state that “allow[s] the victim to either avoid the reality of his or her situation or watch it as an observer” (Cozolino, 2005, p. 26) as “conscious awareness is split from emotional, and physiological processing” (Cozolino, 2005, p. 32).

If the traumatic experience happens early in a child’s life and is repeated over a period of time, it becomes more difficult to treat because trauma influences the brain of the developing child (Anda et al., 2006; Perry & Szalavitz, 2017). This might result in lifelong problems affecting intellect and somatic development (Anda et al., 2006; Malchiodi, 2012). Interventions are necessary (Auer, n. d.; Cozolino, 2005; Malchiodi, 2012; Orr, 2007; Rubin, 1984; St Thomas & Johnson, 2007) as further in life the traumatic experience can result in mental health conditions like depression and anxiety, negative risk taking, suicidal intent or can develop into post-traumatic stress disorder (PTSD), continuously replicating the body’s reaction to threat (Cozolino, 2005). Intrusive memories can occur when “traumatic experiences break into consciousness and are experienced as happening in the present” (Cozolino, 2005, p. 25).

Therefore Malchiodi (2012) suggests employing drawing (as in art therapy), using the hands repetitively or rhythmically (Auer, n. d.), thus achieving a positive outcome as

rhythmic movement has a soothing effect on the emotions (Ciolek, 2018). Or as Jung (n. d.) has stated: “Often the hands will solve a mystery that the intellect has struggled with in vain.”

Brummer has stated that “the answers [to trauma] in creative form are especially multifaceted in children” (as cited in Weissova, 2008, p. 151). Therefore, the next section starts with an exploration of the art therapy treatment, followed by a discussion on the different interpretations of liminality, and then an analysis of self-transcendent experiences.

Art Therapy

According to Rubin (1984), art therapy is a relatively recent emergent discipline, which started in the 1950s (Haring, 2012). Vick (as cited in Malchiodi, 2003, p. 5) explains that art therapy “is a hybrid discipline based primarily on the fields of art and psychology.” According to Malchiodi (2003) it is an “exciting, dynamic” ever evolving field of study (p. 3). In art therapy, art making is creatively employed to find ways of communicating thoughts which are too difficult to express in words (Slayton, D’Archer & Kaplan, 2010; St Thomas & Johnson, 2007). This gives children in particular, another language in which to express and “explore emotions and beliefs, reduce stress, resolve problems and conflicts, and enhance their sense of well-being” (Malchiodi, 2003, p. ix). This might help individuals achieve emotional clarity (Park & Naragon-Gainey, 2018) and relieve the stress response which had been caused by trauma (Flynn & Rudolph, 2010; Haas et al, 2018; St Thomas & Johnson, 2007).

Although art therapists have known intuitively that art therapy “works” (Bucciarelli, 2016; Deaver, 2002; Kapitan, 2012; Slayton, D’Archer, & Kaplan, 2010), they request more research to provide the evidence base to ascertain that art therapy is an effective emergent discipline (Bauer, Peck, Studebaker, & Yu, 2017; Kapitan, 2014; Rossiter, 2012). To be included in the health care disciplines, art therapy requires verification of evidence-based practices, and to be explored within the latest neuroscience research (Kapitan, 2014; Linnell, 2014). According to Kapitan (2014) art therapy is “uniquely positioned in the art-science dialogue” (p. 50). Exciting new research in advanced brain imaging has recorded brainwave action of clients involved in art therapy sessions, shedding some light on the question of how art therapy works and how effective this treatment can be.

Art therapy has been described as an “inter”-disciplinary field. However, as Bucciarelli (2016) suggests a “trans”-disciplinary approach is necessary as art created

in art therapy sessions goes further than the production of expressive art pieces, but “becomes an avenue for biosocial transformation,” achieving a holistic treatment outcome (p. 152). Art therapists consider different treatment methods, practise in a multitude of situations, with a variety of clients, and treat diverse illnesses. However, evidence-based practice is somewhat limited and further research is needed (Bauer, Peck, Studebaker, & Yu, 2017; Van Lith, 2016). Empirical research including randomized controlled trials and large-scale outcome studies is scarce, as Malchiodi (2009) acknowledges. Kelly, Davies, Harrop, McClimens, Peplow, and Pollard (2016) note the myriad terms used to define art interventions and encourage the need for a common definition. Ethical considerations regarding the intervention condition that participants are placed into, and the opportunity for wait-list control participants to be given the intervention condition is of paramount importance. Qualitative research combined with quantitative intervention studies with a longitudinal component could be helpful to determine the clinical efficacy of art therapy on specific groups within the population. Beebe, Gelfand, and Bender (2010) have reported promising data from a study aimed at reducing anxiety using art therapy in the treatment of children with asthma. Uttley, Stevenson, Scope, and Sutton (2015) in a broad literature review equally found positive results emanating from the use of art therapy when patients had presented with non-psychotic mental health problems like depression and anxiety. However, the authors warn that in all articles considered the sample size was small and the positive evidence reported as clinical effectiveness might be due to medical treatment, nursing care, or a combination of other psychological interventions. Therefore Schouten, de Niet, Knipscheer, Kleber, and Hutschemaekers (2014) suggest future research into art therapies’ clinical efficacy needs to consider which “aspects of art therapy are most effective” when control groups have been included in randomised control trials and can include considerations of “age, sex, trauma exposure, and symptom profile” (p. 226). Accordingly, this would enable art therapists to consistently review and amend their ongoing treatment sessions in accordance to the most recent research evidence (Bauer, Peck, Studebaker, & Yu, 2017; Buk, 2009; Reynolds, Nabors, & Quinlan, 2000; Van Lith, 2016; Van Westrhenen & Fritz, 2014).

Kapitan (2012) advises that critical reflection and agreement on different practices and methodologies needs to be considered, so as to ascertain which “active ingredients” produce desired, measurable, positive results in art therapy (p. 49). For example, the colouring in of a Mandala design, which is executed with repetitive hand movements resulted in reduced anxiety compared with a control group as attested by questionnaires distributed before and after the sessions (Curry & Kasser, 2005; Kapitan, 2012). Clients in this experiment reported being in a meditative state while colouring, encountering a trance-like flow experience. Although research on the employment of

Mandalas in art therapy has as yet been limited, results indicate that subconscious feelings connected with trauma might find an expression, especially for children (Henderson, Rosen, & Mascaro, 2007). This effect of an art therapy session is likened by Kapitan (2013) to reading a book and being lost “in time, space, and consciousness” while fleetingly feeling “suspended between the worlds of illusion and ordinary reality” or seeing it as “a kind of liminal or potential space pregnant with possibility” (Winnicott, as cited in Kapitan, 2013, p. 140). These mystical states are outlined in detail in the article. However, the effect on the client would be difficult to measure quantitatively. Therefore Slayton, D’Archer, and Kaplan (2010) interrogated the literature from 1999-2007 for the efficacy of art therapy. They found significant health benefits reported by researchers: decreased anxiety and depression, better ability to control emotions and improved self-esteem. These results echo the findings of Reynolds, Nabors, and Quinlan (2000).

As “the human brain is staggeringly complex” (Kapitan, 2014, p. 50) research in neuroscience has not yet been able to testify to the effectiveness of art therapy. However, brain imaging technology can display parts of the brain where cells light up during art creation, but “art therapy cannot be reduced conceptually [to] a single, mental process or [to a certain] brain region” (Belkofer et al. as cited in Kapitan, 2014, p. 50). Alpha waves have been observed in artists while painting, similar to waves produced in deep relaxation (Belkofer & Konopka, 2008). Disturbingly, neuroimaging has found that children, exposed to traumatic experiences in early childhood, might have stunted brain growth and reduced brain activity (Chong, 2015). However, art therapy can stimulate neurobiological processes, as well as alleviate trauma (Kapitan, 2012; Malchiodi, 2003).

As neuroscience further discovers the interaction of body and brain (Chong, 2015; Kapitan, 2014; Klorer, 2005), so our understanding of trauma and illness, of emotions and thoughts increases our appreciation of “how images influence emotions, thoughts, and well-being” (Malchiodi, 2003, p. 22). Malchiodi further adds that in art therapy a safe, caring relationship between child and therapist is most important; with “the product [being] less important than the therapeutic process involved” (Malchiodi, 2003, p. 1). Similarly, Gross and Clemens (2002) suggest that in every classroom, the arts should be incorporated to help children find “creative channels...as an antidote to the violence in their lives” (Ashton-Warner as cited in Gross & Clemens, 2002, p. 44). This is echoed in Rubin (1984) and Uhlman (1975) who explain the necessity for children to partake in art activities from early childhood to help them make sense of their worlds.

According to Rockwood Lane (2005), physical and mental healing can take place in a person involved in painting, sculpture, or musical endeavours. Studies show that

being creative decelerates the heartbeat, lowers blood pressure, and changes breathing and brainwave patterns to a slower rhythm (Rockwood Lane, 2005). Deep relaxation is achieved and the body releases endorphins, which calm the autonomic nervous system (Rockwood Lane, 2005). Furthermore, Rockwood Lane affirms that when a person is involved with “creative or spiritual acts, even as a passive observer, the process creates hope” (Rockwood Lane, 2005, p. 122). A positive outlook is attained, and coping strategies are developed.

In art therapy, it has long been known that art activities heal children who have experienced trauma due to living through disaster or abuse (Kapitan, 2014; Klorer, 2005; Slayton, D’Archer, & Kaplan, 2010; Steele, 2009; Rubin, 1984, Orr, 2007; St Thomas & Johnson, 2007). Drawing gives children with limited communication skills an opportunity to express deep seated emotions connected with trauma, and offers children a chance to relax and recall without shame or fear (MacLeod, Gross, & Hayne, 2013). Children can get totally absorbed in a joyful activity; different to most adults, who are continuously aware of time, evaluation, or competition (Goleman, Kaufman, & Ray, 1992). According to Malchiodi (1998), children enjoy drawing and get completely involved, forgetting time, their surroundings and their problems. Csikszentmihalyi (as cited in Beard, 2015) calls this state “a holistic sensation that people have when they act with total involvement” (p. 353). The flow experience has been termed “being in the zone” (in sport), “ecstasy” (mystics) or “aesthetic rapture” (artists, musicians) (Csikszentmihalyi, 1997, p. 1). Besides forgetting time, concentrating and experiencing happiness, “being in the flow,” produces self-esteem (Nakamura & Csikszentmihalyi, 2002). Recent literature on the flow experience has emphasized the “phenomenological, psychological, neurological, and biological complexities” of trauma relieved by art therapy (Chilton, 2013, p. 68). The next section speaks of the different ways liminality has been employed in various disciplines to explain a phase of change.

Different Interpretations of Liminality

Liminality is a concept with a variety of definitions, depending on the context. The term liminality is derived from the Latin *limen*, meaning a “threshold” (Colman, 2003, p. 411), a doorstep to a building which must be crossed (La Shure, 2005; Turner, 1974). The term was originally employed in the early 20th century by anthropologists Van Gennep and later extended by Turner (Haywood, 2012; La Sure, 2005; Saniotis, 2009). Van Gennep (2019) introduced the term “Liminality” in 1909 in his book “Rites de Passage” to describe the traditional rituals which mark the rites of passage (birth, initiation, marriage and death) in the tribal life of a community (Szakolczai 2009, p. 141; Turner 1974, p. 56). He viewed the ritual as having three transitional stages: separation

from society, the liminal stage, and finally the reintegration into society (La Sure, 2005; Saniotis, 2009). Change or transformation occurs during the liminal stage (Turner, 1974).

Turner extended the concept of liminality in the mid-1960s (La Sure 2005, p. 2). He understood “liminality” as a “transitory and transformative” state of being; (Szokolczai, 2009, p. 142). Turner saw “liminality as a complex series of episodes in sacred space-time” (Turner 1974, p. 59). Further, he noted that liminal situations were “seedbeds of cultural creativity” (Turner, 1974, p. 60). He therefore considered individuals like “artists, writers, mystics and prophets” as living in a “perpetual liminal state” (Saniotis, 2009, p. 467) or as Bigger (2009) stated, living “between fact and fiction,” in an “in between state of mind” (p. 212); accepted by society as a kind of chrysalis for unrestricted possibilities of freed creativity. As these individuals challenge the conventional, Siltanen (n.d.) explains: This is important “...because they change things. They push the human race forward” (Siltanen, n.d.) as new directions are developed (Rae, 2018). This is in agreement with Runco (2004) that “creativity has clear benefits for individuals and society as a whole” (p. 677).

Liminality has equally been described as a state of “Betwixt and Between” (La Sure, 2005, p. 2) or a phase of transition or transformation (Szokolczai, 2009). The concept of liminality has been conceptually found to be applicable in different disciplines, for example in anthropology as well as in social and human sciences. The term has been employed in psychology to explain the transitional stages in the lifespan (e.g. the time of separation from family, from childhood to adolescence, and further to adulthood) (Bigger, 2009; Szokolczai, 2009). Equally the term “liminality” has been used to describe the situation people experience after a traumatic event: as a space filled with emotions and thoughts but also a time and place between “reality and hope” (Ventres, 2016, p. 346). Children, while drawing and being in the flow, enter a time and space where “private nightmares” can be faced (Golomb, 2003, p. 320), where emotions can be released and managed. In this liminal stage, according to Atkinson and Robson (2012), the creative arts are transformative, helping the child to develop “confidence and self-esteem” (p. 1351). In the next section the flow state is investigated as a clarifying component of the liminal state.

The Flow Experience

The mind says there is nothing beyond the physical world; the HEART says there is, and I've been there many times. (Rumi quotes, n. d.)

The flow experience was first studied and described by Csikszentmihalyi in the 1960s (Nakamura & Csikszentmihalyi, 2002). Csikszentmihalyi defines “flow” as a state in which “people are at their optimal level of consciousness.” As Kawamura (2014) reports, “they feel most alert, focused, in control, creative – and also happy” (p. 4). Emotional clarity as identified by Park and Naragon-Gainey (2018), might be realized. According to Ceja and Navarro (2012) being in the flow state can be a peak experience in everyday life. This might be experienced by anyone who is completely involved in an activity without effort but with determination (Csikszentmihalyi, 1997). Being in the flow state, described as living in an exceptional moment, has been reported by many people. In fact, one in five participants in a study by Csikszentmihalyi reported that they experienced flow as often as a number of times a day (Csikszentmihalyi, 1997, p. 2). These findings seem to be universal as testified from other cultures (Csikszentmihalyi & Asakawa, 2016; Yaden, Haidt, Hood Jr., Vago, & Newberg, 2017). In the flow state, according to Ceja and Navarro (2012), the self is unaware of time and space, but might experience a feeling of swift happiness. Performance in the flow state seems effortless for an athlete, while artists and musicians often experience a state of “ecstasy,” defined by Krippner and Dunbar (2011) as “an emotional state so intense that one is carried beyond rational thought or self-control” (p. 135). However, a small percentage of people (around 12 to 15%) have stated that they have never experienced it (Csikszentmihalyi, 1997).

Children are less inhibited than adults; they get into the flow state effortlessly while playing games or being involved in art activities. According to Scott (2003), children find it easy to move between the real and the imaginary worlds. He suggests that they are “at ease in this state of being beyond-the-self or to have a more immediate access to it. Their borders are fluid and their perceptions open” (Scott, 2003, p. 128). Children can forget the world around them when they are totally involved in an activity. They can easily “slip out of the everyday world into a separate and extraordinary one” (Iijima, 1987, p. 45).

Getting lost in the flow or deep thought or “one-pointedness” in meditation (Vago & Zeidan, 2016, p.102) seems to be more difficult for adults who spend their everyday life involved in professional and business activities, which are time-limited and therefore stressful. Their minds are likened to a monkey swinging from branch to branch (Vago & Zeidan, 2016) with thoughts going everywhere, however, as Tolle (quotes, n. d.) explains, “when your attention moves into the Now, there is...such clarity...just this moment [exists]...”. This clarity experience in the flow state could help to alleviate the trauma carried by children while in their states of liminality. Another experience

connected to flow and liminality includes the state of self-transcendence, which is discussed in the next section.

Self-transcendent Experiences

Recently, self-transcendent experiences (STE) have attracted renewed attention in medical and psychological research areas (Yaden et al., 2017). This is due to the realization of researchers that especially in children, spirituality and well-being are closely intertwined (Hyde, 2018; Jackson, 2012; Yaden et al., 2017). In STE, the boundaries of the Self are dissolved; time and space disappear from consciousness. A peaceful experience of unity with others, nature and the environment is experienced (Hyde, 2018; Jackson, 2012; Yaden et al., 2017).

In a review of recent literature on STE, different positive experiences of mental states including mindfulness, flow, positive emotions, awe, peak experiences and mystical experiences were analysed for commonalities (Hyde, 2018; Jackson, 2012; Yaden et al., 2017). The authors found that in all of the above listed mental states, time and space-sense dissolved, the mind changed and a feeling of the dualistic nature of the self, altered to an experience of one-ness or awareness of “pure consciousness” (Parnas & Henriksen, 2016, p. 82). These experiences resulted in “positive outcomes such as well-being and prosocial behaviour - and more intensive STEs are sometimes counted among life’s most meaningful moments” (Yaden et al., 2017, p. 144), but STEs have also been reported as rather common experiences. For example, Bradford (2013) states that thirty-five percent of adults have had mystical experiences, one of the states of STE. Trembley (2010) affirms that “Mysticism[s] reach extends far beyond the realm of spirituality, religion, work, recreation and leisure” (p. 93). He states that mystical experiences are “similar” to flow stages as both have positive results with life-changing effects. When children with trauma are in the flow state while drawing/painting, they too experience a “loss of self-consciousness” (Jackson & Marsh, as cited in Yaden et al., 2017, p. 146), a state that is “an enjoyable end in itself,” which produces positive reactions, decreases depression and increases happiness (Yaden et al., 2017, p. 145).

The healing effect of drawing while in the flow, which helps children with trauma, has been translated from research findings into the following poem: The Healing Effect of being in the Flow. The poem is followed by a deconstruction to guide teachers and health community services using art therapy. The poem focuses on the meditative states of flow (Schnetz, 2005) and “quiet inner listening” (Rappaport, 2009, p. 14), recognized in diverse cultures and religions globally (Louchakova, 2005).

Poem

The poem summarizes the learnings from the literature reviewed in this paper. As Prendergast (2006) describes in a “Found Poetry” discussion, the poet relies on the results discovered in research. The poem below expresses the healing effect of flow, starting first with the (mystical/self-transcendence) feelings experienced in the flow, then moving to the various areas in which flow has been reported. Finally, it explains why the flow experience in art activities (drawing/painting) is important for children who have experienced trauma. Each verse in this poem follows an ABBC pattern.

The Healing Effect of Being in the Flow

Flow is the moment
When time stands still
When eternity breaks into the will
Of the SELF.

Known to the ancients
As centre-point in meditation
Flow is the way of mediation
between SELF/DIVINE.

Athletes have described this
total immersion in effortless action -
being in the zone without distraction
as enjoyable experience.

Artists and musicians know
this timeless state as aesthetic raptures,
while in ecstasy the mystic captures
essential one-ness.

Children, drawing, easily concentrate,
getting completely lost in the Flow -
Adults, being time-conscious, are slow
finding the NOW.

When deep-seated trauma
blocks children's minds and brain -
Being in the Flow stops the train
of disturbing emotions.

In quiet, timeless silence
The child's thoughts are ordered and stilled:
Radiant dreams fulfilled
With creative energy.

This poem can open new ways to understanding the variety of children teachers meet in their classes or healthcare professionals encounter as clients. Buk (2009) reminds us that: "mind and body are inextricably linked" (p. 72). In the above text a spiritual component has been explored as inspired by Schnetz (2005) who poetically explains that:

"We are mind, body, and spirit and the songs of our being need to resonate with the physical, social, psychological, and spiritual realm in order for us to create the rich fabric of life" (p. 22).

Deconstruction of the Poem

Verse 1: The effect of the flow experience on the strong-willed SELF.

*Flow is the moment
When time stands still
When eternity breaks into the will
Of the SELF.*

Csikszentmihalyi defines flow as a state where time and space dissolve while a person is completely involved in an activity. In this moment "the ego falls away" (Csikszentmihalyi quotes, n. d.). This is similar to mystical states of consciousness where the "sacrifice of self-will" (Huxley quotes n. d.) makes space for the experience of one-ness, "non-dual awareness" (Vago & Zeidan, 2016, p. 102) and a knowledge of infinity or "eternity" (Osho quotes, n. d.). The mystic, experiencing the feeling of flow and "ego-dissolution" (Louchakova, 2005, p. 89), understands that his own will is "held by a superior power" (Trembley, 2010, p. 45), which is the "origin of consciousness" (Louchakova, 2005, p. 90).

Thakar (n.d.) assured that in meditation one meets eternity in the present moment. Or as Montgomery explains (n. d.): “Eternity” experienced in a mystical state means: “a moment standing still for ever,” while living in the flow state.

Verse 2: The flow state has been noted in various spiritual texts in many different cultures since ancient times:

*Known to the ancients
As centre-point in meditation
Flow is the way of mediation
Between SELF/DIVINE.*

According to Louchakova (2005) ancient traditions (Indian Vedanta, Sufism, Gnosticism, and Buddhism) teach meditation with centred concentration techniques which free the mind (Zhuangzi quotes, n. d.). Voltaire described this state in meditation as “knowing without thinking, and merging finitude in infinity” (Voltaire, n. d.). Steiner asserts that when in meditation the “essential centre of our being” is experienced, we know the “eternal [which] is unlimited by birth and death” (n. d.).

This is a knowledge ancient and modern texts on meditation insist, has to be experienced as it cannot be explained in words (James as cited in Tremblay, 2010; Yaden et al., 2017).

Verse 3: Athletes have reported the flow state as often experienced and enjoyed.

*Athletes have described this
total immersion in effortless action -
being in the zone without distraction
As enjoyable experience.*

Ceja and Navarro (2012) explain that athletes in “peak performance states” achieve a flow experience where “everything ‘just clicks’.” This brings them “into the zone,” producing a “feeling of sudden joy, even rapture” (p. 1103) Performance in the flow state seems effortless (Ceja & Navarro, 2012).

Verse 4: Artists and musicians experience a trance-like state when totally involved in painting or performing music.

*Artists and musicians know
This timeless state as aesthetic raptures,
While in ecstasy the mystic captures
Essential one-ness.*

The artist and teacher Barb Rees (n. d.) reported that contemplating a sunset makes her forget time and space. She defines it as “meditating by painting” which she explicates, is “great for the soul.” Krippner and Dunbar (2011) stated that artists and musicians often experience a very intense state of “ecstasy,” while in the flow, during the process and/or performance. This emotional state is intense and beyond the rational (Ibid). “Rapture” is another expression of the mystical experience that brings a knowledge of the divine; dissolving duality into an awareness of “unity, harmony, and /or divinity of all reality” (Bradford, 2013, p. 105).

Verse 5: Children, being less inhibited than adults, concentrate easily, getting into the flow state during games or art activities.

*Children, drawing, easily concentrate,
getting completely lost in the Flow -
Adults, being time- conscious, are slow
Finding the NOW.*

According to Scott (2003), children easily move between the real and the imagined worlds. He reports that they feel at ease in the flow state and can enter it instantly. Children can forget everything about time or place when they are totally involved in games or drawing. They can easily “slip out of the everyday world into a separate and extraordinary one” (Iijima, 1987, p. 45).

It is difficult for adults to get lost in the flow or “one-pointedness” of meditation because adults’ minds go in many directions at once, due to their busy and demanding lives (Vago & Zeidan, 2016). Children live in the Now (in the moment) and are not time-conscious like adults but enjoy creative activities, not concerned about time constraints.

Verse 6: Children, who experience trauma as “speechless terror” (Harris, 2009, p. 1) can draw and creatively express their emotions.

*When deep-seated trauma
Blocks children’s mind and brain -
being in the Flow stops the train*

Of disturbing emotions.

Emotions frozen in trauma can be released when children are involved in art activities. As Linnell (2014) states: this activity can make “visible what was previously invisible” (p. 5).

Verse 7: When children are in the flow while drawing/painting, they forget time, but experience a joyful activity which adds to their self- esteem and resilience.

In quiet, timeless silence

The child’s thoughts are ordered and stilled:

Radiant dreams fulfilled

With creative energy.

Vago and Zeidan (2016) state that “tranquillity and stillness of mind ... reflect a natural settling of thoughts and emotions” as experienced in the flow state (p. 96). When the activity is enjoyable, creative energy is released (Csikszentmihalyi, 1997). Nakamura and Csikszentmihalyi (2002) state that children, when in the flow, experience a sense of completeness (Steele, 2009) and happiness (Ceja & Navarro, 2012). In this state, holistic healing is achievable (Rockwood Lane, 2005).

Informing Teachers and Health Community Services

Previous research has discussed the dichotomy of science and art therapy, finding agreement in arts-based research to bridge the divide (Bauer, Peck, Studebaker, & Yu, 2017; Dewhurst, 2011; Haywood Rolling, 2010; McConeghey, 2011; McGregor, 2012; Mills & Ballantyne, 2016; Power, 2014; Smithbell, 2010; Springham, 2016; Waller, 2006; Wang, Coemans, Siegesmund, & Hannes, 2017). This statement is echoed by Chamberlain, McGuigan, Anstiss, and Marshall (2018), who affirm that arts-based research will “extend our capacity to understand the human condition” and may “broaden [our] engagement with social issues and effect change” (p. 133). Reilly Carlisle, Jackson, and George (2006) have found that social justice education encourages students to achieve exceedingly well. Teachers and healthcare professionals are galvanized to act to produce these changes. This would mean incorporating social justice into their everyday working lives in multicultural, multilingual classrooms or to diverse clientele in our fast pacing, changing world (Clarke & Drudy, 2006; Falk, 2014); providing opportunities for teachers and healthcare professionals to help children with trauma, trying to prevent the intergenerational cycle of violence.

Conclusion

In this paper, the authors have investigated the concept of liminality as a framework for understanding how the process of art making soothes childhood trauma. By looking through the lenses of flow states and self-transcendent experiences in connection with liminality, it was found that arts-based interventions like in art therapy, produces a healing effect for children with trauma. This integrative process, which is non-verbal but requires total involvement, gives different persons a voice to express emotions which need to be released. This helps them to “let go in the flow” experience. Future research could examine a person’s recount of feelings while drawing their unspeakable distress. In addition, large scale and longitudinal studies could examine the effectiveness of art therapy especially in children’s lives. This would be valuable to further teachers’ and healthcare professionals’ understanding of trauma. Future research might inform pre-service teacher programs and community health services’ agendas thus affecting children’s and clients’ lives.

REFERENCES

- Anda, R. F., Felitti, V. J., Bremner, J. D. Walker, J. D. Whitfield, C., Perry, B. D., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174–186. DOI 10.1007/s00406-005-0624-4
- Atkinson, S., & Robson, M. (2012). Arts and health as a practice of liminality: Managing the spaces of transformation for social and emotional wellbeing with primary school children. *Health and Place Volume*, 18, 1348-1355. Retrieved from <https://doi.org/10.1016/j.healthplace.2012.06.017>
- Auer, A. (n. d.). Hand movements sculpt intelligence. An excerpt from learning about the world through modelling. Sculptural ideas for school and home. *The Association of Waldorf Schools of North America*. Retrieved from https://www.waldorflibrary.org/images/stories/Journal_Articles/RB6203.pdf
- Bauer, M. G., Peck, C., Studebaker, A., & Yu, N. (2017). Attitudes of art therapists toward working with evidence-based practices. *Art Therapy*, 32(2), 83-91. DOI: 10.1080/07421656.2017.1326225
- Beard, K. S. (2015). Theoretically speaking: An interview with Mihaly Csikszentmihalyi on flow theory development and its usefulness in addressing contemporary challenges in education. *Educational Psychology Review*, 27, 353-364. DOI: 10.1007/s10648-014-9291-1
- Beebe, A., Gelfand, E. W., & Bender, B. (2010). A randomized trial to test the effectiveness of art therapy for children with asthma. *Journal of Allergy and Clinical Immunology*, 126(2), 263-266. DOI: <https://doi.org/10.1016/j.jaci.2010.03.019>
- Belkofer, C. M., & Konopka, L. M. (2008). Conducting art therapy research using quantitative EEG measures. *Art Therapy: Journal of the American Art Therapy Association*, 25(2), 56-63. DOI: 10.1080/07421656.2008.10129412
- Bigger, S. (2009). Victor Turner, liminality, and cultural performance. *Journal of Beliefs and Values*, 30(2), 209-212. DOI: 10.1080/13617670903175238
- Bradford, D. T. (2013). Emotion in mystical experience. *Religion, Brain & Behaviour*,

3(2), 103-118. DOI: 10.1080/2153599X.2012.703004

- Briggs, F. (2012). *Child protection. The essential guide for teachers and other professionals whose work involves children* [image]. Australia, Docklands, Victoria: JoJo Publishing.
- Bucciarelli, A. (2016). Art therapy: a transdisciplinary approach. *Art Therapy, 33*(3), 151-155. DOI: 10.1080/07421656.2016.1199246
- Buk, A. (2009). The mirror neuron system and embodied simulation: Clinical implications for art therapists working with trauma survivors. *The Arts in Psychotherapy, 36*, 61-74. DOI: 10.1016/j.aip.2009.01.008
- Ceja, L., & Navarro, J. (2012). 'Suddenly I get into the zone': examining discontinuities and nonlinear changes in flow experiences at work. *Human Relations, 65*(9), 1101-1127. DOI: 10.1177/0018726712447116
- Chamberlain, K., McGuigan, K., Anstiss, D., & Marshall, K. (2018). A change of view: arts-based research and psychology. *Qualitative Research in Psychology, 15*(2-3), 131-139. DOI: 10.1080/14780887.2018.1456590
- Chilton, G. (2013). Art therapy and flow: A review of the literature and applications. *Art Therapy, 30*(2), 64-70. DOI: 10.1080/07421656.2013.787211
- Chong, C. Y. J. (2015). Why art psychotherapy? Through the lens of interpersonal neurobiology: The distinctive role of art psychotherapy intervention for clients with early relational trauma. *International Journal of Art Therapy, 20*(3), 118-126. DOI: 10.1080/17454832.2015.1079727
- Ciolek, J. (2018). Calming your anxious mind through rhythmic movement. Retrieved from <https://www.acesconnection.com/blog/calming-your-anxious-mind-through-rhythmic-movement>
- Clarke, M. & Drudy, S. (2006). Teaching for diversity, social justice and global awareness. *European Journal of Teacher Education, 29*(3), 371-386. DOI: 10.1080/02619760600795239
- Colman, A. M. (2003). (Ed.). *Oxford dictionary of psychology*. New York: Oxford University Press.

- Cozolino, L. J. (2005). The Impact of trauma on the brain. *Psychotherapy in Australia*, 11(3), 22-35.
- Csikszentmihalyi, M. (n. d.). Quotes. Retrieved from <http://www.art-quotes.com/getquotes.php?catid=114#.XOHxNsgzaUm>
- Csikszentmihalyi, M. (1997). *Psychology today: Finding flow*. Retrieved from <http://wiki.idux.com/uploads/Main/FindingFlow.pdf>
- Csikszentmihalyi, M., & Asakawa, K. (2016). Universal and cultural dimensions of optimal experiences. *Japanese Psychological Research*, 58(1), 4-13. Special Issue: Culture –inclusive Approaches. 10.1111/jpr.12104DIO
- Curry, N. A., & Kasser, T. (2005). Can coloring Mandalas reduce anxiety? *Art Therapy: Journal of the American Art Therapy Association*, 22(2), 81-65. DOI: 10.1080/07421656.2005.10129441
- Danese, A., & Baldwin, J. R. (2017). Hidden wounds? Inflammatory links between childhood trauma and psychopathology. *Annual Review of Psychology*, 68, 517-544. DOI: 10.1146/annurev-psych-010416-044208
- Deaver, S. P. (2002). What constitutes art therapy research? *Art Therapy*, 19(1), 23-27. DOI: 10.1080/07421656.2002.10129721
- Dewhurst, M. (2011). Where is the action? Three lenses to analyze social justice art education. *Equity & Excellence in Education*, 44(3), 364-378. DOI: 10.1080/10665684.2011.591261
- Dunphy, K., Mullane, S., & Jacobsson, M. (n.d.). Making dance matter: The effectiveness of expressive arts therapies: A review of the literature. *Psychotherapy and Counselling Journal of Australia*. Retrieved from <http://pacja.org.au/?p=1444>
- Falk, B. (2014). Preparing teachers for the challenges of our diverse, changing world. *The New Educator*, 10(2), 93-94. DOI: 10.1080/1547688X.2014.898468
- Fearon, D. (2018). School-based interventions and art therapy for children exposed to trauma. *Therapies Capstone Theses*. 88. Retrieved from https://digitalcommons.lesley.edu/expressive_theses/88

- Flynn, M., & Rudolph, K. D. (2010). The contribution of deficits in emotional clarity to stress responses and depression. *Journal of Applied Developmental Psychology, 31*, 291–297. DOI: 10.1016/j.appdev.2010.04.004
- Gerge, A. (2017). What does safety look like? Implications for a preliminary resource and regulation–focused art therapy assessment tool. *The Arts in Psychotherapy, 54*, 105–121. Retrieved from <https://doi.org/10.1016/j.aip.2017.04.003>
- Goleman, D., Kaufman, P., & Ray, M. (1992). *The creative Spirit*. New York: Penguin.
- Golomb, C. (2003). *The child's creation of a pictorial world* (2nd ed.). New York: Taylor and Francis.
- Gross, T., & Clemens, S. G. (2002). Painting a tragedy: young children process the events of September 11. *Young Children, 57*(3), 44–51.
- Goulder, N. (2018). Art as medicine. How can the creative arts help our NHS? *Community Practitioner, 91*(1), 1.
- Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. *Global Health Action, 9*(1), 1–15 (31516). DOI: 10.3402/gha.v9.31516
- Haas, L. M., McArthur, B. A., Burke, T. A., Olino, T. M., Abramson, L. Y., & Alloy, L. B. (2018). Emotional clarity development and psychosocial outcomes during adolescence. *Emotion*. Advance online publication. <http://dx.doi.org/10.1037/emo0000452>
- Haring, U. (2012). Exploring content, interpretation and development: Making sense of children's drawings. (Unpublished Dissertation). Cairns, Qld: James Cook University.
- Haring, U., Sorin, R., & Caltabiano, N. (2019). Reflecting on childhood and child agency in history. *Palgrave Communications, 5*(52), 1–9. Retrieved from: <https://doi.org/10.1057/s41599-019-0259-0>
- Harris, D. A. (2009). The Paradox of expressing *Speechless Terror*: Ritual liminality in the creative arts therapies' treatment of posttraumatic distress. *A Special Issue of the Arts in Psychotherapy, 36*(2), 94–104. DOI: 10.1016/j.aip.2009.01.006

- Hass-Cohen, N., Bokoch, R., Findlay, J. C., & Banford Witting, A. (2018). A four-drawing art trauma and resiliency protocol study. *The Arts in Psychotherapy*, 61, 44-56.
- Haywood, S. L. (2012). Liminality, art therapy and childhood sexual abuse. *International Journal of Art Therapy*, 17(2), 80-86.
- Haywood Rolling, J. JR. (2010). A paradigm analysis of arts-based research and implications for education. *Studies in Art Education: A Journal of Issues and Research*, 51(2), 102-114. DOI: 10.1080/00393541.2010.11518795
- Heenan, D. (2006) Art as therapy: An effective way of promoting positive mental health? *Disability & Society*, 21(2), 179-191. DOI: 10.1080/09687590500498143
- Henderson, P., Rosen, D., & Mascaro, N. (2007). Empirical study on the healing nature of mandalas. *Psychology of Aesthetics, Creativity, and the Arts*, 1(3), 148-154. DOI: <http://dx.doi.org.elibrary.jcu.edu.au/10.1037/1931-3896.1.3.148>
- Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Moylan, C. A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence, & Abuse*, 9(2), 84-99. DOI: 10.1177/1524838008314797
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32(8), 797-810. <https://doi.org/10.1016/j.chiabu.2008.02.004>
- Huxley, A. (n.d.). Quotes. Retrieved from <https://www.azquotes.com/quote/140011>
- Hyde, B. (2018). Pathic knowing, lived sensibility and phenomenological reflections on children's spirituality. *International Journal of Children's Spirituality*, 23(4), 346-357. DOI: 10.1080/1364436X.2018.1526168
- Iijima, Y. (1987). Folk culture and liminality of children. *Current Anthropology*, 28(4), 1-8.
- Jackson, S. A. (2012). Children, spirituality and counselling. *American Journal of Applied Psychology*, 1(1), 1-5. DOI: 10.11648/j.ajap.20120101.11

- Jung, C. Quotes (n. d.). Quote. Retrieved from <https://www.brainyquote.com/quotes/quotes/c/carljung108090.html>
- Kapitan, L. (2012). Does art therapy work? Identifying the active ingredients of art therapy efficacy. *Art Therapy, 29*(2), 48-49. DOI: 10.1080/07421656.2012.684292
- Kapitan, L. (2013). Contemplative art therapy and its trajectory of awareness, reinvention, and critical reflection. *Art Therapy, 30*(4), 140-141. DOI: 10.1080/07421656.2014.848400
- Kapitan, L. (2014). Introduction to the neurobiology of art therapy: Evidence based, complex, and influential. *Art Therapy. Journal of the American Art Therapy Association, 31*(2), 50-51. DOI: 10.1080/07421656.2014.911027
- Kawamura, K. M. (2014). Kristine Marin Kawamura, PhD Interviews Mihaly Csikszentmihalyi, PhD. *Cross Cultural Management, 21*(4). DOI: <http://dx.doi.elibrary.jcu.edu.au/10.1108/CCM-08-2014-0094>
- Kelly, S., Davies, L., Harrop, D., McClimens, A., Peplow, D., & Pollard, N. (2016). *Reviewing art therapy research: A constructive critique*. Retrieved from <https://ebookcentral.proquest.com/lib/jcu/reader.action?docID=465778&ppg=1> DOI: 10.13140/RG.2.1.2250.5841
- Klorer, P. G. (2005). Expressive therapy with severely maltreated children: Neuroscience contributions. *Art Therapy. Journal of the American Art Therapy Association, 22*(4), 213-220. DOI: 10.1080/07421656.2005.10129523
- Krippner, S., & Dunbar, D. (2011). Addicted to bliss: Looking for ecstasy in all the wrong places. *Neuro Quantology, 9*(1), 135-144.
- La Shure, C. (2005). *What is liminality?* Retrieved from <http://www.liminality.org/about/whatisliminality/>
- Linnell, S. (2014). Shaking, and making, the ground on which art therapy stands. *ATOL: Art Therapy OnLine, 5* (1), 1-17.
- Louchakova, O. (2005). On advantages of the clear mind: Spiritual practices in the training of a phenomenological researcher. *The Humanist Psychologist, 33*(2), 87- 112. DOI: 10.1207/s15473333thp3302_2

- Macleod, E., Gross, J., & Hayne, H. (2013). The clinical and forensic value of information that children report while drawing. *Applied Cognitive Psychology*, 27, 564- 573. Retrieved from <https://doi-org.elibrary.jcu.edu.au/10.1002/acp.2936>
- Malchiodi, C. A. (1998). *Understanding children's drawings*. New York: The Guilford Press.
- Malchiodi, C. A. (2003). (Ed). *Handbook of art therapy*. New York: The Guilford Press.
- Malchiodi, C. (2009). @im_inebriated to @arttherapynews: Art Therapy is a fake! Is art therapy a fake? Where's the research to prove otherwise? [web log comment]. Retrieved from <https://www.psychologytoday.com/us/blog/arts-and-health/200911/iminebriated-arttherapynews-art-therapy-is-fake>
- Malchiodi, C. A. (2012). Trauma informed art therapy and sexual abuse in children. In P. Goodyear-Brown (Ed.), *Handbook of Child Sexual Abuse, Identification, Assessment, and Treatment* (chapter 15, 341-354). DOI: 10.1002/9781118094822. New Jersey: Hoboken, John Wiley and Sons.
- McConeghey, H. (2011). Poiesi: The voice of art therapy. *Canadian Art Therapy Association Journal*, 24(1), 2024. DOI: 10.1080/08322473.2011.11434789
- McGregor, C. (2012) Art-informed pedagogy: Tools for social transformation, *International Journal of Lifelong Education*, 31(3), 309-324. DOI: 10.1080/02601370.2012.683612
- Mills, C., & Ballantyne, J. (2016). Social justice and teacher education: A systematic review of empirical work in the field. *Journal of Teacher Education*, 67(4), 263-276. DOI: 10.1177/0022487116660152
- Montgomery, J. (n. d.). Quotes. Retrieved from https://www.azquotes.com/author/10295-James_Montgomery/tag/eternity
- Nakamura, J., & Csikszentmihalyi, M. (2002). *The concept of flow*. Retrieved from <http://nuovoetile.it/wp-content/uploads/2015/12/2002-Flow.pdf>.
- Orr, P. P. (2007). Art therapy with children after a disaster: A content analysis. *The Arts in Psychotherapy*, 34, 350–361. DOI: 10.1016/j.aip.2007.07.002

- Osho (n. d.). Quotes. Retrieved from <https://www.goodreads.com/quotes/325160you-exist-in-time-but-you-belong-to-eternity--you>
- Park, J., & Naragon-Gainey, K. (2018). Daily experiences of emotional clarity and their association with internalizing symptoms in naturalistic settings. *Emotion. American Psychological Association*. Advance online publication. <http://dx.doi.org/10.1037/emo0000482>
- Parnas, J., & Henriksen, M. G. (2016). Mysticism and schizophrenia: A phenomenological exploration of the structure of consciousness in the schizophrenia spectrum disorders. *Consciousness and Cognition*, 43, 75-88. Retrieved from <https://doi.org/10.1016/j.concog.2016.05.010>
- Perry, B. D. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind*, 3, 79-100.
- Perry, B. D. & Szalavitz, N. (2017). (3rd ed.) *The Boy who was raised as a dog and other stories from a child psychiatrist's notebook. What traumatized children can teach us about loss, love and healing*. N.Y.: Basic Books.
- Perryman, K., Blisard, P., & Moss, R. (2019). Using creative arts in trauma therapy: The neuroscience of healing. *Journal of Mental Health Counseling*, 41(4), 80-94. Retrieved from <https://doi.org/10.17744/mehc.41.1.07>
- Power, S. (2014). Arts-based inquiry: The natural partner for social justice. Retrieved from <https://www.teachermagazine.com.au/articles/arts-based-inquiry-the-natural-partner-for-social-justice>.
- Prendergast, M. (2006). Found poetry as literature review. Research poems on audience and performance. *Qualitative Inquiry* 12(2), 369-388. DOI: 10.1177/1077800405284601
- Rae, J. (2018). Exploring creativity from within: An arts-based investigation. *Art/Research International: A Transdisciplinary Journal*, 3(2), 216-235. DOI: <https://doi.org/10.18432/ari29328>
- Rappaport, L. (2009). *Focusing-oriented art therapy: Accessing the body's wisdom and creative intelligence*. London: Jessica Kingley Publishers

Read, J., & Bentall, R. P. (2012). Negative childhood experiences and mental health: theoretical, clinical and primary prevention implications. *The British Journal of Psychiatry*, 200, 89-91. DOI: 10.1192/bjp.bp.111.096727

Rees, B. (n. d.). Quotes. Retrieved from http://www.art-quotes.com/auth_search.php?authid=2291#.XOJCd8gzaUk

Reilly Carlisle, L., Jackson, B. W., & George, A. (2006). Principles of Social Justice Education: The Social Justice Education in Schools Project. *Equity & Excellence in Education*, 39(1), 55-64. Retrieved from: <https://doi.org/10.1080/10665680500478809>

Reynolds, M. W., Nabors, L., & Quinlan, A. (2000). The effectiveness of art therapy: Does it work? *Art Therapy*, 17(3), 207-213. DOI: 10.1080/07421656.2000.10129706

Rockwood Lane, M. (2005). Creativity and spirituality in nursing: Implementing art in healing. *Holistic Nurse Practitioner*, 19(3), 122-125.

Rossiter, C. (2012). Issues in creative arts therapy research: An interview with Lynn Kapitan. *Journal of Poetry Therapy*, 25(1), 55-59. DOI: 10.1080/08893675.2012.654951

Rubin, J. A. (1984). *Child art therapy: Understanding and helping children grow through art* (2nd ed.). New York: Jan Nostrand Reinhold Company.

Rumi (n. d.). Quotes. Retrieved from <http://www.azquotes.com/quote/1277986>

Runco, M. A. (2004). Creativity. *Annual Review of Psychology*, 55, 657-687. DOI: 10.1146/annurev.psych.55.090902.141502

Saniotis, A. (2009). Encounters with the religious imagination and the emergence of creativity. *World Futures*, 65(7), 464-476. DOI: 10.1080/02604020802392179

Sayers, J. (2004). Healing aesthetics. Kristeva through Stokes. *Theory & Psychology* 14(6), 777-795. DOI: 10.1177/095935430404048106

Schnetzer, M. (2005). *The healing flow: Artistic expression in therapy: Creative arts and the process of healing: An image/word approach inquiry*. London: Jessica Kingsley

- Schouten, K. A., de Niet, G. J., Knipscheer, J. W., Kleber, R.J., & Hutschemaekers, G. J. M. (2014). The Effectiveness of Art Therapy in the Treatment of Traumatized Adults: A Systematic Review on Art Therapy and Trauma. *Trauma, Violence, & Abuse*, 1-9. DOI: 10.1177/1524838014555032
- Scott, D. G. (2003). Spirituality in child and youth care: Considering spiritual development and "Relational Consciousness". *Child & Youth Care Forum*, 32(2).
- Sideris, J. (2017). Practice commentary. From you and me to us and we. *Children Australia*, 42(2), 79-86. DOI: 10.1017/cha.2017.19
- Siltanen, R. (n.d.). Quotes. Retrieved from https://www.goodreads.com/author/quotes/14907567.Rob_Siltanen
- Slayton, S. C., D'Archer, J., & Kaplan, F. (2010). Outcome studies on the efficacy of art therapy: A review of findings. *Journal of the American Art Therapy Association*, 27(3), 108-118. Retrieved from <http://dx.doi.org/10.1080/07421656.2010.10129660>
- Smithbell, P. (2010). Arts-based research in education: A review. *The Qualitative Report* 15(6), 1597-1601. Retrieved from <https://nsuworks.nova.edu/tqr/vol15/iss6/14>
- Springham, N. (2016). Description as social construction in UK art therapy research. *International Journal of Art Therapy*, 21(3), 104-115. DOI: 10.1080/17454832.2016.1220399
- Steele, W. (2009). Drawing: An evidence-based intervention for trauma victims. *Reclaiming Children and Youth*, 18(1), 20-23.
- Steiner, R. (n. d.). Quotes. Retrieved from <http://www.eternityofspirit.com/rudolf-steiner-quotes/>
- St. Thomas, B., & Johnson, P. (2007). Empowering children through art and expression. Culturally sensitive ways of healing trauma and grief. London: Jessica Kingsley Publishers.
- Supin, J. (2016, November). The long shadow: Bruce Perry on the lingering effects of childhood trauma. The SUN INTERVIEW. Retrieved from <https://www.thesunmagazine.org/issues/491/the-long-shadow>

Szakolczai, A. (2009). Liminality and experience: Structuring transitory situations and transformative events. *International Political Anthropology*, 2(1).

Thakar, V. (n. d.). Quotes. Retrieved from https://www.azquotes.com/author/42827-Vimala_Thakar

Thornton, V. (2014). Understanding the emotional impact of domestic violence on young children. *Educational & Child Psychology*, 31(1), 90-100.

Trembley, J. M. (2010). *Mysticism and mystery moves: An examination of flow theory*. Master's Thesis, University of Tennessee. Retrieved from http://trace.tennessee.edu/utk_gradthes/666

Tolle, E. Quotes (n. d.). Retrieved from <https://www.doyouyoga.com/25-amazing-quotes-to-inspire-your-meditation-practice/>

Turner, V. (1974). *Liminal to liminoid, in play, flow, and ritual: An essay in comparative symbology*. Retrieved from scholarship.rice.edu. Rice Institute Pamphlet-Rice University Studies, 53-91. https://scholar.google.com.au/scholar?hl=en&q=Turner%2C+V.+%281974%29.+Liminal+to+liminoid%2C+&btnG=&as_sdt=1%2C5&as_sdtpr

Uhlman, E. (1975). Therapy is not enough: The contribution of art to a general hospital psychiatry. In E. Uhlman and P. Dachinger (Eds.). *Art Therapy in Theory and Praxis*, (14-32). New York: Schocken Books.

UNICEF (2017). Humanitarian Action for Children: Overview. Retrieved from https://www.unicef.org/publications/files/HAC_2017_Overview_ENG.pdf

Uttley, L., Stevenson, M., Scope, A., Rawdin, A., & Sutton, A. (2015). The clinical and cost effectiveness of group art therapy for people with non-psychotic mental health disorders: A systematic review and cost-effectiveness analysis. *Bio Medical Central Psychiatry*, 15(151), 2-13. DOI 10.1186/s12888-015-0528-4

Vago, D. R., & Zeidan, F. (2016). The brain on silent: Mind wandering, mindful awareness, and states of mental tranquillity. *Annals of the Academy of Sciences Issue: Advances in Meditation Research*, 1373, 96-113. DOI:10.1111/nyas.13171

- Van Genneep, A. (2019). *The rites of passage* (2nd ed.). USA: The University of Chicago Press.
- Van Lith, T. (2016). Art therapy in mental health: A systematic review of approaches and practices. *The Arts in Psychotherapy*, 47, 9-22. Retrieved from <http://dx.doi.org/10.1016/j.aip.2015.09.003>
- Van Westrhenen, N., & Fritz, E. (2014). Creative arts therapy as treatment for child trauma: An overview. *The Arts in Psychotherapy*, 41(5), 527-534. Retrieved from: <https://doi.org.10.1016/j.aip.2014.10.004>
- Van Westrhenen, N., Fritz, E., Oosthuizen, H., Lemont, S., Vermeer, A., & Kleber, R. J. (2017). Creative arts in psychotherapy treatment protocol for children after trauma. *The Arts in Psychotherapy*, 54, 128-135. Retrieved from <https://doi.org/10.1016/j.aip.2017.04.013>
- Ventres, W. B. (2016). Building power between polarities: On the space-in-between. *Qualitative Health Research*, 26(3), 245-350.
- Voltaire (n. d.). Quotes. Retrieved from <https://www.goodreads.com/quotes/276728-meditation-is-the-dissolution-of-thoughts-in-eternal-awareness-or>
- Waller, D. (2006). Art therapy for children: How it leads to change. *Clinical Child Psychology and Psychiatry*, 11, 271-282. DOI: 10.1177/1359104506061419
- Wang, Q., Coemans, S., Siegesmund, R., & Hannes, K. (2017). Arts-based methods in socially engaged research practice: A classification framework. *Art/Research International: A Transdisciplinary Journal* 2(2), 5-39. DOI: [10.18432/R26G8P](https://doi.org/10.18432/R26G8P)
- Weinstein, N., Przybylski, A. K., & Ryan, R. M. (2013). The integrative process: New research and future directions. *Current Directions in Psychological Science*, 22(1), 69–74. DOI: 10.1177/0963721412468001
- Weissova, H. (2008). *Draw what you see. A child's drawings from Theresienstadt/Terezin*. (2nd ed.). Germany, Göttingen: Wallstein Verlag.
- Wethington, H. R., Hahn, R. A. Fuqua-Whitley, D. S., Sipe, T. A., Crosby, A. E., Johnson, R. L., ... Chattopadhyay, S. K. (2008). The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: A systematic review. *American Journal of Preventive Medicine*, 35(3), 287- 313. DOI: 10.1016/j.amepre.2008.06.024

Yaden, D. B., Haidt, J., Hood Jr., R. W., Vago, D. R., & Newberg, A. B. (2017). The Varieties of Self-Transcendent Experience. *Review of General Psychology. Advance online publication*. <http://dx.doi.org/10.1037/gpr0000102>

Zhuangzi (n. d.). Quotes. Retrieved from <https://www.pinterest.com.au/landguy/zhuangzi/>