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Art Therapy and Parts Work in the Treatment of Complex Trauma: A Literature Review

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

In recent decades, there has been an ever-expanding interest in addressing the effects of trauma. Additionally, more attention is being focused on the insidious and compounding effects of complex trauma. Within the context of this increased spotlight, a range of therapies have been born to address these effects. Art therapy is one example of a modality that uses art materials to externalize. Parts work is a group of theories that addresses the intrapsychic relationships that govern our thoughts, feelings, sensations and actions. Two parts work theories, structural dissociation and internal family systems, are explored in this thesis. This literature review focuses on the qualities that may contribute to the compatibility of art therapy and parts work in the treatment of complex trauma.

Keywords: Complex trauma, internal family systems, structural dissociation, art therapy, parts work

Author Identity Statement: The author identifies as a queer woman from New England of East Indian ancestry.

Art Therapy and Parts Work in the Treatment of Complex Trauma: A Literature Review

Introduction

Traumatic experiences are extremely prevalent in the United States and globally: According to a national survey of 17,000 individuals conducted by the Centers for Disease Control and Prevention and Kaiser Permanente (2022), approximately 1 in 6 respondents had experienced at least four or more types of adverse childhood experiences prior to the age of 18. When traumatic experiences accumulate, they compound and have far-reaching and deep effects. In contrast to single-incident trauma, complex trauma is a form of relational trauma that is repeated or extended over time, injuring one's sense of safety and trust in others (Van der Kolk, 2014; Anderson, 2021). Additionally, complex trauma can disturb one's internal connection between intrapsychic parts and what Schwartz (2013) referred to as *Self*, a wellspring of inner compassion, curiosity, courage, creativity and calm that he theorized exists in all humans.

Parts work refers to therapeutic ways of working with the mind's multiplicity. A person may possess multiple and sometimes conflicting feeling, thoughts, and desires. Each of these entities is referred to as a part. Two models of parts work will be discussed in this thesis: structural dissociation and internal family systems (IFS).

The structural dissociation model organizes parts around the strategies that were available to help the client survive at the time of the traumatic events (Van der Hart et al., 2004). For example, one part may be inclined toward a fight response, while another part may lean toward any of the other trauma defenses (flight, freeze, cry for help, etc.). Van der Hart and researchers theorized that trauma creates the conditions for these internal parts to arise.

In the internal family systems (IFS) model, all individuals have parts as well as a core *Self* (Schwartz, 2021). Parts can take many forms, from preemptive parts to reactive and

vulnerable parts. The goal of IFS is to relate to parts with more Self energy to understand what they are protecting. The process of healing vulnerable parts creates the conditions for protective parts to consider other roles.

Art therapy could hold a range of possibilities in the treatment of complex trauma, especially in combination with parts work. Art therapy refers to a modality that involves using visual artmaking and art materials as a form of self-expression in therapy. Some features of art therapy in the treatment of complex trauma include its nonverbal nature, possibilities to express multiplicity and lower defenses. These qualities could potentially serve as strengths in combining art therapy and parts work, as a few researchers have explored (Turns, et al., 2021; Konopka & Zhang, 2021; Lavergne, 2004; Shelly, 2022). This thesis will first explore an overview of the nature of complex trauma. Then the nature of parts work and art therapy will be examined in their own rites. Finally, this thesis will investigate the intersections of art therapy and parts work in the treatment of complex trauma.

Methods

To examine the crossroads between art therapy, parts work and complex trauma, I used the Lesley University online academic library and Google Scholar to find academic journals. My search began by looking at specific examples of studies in which art therapy and parts work were combined and expanded through gathering articles that elaborated on some uses of the two modalities separately to gain fuller insight into each modality. Additionally, several books by authors who developed the approaches were used to better understand the intersections between these topics.

Search terms used included various combinations of the following:

- Art therapy

- Parts work
- Complex trauma
- Internal family systems
- Structural dissociation
- Phase-oriented treatment
- Complex post-traumatic stress disorder or C-PTSD

Literature Review

Complex Trauma

The American Psychiatric Association (2013) defined trauma as “exposure to actual or threatened death, serious injury, or sexual violence” (p. 271) through direct experience, witnessing, learning about a close friend or family member who had a direct experience, or repeated exposure to extreme details of traumatic events. Naff (2014) noted a limitation to this definition: many events that can activate trauma disorder symptomology do not meet the DSM definition of trauma, suggesting that the impact of a traumatic event is determined by the way a person processes and makes meaning of the event, rather than the event alone.

Complex trauma refers to the result of a series of ongoing exposures to multiple traumas from which there was no escape (Anderson, 2021). These experiences have an impact on the individual’s capacity for trust and emotional safety.

Symptomology can look different from the symptoms of single-incident PTSD when individuals have experienced multiple traumatic events (Naff, 2014). Often individuals who have experienced cumulative trauma present to mental health services for help with symptoms of depression, addiction, anxiety, relationship difficulties or, more common in children, behavioral symptoms reminiscent of conduct disorder, oppositional defiant disorder, or attention-deficit

hyperactive disorder (Naff, 2014). Hodgdon et al. (2022) outlined the ways that exposure to multiple types of trauma impacts symptomology, including increased risk of more severe PTSD, increased co-occurring anxiety and mood disorders, as well as increased dissociative and somatic symptoms. Affect dysregulation and disturbances in self-perception, such as trauma-related guilt and shame, are also included.

The International Society for Traumatic Stress Studies (ISTSS) Complex Trauma Task Force conducted a mail-in survey of 25 experts in complex PTSD and 25 experts in PTSD to gain insight into the relative presence and impairment of complex PTSD symptoms as well as the safety, effectiveness and acceptability of various treatments for CPTSD (Cloitre et al., 2011). Emotion-focused and emotion regulation interventions as well as narration of traumatic memories were regarded as usually or extremely effective. Cognitive restructuring, education about trauma and stress management were consistently noted as second-line interventions. There was strong consensus of the value of psychoeducation about trauma. Survey participants endorsed adapting interventions to the targeted symptoms. For example, interpersonal effectiveness training was recommended for relationship difficulties or emotion-focused treatment for affect dysregulation.

Cloitre and their team's (2011) survey found that 84% of experts surveyed advocated for sequence or phase-oriented therapy. The phase-oriented treatment model was developed by Judith Herman (1992) and involves three sequential phases: (1) safety and stabilization, (2) trauma processing and (3) integration. The first phase directly addresses autonomic dysregulation through the development of emotional regulation and skills to maintain safety. When a client's symptoms become stabilized, the trauma processing phase can begin. When clients become activated in this second phase, they are directed to return to using coping skills to restabilize.

Phase three involves integrating the gains that occurred in the first two phases.

Fisher (2017) noted a drawback to phase-oriented treatment. She acknowledged that safety and stabilization can feel like elusive goals for many traumatized clients. Cautious or inexperienced therapists may linger in the safety and stabilization stage out of avoidance or fear of exacerbating safety issues that can come up during trauma processing. Therapists may even inadvertently collude with their client's avoidance. For these reasons, trauma processing may be delayed unnecessarily in phase-oriented treatment.

Parts Work

Parts work refers to several theories that challenge what Schwartz (2021) referred to as the "mono-mind perspective" (p. 9). Mono-mind theories presume that each person is one, unified being, thinking, feeling and acting as a whole. Historically, mono-mind theories have formed the dominant paradigm in the field of psychology. The crux of parts work theories is that the mind is multiple: one part may be feeling one way while another part feels differently. Two parts work models are described here: structural dissociation (Van der Hart et al., 2004; Fisher, 2017) and internal family systems (Schwartz, 2013; Schwartz, 2021).

Fisher (2017) asserted that a parts approach offers the opportunity to incorporate mindfulness. Noticing parts allows for the client to have "dual awareness [or] the ability to stay connected to the emotional or somatic experience while also observing it from a slight mindful distance" (Fisher, 2017, p. 44). Parts work also involves titrating difficult emotions or sensations; when a part is overwhelmed, the therapist and client can trust that there are other entities in the client's internal world that can access resources such as calm and compassion.

Parts Work: Structural Dissociation Model

The structural dissociation model involves the development of parts as a dissociative

breakdown in integration following trauma (Van der Hart et al., 2004). Brown (2021) described that it is common for individuals who have experienced trauma to split off aspects of their personality, also known as dissociative splitting. During a traumatic event, this strategy allows an individual to survive the traumatic experience. Many survivors continue to wall off parts that carry intrusive memories and distressing burdens. While this process serves the function of protecting the individual from a perceived ongoing threat, it also gives rise to internal conflicts among parts.

Van der Hart et al. (2004) explained that primary structural dissociation occurs when a single-incident trauma involves the division of the personality into the “apparently normal part” and the “emotional part” (p. 906). The authors described that the emotional part continues to re-experience the trauma as if it is happening in the present moment, and the apparently normal part pushes away traumatic memories to focus on everyday life in the present. The authors explained that the apparently normal part’s avoidance is an adaptive defense, as it can be disruptive to recall traumatic memories while trying to move forward with daily life. When a client experiences a fuller capacity to integrate their experience, maintaining structural dissociation begins to become maladaptive in daily life.

Van der Hart et al. (2004) explained that complex trauma can lead to secondary dissociation, in which the personality is divided beyond the emotional and apparently normal parts. The resulting systems can include a range of defenses such as “hypervigilance, flight, freeze, fight and total submission, as well as the ‘attachment cry’ and recuperation” (Van der Hart et al., 2004, p. 910), all of which are different reactions to ongoing trauma. Additionally, the process of tertiary dissociation illustrates the features of dissociative identity disorder (DID), in which there may be more than one apparently normal part of the personality.

Parts Work: Internal Family Systems

Internal family systems, or IFS, emerged as a blending of intrapsychic concepts, family systems theories and spiritual traditions (Schwartz, 2013). Anderson (2021) delineated the IFS concept that each individual has an internal leader called the Self, which "doesn't need to be cultivated or developed; we are born with it" (p. 25). The Self embodies the qualities of calm, compassion, courage, curiosity, clarity, creativity, connectedness, confidence.

Anderson (2021) explained that when there is trauma, parts are forced into unideal roles that protect the system at all costs or hold the burdens of the past. There are three major classifications of parts: (1) *Exiles*, or wounded parts, (2) *Managers*, or parts in preventative roles and (3) *Firefighters*, parts with extreme and reactive behaviors. Managers have a need to be in control and often have difficulty unblending from Self, or in other words, letting the Self lead. Firefighters are often challenging for therapists to work with because their extreme behaviors can include addiction, numbing out, dissociating, shaming, self-harm, suicidality, eating disorders, etc., which may activate manager parts in the therapist. Parts communicate through the full range of sensory channels (visual, tactile, etc.) as well as through thoughts, emotions, body sensations and beliefs.

Anderson, Sweezy & Schwartz (2017) discussed a process, referred to as the 6F's, that can be used to help defensive parts unblend from Self. The steps are: (1) find the part that most needs attention, (2) focus attention inward onto this part, (3) flesh out details such as what the part looks like and how one experiences the part, (4) assess for Self-energy by asking how the person is feeling toward the part, (5) befriend the part if there is enough self-energy and (6) ask what the part fears.

To address an empirical research gap on the IFS concept of the Self, Fitzgerald & Barton

(2021) conducted a study investigating the theorized mediating impacts of Self-qualities and Self-leadership between the presence of childhood maltreatment and two consequentially affected experiences: depression and relationship quality. The researchers conducted an online survey measuring childhood maltreatment, Self-qualities, Self-leadership, depressive symptoms, relationship quality, in addition to the covariants of emotional dysregulation and dispositional mindfulness through various Likert-style questionnaire items in 183 college students.

Fitzgerald & Barton's (2021) results were analyzed using PROCESS Macro and found that Self-qualities, such as compassion, confidence, connection and courage indirectly mediated the space between childhood maltreatment and both depressive symptoms and relationship quality. Self-leadership was not shown to have a mediating effect, which the authors suggested may be due to a study limitation: the Self-leadership subscale asked about stressful situations which would naturally involve different parts, including protectors and exiles. They suggested using observational methods in future studies to measure Self-leadership more accurately.

Fitzgerald & Barton (2021) provided confirming data supporting the IFS idea that Self-qualities are a resilience factor following childhood trauma. This data reinforced the importance of a strengths-based approach that highlights and/or helps facilitate access to experiences that reflect Self-qualities.

Schwartz (2013) used a literature review and case study to illustrate the role of internal family systems in cultivating acceptance for various parts of self and how the process of acceptance fosters change in parts. Schwartz described the benefits of acceptance and self-acceptance for psychological health and the role of mindfulness in cultivating acceptance. Williams & Lynn (2010) tracked the assumption that self-acceptance yields psychological benefits as having roots in psychoanalysis, humanistic theory as well as more recent

mindfulness-based theories. In reference to unwanted impulses, Schwartz (2013) expressed that the goal of IFS is to “build on this important first step of separating from and accepting these impulses, and then take a second step of helping clients transform them” (p. 807).

Schwartz’s (2013) method for helping a client’s parts separate from Self has several steps. First, the client names an emotion or belief that they would like to either change or learn more about. Then the client is asked to focus on the feeling and notice where it is in the body. The therapist then asks how the client feels toward the part. According to Schwartz, if the client responds with indicators of curiosity, compassion and acceptance, then they have accessed Self, and if not, then another part is speaking. He compared the process of accessing Self to the effects of long-term mindfulness meditation, noting that “even those who have been traumatized often can access those qualities in early sessions” (Schwartz, 2013, p. 809). In contrast to mindfulness meditation, these qualities need no cultivation.

Schwartz’s (2013) presented a case study outlining his process of maintaining a state of acceptance with his client, Will, while conducting the method. He correlated the acceptance and lack of pressure he offered different parts to spontaneous realizations in his client between sessions, which led to greater understanding and eventually, a part making a change in behavior. This research was conducted under the Center for Self-Leadership, the training organization for IFS, which is a bias that could have been explicitly stated.

Haddock et al. (2016) conducted the first known pilot study on the effectiveness of internal family systems with female college students meeting diagnostic criteria for depression. The researchers compared the effectiveness of internal family systems (IFS) to treatment as usual (TAU), which consisted of cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT) (Haddock et al., 2016). The benefits of IFS were hypothesized to be comparatively equal or

better than those of TAU (Haddock et al., 2016).

Participants were recruited from a university counseling center (Haddock et al., 2016). Participants had a score between 14 to 63 on the Beck Depression Inventory (BDI), indicating depression symptoms ranging from mild to severe. Exclusionary criteria included a range of other psychiatric diagnoses and suicidality (Haddock et al., 2016). The study included a sample of 32 students who were assigned to either IFS or TAU based on convenience of scheduling (Haddock et al., 2016)

In Haddock et al.'s (2016) study, both treatment conditions were shown to decrease symptoms of depression with no statistically significant differences. Some limitations to these findings are the small sample size, and five participants from the IFS treatment condition withdrawing early from treatment (Haddock et al., 2016). These results suggest that IFS may be a comparable treatment to CBT and/or IPT, with the need for more empirical research in this area.

Internal Family Systems & Complex Trauma

According to Anderson (2021), the IFS model follows a set of steps that diverges from the traditional phase-oriented model for a variety of reasons. Anderson asserted that phase one of safety and stabilization (learning grounding and distress tolerance skills) can favor the roles and agendas of certain Managers over others, creating polarization in the internal system. Anderson pointed out that phase-oriented treatment does not acknowledge and appreciate the roles of extreme parts who work just as hard as the Managers to protect the system. Additionally, Anderson explained that in IFS, there is no need to build competencies because there is no deficit; we all have a Self that needs no cultivation. He described that IFS teaches clients to speak directly with the part that is overwhelmed instead of indirectly building resources.

Anderson differentiates the unburdening process from trauma processing in a phase-oriented model; unburdening involves releasing constraints held by parts to bring them into present day life versus processing and reappraising memories in the phase-oriented model.

Twombly (2013) offered a differing perspective, explaining that internal family systems and phase-oriented treatment are not mutually exclusive. She elucidated that phase-oriented treatment was designed to stave off overwhelm and decompensation; it also prevents protective parts from being triggered in a manner that affects treatment. Twombly theorized that the exiles of folks with complex PTSD and dissociative disorders carry extreme burdens, while firefighters and managers work very hard to be in control and can feel overwhelmed easily.

Additionally, Twombly (2013) expressed that dissociated parts do not always know one another and may not know the therapist if a different part tends to show up in therapy most of the time. She elaborated that sometimes parts make themselves known through layers as trust is built and progress is made with the therapist. This means that a client who is beginning to make significant progress can unexpectedly go into crisis as a previously dormant part emerges. Clients with dissociative disorders may find the therapist's knowledge of parts threatening due to the fear that the client's secret ways of keeping themselves safe and attached to caregivers may be compromised.

Twombly (2013) explained that phase one compensates for extreme burdens and a sense of divorce from Self-energy through facilitating communication and building cooperation between parts and learning coping skills. In addition, phase one is intended to help parts build compassion for one another. Twombly advocated for using safe space imagery, imagining a space where anything negative and trauma-related is blocked out so the body can feel safe and calm, and containers, imaginary places to place traumatic material with the commitment to

address it in the future. These strategies recognize and harness the power of dissociation and allow this form of dissociation to become an upgraded coping skill. Phase two is processing trauma while using coping skills to remain stabilized. When destabilization occurs in phase two, it is a signal to return to phase one until the client is again stable to proceed with processing.

Brown (2021) proposed combining IFS-informed eye movement desensitization and reprocessing (EMDR) in a research study. In the early stages, EMDR involves an assessment process to determine the appropriateness of EMDR for the client. Brown explained that IFS language can be used to lessen the intensity of discussing traumatic material. This process allows for stabilization by helping the client understand their inner world. Parts language can also be used to help identify target memories, feelings, body sensations and central cognitions. Brown emphasized the importance of listening to firefighters and managers when they interfere with the EMDR process, noting that EMDR has the potential to override the judgment of managers to access exiles.

Hodgdon et al. (2022) conducted the first effectiveness study examining the impact of IFS on individuals with PTSD and co-occurring disorders who had exposure to two or more types of childhood trauma and had depressive symptoms (at least a score of 14 on the Beck Depression Inventory). Hodgdon and their team of researchers noted that while cognitive processing therapy and prolonged exposure have benefited many folks with PTSD, a review of 50+ randomized control trials revealed that 31-59% of study participants still reported PTSD symptoms at the end of treatment. Like Cloitre and their team's work on complex trauma (2011), Hodgdon (2022) and their team noted the dearth of research in co-occurring symptomology (eg. somatization, emotional dysregulation, etc.) among PTSD patients with exposure to multiple traumatic events in childhood despite the increased risk of symptom severity when these are

present.

Hodgdon et al. (2022) proposed IFS as an alternative treatment due to a few strengths of the model. The IFS model integrates mindfulness, self-acceptance, systems theory, self-compassion as well as trauma theories and multiplicity of the mind (Anderson, 2021). Additionally, Hodgdon et al. (2022) noted that IFS therapy has the capacity to enhance an individual's ability to be with the distressing trauma material that vulnerable parts hold through mindfulness and self-compassion. The full course of treatment included 16 weekly, 90-minute sessions of individual IFS therapy. Several assessment measures were used to measure a range of symptoms.

Of the 17 clients who were assigned an IFS therapist in Hodgdon et al.'s (2022) study, 13 completed all 16 sessions. Over 90% of participants who completed the full course of IFS treatment ceased to meet DSM-IV-TR criteria for PTSD (Hodgdon et al., 2022). The researchers ascribed these results to a small, but statistically significant increase in participants' ability to be with, rather than distract from or ignore distressing sensations. Some limitations of this study include its uncontrolled design, small sample size and the homogenous composition of the sample.

Lucero, Jones & Hunsaker (2018) discussed several qualities of IFS that could make it appeal to combat veterans with PTSD. IFS takes a nonpathologizing approach to conceptualizing a person's inner world. All parts have essential roles and functions in the system. Further, the collaborative process of IFS can lower defenses that may emerge if a veteran has the commonly held belief that receiving help makes them weak. The authors also explain that IFS allows a client to identify what they find most problematic versus receiving a label from professionals.

Art Therapy

Art therapy is a creative modality that uses the artmaking process to facilitate growth, recovery and reparation (Malchiodi, 2011). Art therapy can be used with all ages and focuses on the therapeutic needs communicated through the content of art products and the process of artmaking. These qualities of art therapy as communication are distinct from other artistic fields in that aesthetic accomplishment is not a focus.

Braus & Morton (2020) described some additional therapeutic aspects of art therapy. Art therapy is a tool for the expression of emotions that allows for autonomy and increased self-awareness. Autonomy of self-expression creates space for a wide variety of perspectives, especially those that are counter to the stereotypes and views of the status-quo. Art provides a platform for the communication of emotions, thoughts and experiences that may be difficult to put into words, giving voice to "paradoxical, confusing or ambiguous ideas within the same image" (Braus & Morton, 2020, p. 267), allowing for the expression of nuance and multiple realities.

According to Braus & Morton (2020), art therapy utilizes mindfulness, allowing one to bring their attention to the materials and artmaking task while allowing aspects of daily stress to fade into the background. Braus & Morton described art therapy as a process that can bring explicit awareness to implicit experiences.

An example of art therapy is the safe place collage protocol (Tripp et al., 2019). This protocol was used in a mixed-methods study and illustrated art therapy's potential to synthesize multiple aspects of experience (Braus & Morton, 2020). The safe place collage protocol is a "structured method for acknowledging and managing both comfortable and disturbing emotional experiences simultaneously" (Tripp et al., 2019, p. 511).

The study involved 22 participants over the age of 18 at an art therapy clinic; all participants had a history of trauma (Tripp et al., 2019). No clients with current active psychosis or substance abuse behaviors were included. The researchers used the State Trait Anxiety Inventory (STAI), which uses 20 questions to measure situational anxiety and 20 questions for general anxiety. These assessments used a 4-point Likert scale rated from 'always' to 'almost never'. Participants completed this assessment for three weeks on a weekly basis prior to administration of the safe place protocol.

The protocol involved having participants select among precut images a safe or positive image and a disturbing image (Tripp et al., 2019). Participants then used these two images to create a collage that communicates safety or comfort to them. The authors drew from the somatic technique of *pendulation* (Levine, 2016), which is when a client is asked to move their attention back and forth between distressing stimuli and something that can be used as a resource. In Tripp et al.'s (2019) study, a more self-possessed part is called upon to help an overwhelmed part in this process. Tripp et al.'s safe place collage protocol addressed a limitation of the directive to draw or imagine a safe place: researchers had found through previous experience that many traumatized clients felt overwhelmed by the elusiveness of the concept of safety, which Fisher (2017) had also echoed.

Tripp and researchers (2019) found that three art making strategies were revealed in the analysis: negating, tolerating and integrating. Negating involves using the flight response in an attempt to dismiss, cover over or remove the distressing image. Tolerating involved adjusting the distressing image by reducing, isolating or compartmentalizing aspects that contribute to distress. Integrating was the process of transforming or reframing the image. While each strategy was shown to have merit, clients who used the integrating strategy were more likely to regard their

art as a useful resource for creating a sense of safety. A limitation of this study was the small sample size. This study is one example of using art therapy to explore the relationship between two emotionally activating images, a process that could potentially be used with parts.

Art Therapy and Complex Trauma

Art therapy has various qualities that contribute to its effectiveness for trauma. Gantt and Tinnin (2009) discussed the nonverbal nature of trauma and the potential of art therapy to address trauma using nonverbal means. The authors attributed trauma pathology to “the involuntary instinctual survival reactions that interrupt verbal consciousness and dominate behavior and sensation during the time it takes to recover normal verbal thinking” (p. 150). According to Gantt and Tinnin, trauma recovery requires connection between the left and right parts of the brain, which art therapy can offer. Gantt and Tinnin expressed that alexithymia and difficulty discussing traumatic narratives are a function of how the brain processes trauma and are not a reason to delay trauma treatment given the resource of nonverbal modalities like art therapy.

Naff (2014) compiled a framework for treating cumulative trauma with art therapy by gathering data through a literature review, interviews with three registered art therapists trained and practiced in treating cumulative trauma, and arts-based responses to these interviews. Most art therapists interviewed used trauma-focused cognitive behavioral therapy (TF-CBT) and agreed that the essential components of TF-CBT include psychoeducation, relaxation methods and a client-centered pacing to the development of a trauma narrative. All three art therapists advocated for increasing a client’s awareness of strengths and resources. Additionally, the art therapists all agreed that unconditional positive regard, consistency, the development of an authentic connection with the therapist and goal-setting are essential components of effective

treatment.

Participants in Naff's (2014) study noted that art appeared to have the impact of diffusing tension by shifting the attention from the client to the art, which the art therapists regarded as a more accurate and less distorted representation of the client's inner world than their verbal report. Art can be used to reintegrate the trauma narrative by representing feelings or recollections. Having control over how these are represented offered a sense of control in the narrative.

Schouten et al. (2015) investigated the suitability of art therapy for the treatment of trauma. The implicit, nonverbal storage of trauma memories (Van der Kolk, 2014) suggest they may be accessed by arts-based means. Schouten et al. (2015) conducted a systematic review of six controlled studies with outcome measures using art therapy with traumatized adults. Half of the included studies showed a significant decrease in trauma symptoms. In one study, a significant decrease in depression was measured. A limitation of this review is the small sample size, given that a total of 223 participants were included in the studies. This study also grouped a heterogenous medley of art therapy methods under the general label of 'art therapy,' which means the qualities of effective art therapy are not elaborated.

To better understand children's experiences and perspectives of intimate partner violence (IPV), Malka (2019) used a case study to examine their work using art methods with a 10-year-old girl who had exposure to IPV. Malka noted that memories of IPV can influence a child's coping patterns when faced with conflict and the way they reference their own role in their family, often blaming themselves for the violence.

Malka's (2019) case study examined six clinical vignettes using art as a communication tool over an 18-month course of therapy. The drawings showed a progression starting with the

client struggling to acknowledge why she left her father out of her kinetic family drawing. The next drawing was a violent comic that expressed her feelings that adults don't understand what children are going through. In the following session, the therapist asked to be included in a role-play regarding the previous comic, which shifted their relationship. This trust building allowed the child to share about her experience of IPV, first with the therapist, then with her mom. The girl began to play a more empowered role in the play, such as stopping the game when the therapist played a role that behaved disrespectfully, as directed by the client, in the last session. In this case study, the child was able to not only express her need to contain her aggression through art, but also did so symbolically through a relationship with the therapist that was built on curiosity and care.

Art Therapy, Externalizing and Parts Work

Various authors (Anderson, 2021; Fisher, 2017; Turns et al., 2021; Konopka & Zhang, 2021) discussed using externalizing as a technique for parts work. Fisher (2017) explained that drawing parts can help a client's normal life parts to see and relate to traumatized parts with some distance and perspective. From this place, one can engage in dialogue with this part or impart caring gestures in the artwork. Fisher also discussed her approach of using diagramming to map out the landscape of inner triggers, activated parts, and a solution. Fisher reported that diagramming can help clients slow down and notice frame-by-frame, the factors that contribute to an activating moment. Additionally, Fisher illustrated the use of objects, figurines and toys in a psychodrama-like manner to help clients externalize parts that played a role in any given situation.

Turns, et al. (2021) described a framework for combining internal family systems and sandtray, writing that the two techniques are compatible because they both highlight "exploration

of the complex inner worlds of the clients" (p. 80) and use the intervention of externalizing. Clients were able to visually notice the ways that parts have learned to unblend from session to session. Turns et al. described a 9-step process for implementing sandtray and IFS and shared a case study involving a couple to illustrate. The steps involved: (1) introducing parts and IFS, (2) helping the client to identify parts, (3) picking a sandtray miniature to represent the parts, (4) arranging the miniatures on the tray, (5) helping the client get familiar with each part, (6) identifying parts that were blended, (7) assigning homework, (8) assessing any changes that occurred between previous and next session, and (9) allowing clients to alter the sandtray image according to these changes.

Turns and their team (2021) described the process of using these steps in couples counseling with clients, Rachel and Chris. They ascertained that sandtray and IFS allowed each partner's parts to interact with one another in a safer space. The authors asserted that this process created more understanding for one another's parts through each partner being able to witness their partner's parts compassionately. As Chris and Rachel began to relate to their own and each other's parts with more Self-energy, Chris was able to learn the skills required to validate his partner's parts, and Rachel began to experience her Self as a stronger leader. The descriptive outcomes of this study followed a logical progression, making them plausible and credible. The authors were transparent about difficulties that arose in the therapeutic process. Further research could compare the effectiveness of sandtray IFS with talk IFS or other IFS modalities.

Konopka and Zhang (2021) conducted a case study of a therapist's third session with a client, Rita, examining a method connecting body wisdom, Dialogical Self Theory (DST) and the art therapy technique of composition work. The researchers studied how body sensations can illuminate implicit I-positions for use in composition work. According to Konopka & Zhang

(2021), a DST I-position is “a character or a part of the self that is distinguishable from other parts and that can enter a dialogue with other parts” (p. 171). The authors illustrated that the method of composition work encouraged clients to notice I-positions and externalize them through symbolic means with stones and nature objects. Konopka & Zhang expressed that the resulting landscape “speaks back to its composer in the nonverbal language of colors, textures, organization, rhythm, balance or unbalance” (p. 174). These elements allowed for examination of and dialogue between different parts of self.

Konopka & Zhang (2021) reported that the therapist working with Rita suggested composition work in order to work with anxiety around relocating to another country and experiencing pressure to find a new job. When asked to let go of her previous self-knowing and to listen to her body, Rita noticed a sensation in her head. When asked questions about its color and form, Rita described it as a “chaotic mosaic” (Konopka & Zhang, 2021, p. 175) and felt caught up in an elastic net. She picked a multicolored rock to externalize this experience of a narrow space.

Konopka & Zhang (2021) noted that when the client shifted her attention to her body, she reported feelings of anxiety, energy and strength. She chose specific rocks and stones to represent these emotions. The emerging feeling was creative energy. The therapist then used movement to help her embody the creativity and energy more fully, although a method for this process was not named. Rita then chose a stone to represent this creative energy. The authors reported that this process of paying attention to the body and creatively symbolizing what came up helped Rita to develop insight into her need for creativity in any future employment. Some critiques of this study is that it appears to be funded by groups that promote the methods used, was limited to one person and appears difficult to replicate.

Lavergne (2004) combined quantitative and qualitative methods in a study of the effectiveness and experiences of trauma group therapy protocol for adjudicated teenage girls. Lavergne's group, which consisted of two participants, Amelia and Reena, combined art therapy and IFS with the goal of processing harmful life events. The group consisted of seven sessions varying in length from 2.5 hours to 3.5 hours. The PCL-C was administered to both participants to assess for PTSD. The case study focused on Amelia, due to her PCL-C score indicating PTSD. While Lavergne offered Reena's drawings for comparison with Amelia's, they did not discuss Reena's art in detail, because she did not meet full diagnostic criteria for PTSD, which was the focus of the article.

Lavergne (2004) combined IFS and a phase-oriented approach to structure the group. Phase one involved fostering safety and introducing IFS concepts through a series of developmentally sequenced art making sessions. Phase two involved processing traumatic events through creating a booklet about these events. Phase three was integration and containment, which was akin to an unburdening process.

Lavergne (2004) collected artistic products and researcher accounts from the verbal group process and content. Amelia's artistic products showed a transformation from using stereotypical images and refusing to share to a turning point when she connected with her Self through the image of a lamp when asked to depict a helper/ally. Moving into processing traumatic events, the participants were asked to show a parts dialogue in a structured way; they depicted the story and feelings through visual art, as well as the beliefs that followed and a message from their helper about this event. In these stories, Amelia was fully engaged, as evidenced by sharing drawings on the topic. She also showed the presence of Self energy through phrases like, "it's not your fault! I love you" (Lavergne, 2004, p. 29). In the next phase,

the participants created unburdening pots out of clay in which they planted bulbs to symbolize moving on from the pain.

According to Lavergne (2004), Amelia's PCL-C post-test showed a reduction in PTSD symptoms by 41%. It would be interesting to see how she scored a few months or a year later. Lavergne believed that the three-phase model and closed nature of this group contributed to its effectiveness. Art therapy allowed Amelia to tolerate sharing complicated feelings, while also affording respectful privacy in what she shared.

Shelly (2022) developed a method for combining art therapy and parts work with survivors of sexual violence as a part of their master's thesis. Shelly's study was conducted through individual psychotherapy at a nonprofit outpatient clinic with eight clients — five adults and three children. Shelly used a Rogerian-style approach, following the lead of the client as they share about the past week's unfolding. As the therapist listened, they inquired about what parts were involved in each situation. After identifying parts, Shelly called forth curiosity to aid in helping parts unblend by asking clients how they feel toward the parts and if they understand why the parts are thinking, feeling or behaving the way they are. They also encouraged clients to name any other parts who were present.

From here, Shelly (2022) used either a visualization if they were anxious and unfocused or a grounding exercise if they were feeling flooded. These strategies were used in preparation for art making. Clients were asked to depict parts using a variety of directives: drawing a strong and vulnerable part, polarized parts, Self and an activated part, a protector and an exile, a conference table of parts and a safe place. Shelly designed these directives to be used with a variety of art materials. Shelly noted that their clients reported one of two outcomes: either a

reduction in symptoms or symptom maintenance paired with increased self-awareness regarding triggers.

Discussion

The question addressed in this thesis is how art therapy can enhance parts work in the treatment of complex trauma. Several sources were used in this literature review to gain insight into how art therapy and parts work may be utilized together for this purpose. The nature of complex trauma is such that it has a profound impact on resulting symptomology beyond the resulting impacts of single-incident trauma (Herman, 1992; Fisher, 2017; Naff, 2014; Hodgdon et al., 2022). The dissociative splitting that can occur with complex trauma suggests the need for treatment to address a range of intrapsychic parts (Fisher, 2017). Structural dissociation and internal family systems were explored as theories that address the multiplicity of the mind.

Structural dissociation ascribes parts as a natural adaptation to one or more traumatic events (Fisher, 2017; Van der Hart et al., 2004). As the number of traumatic events increase, the complexity of parts and strategies used, including fight, flight, freeze, submit, and cry for help, increases (Van der Hart et al., 2009). While some parts become stuck in reexperiencing symptoms, others are able to move on with normal life functions (Fisher, 2017).

Internal family systems offers a less pathologizing perspective that all individuals naturally have parts as a function of being alive (Schwartz, 2013; Schwartz, 2021; Anderson, 2021). Parts can play a variety of roles and are able to maintain harmony, cohesion and teamwork when the internal leader, the *Self*, is able to lead.

Parts work approaches can work toward a variety of goals, including cultivating acceptance and change in parts (Schwartz, 2013), decreasing symptoms of depression (Haddock et al., 2016) and releasing internal constraints (Anderson, 2022). While Anderson argued that the

Self needs no cultivation, Twombly (2017) offered the perspective that sometimes parts need assistance in building skills and using them effectively. Brown (2021) noted that IFS language can be used to de-intensify EMDR and provide language for what is happening. Hogdon et al. (2022) expressed that IFS can eliminate PTSD symptoms in individuals who have experienced multiple traumatic events in childhood, which is overwhelmingly hopeful.

In implementing a parts work approach, art therapy presents as a strong modality to help facilitate the connection between a client's Self and different parts. Art therapy has the capacity to be used to externalize parts, communicate a range of ideas and communications both verbally and nonverbally from parts and explore the relationships between these entities (Braus & Morton, 2020; Tripp et al., 2019). A few examples of art therapy in the treatment of trauma and complex trauma were explored (Naff, 2015; Malka, 2019). Additionally, various studies examining visual externalizing techniques, such as sandtray and art therapy in relation to parts specifically were explored (Turns, et al., 2021; Konopka & Zhang, 2021; Lavergne, 2004; Shelly, 2022).

Further, visualization strategies developed by Twombly (2013), such as containers and safe place imagery, can easily be concretized using a variety of art materials. The process of building a container or creating a safe place can offer vulnerable parts upgraded skills to cope with the ways trauma intrudes upon present-day life. This process of building the capacity for creating safety is an essential component of combining parts work with phase-oriented treatment, because the two latter phases rest on the bedrock of safety.

One limitation of this research is that many of these studies are case studies (Malka, 2019; Schwartz, 2013; Turns et al., 2021; Konopka & Zhang, 2021; Lavergne 2004). These case studies provide interesting vignettes and illustrate a few ways to combine art therapy and parts

work in treating complex trauma. This collection of case studies offers no shortage of examples of interventions that can be used clinically to jumpstart creativity. However, the nature and drawback of case studies is that the results cannot be generalized. While much of the empirical research on parts work (Haddock et al., 2016; Fitzgerald & Barton, 2021; Hodgdon et al., 2022) is quite hopeful, more empirical research is needed regarding using art therapy along with parts work for complex trauma as well as other diagnoses.

Further research is recommended to clarify if there are any contraindications to using parts work, with or without art therapy, to treat complex trauma. Are there specific populations for whom the art therapy/parts work combination of modalities is particularly well suited? Future literature reviews could explore combining art therapy and parts work for other diagnoses such as depression, eating disorders, etc.

Additional directions for future research could address how specific art materials can be utilized with parts for specific goals and how the wisdom of the body can be integrated in the process of combining parts work and art therapy. More generally, the fields of clinical mental health counseling and art therapy could benefit from more knowledge about how trauma-informed practices can continually evolve to address the growing need for complex trauma treatment.

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