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TREAT POST-TRAUMATIC DISORDER THROUGH ART

#ArtTherapy
#MentalHealth

COLOUR THERAPY VET TRAINER CURRICULUM BOX

The project Treat post-traumatic disorder through art - Online Colour Therapy, 2020-1-ES01-KA226-VET-094746, has been funded with support from the European Commission. This publication reflects the views only of the authors, and the National Agency and Commission cannot be held responsible for any use which may be made of the information contained therein.

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01 ONLINE COLOUR THERAPY VET TRAINER CURRICULUM BOX

MODULE 1.

STRUCTURED CONCEPTS OF POST-TRAUMATIC DISORDER, THE POTENTIAL PSYCHOLOGICAL EFFECTS OF TRAUMAS AND MEANS TO COPE WITH

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1. CHAPTER 1- STRUCTURED CONCEPTS OF POST-TRAUMATIC DISORDER. Introduction

According to the American Psychological Association (APA), trauma is “an emotional response to a terrible event such as an accident, rape or natural disaster” [1].

However, a person may experience trauma in response to any event they consider threatening or physically or emotionally harmful [1].

A traumatised person can feel a series of emotions both immediately after the event and in the long run. They may feel overwhelmed, helpless, shocked or have difficulty processing their experiences. Trauma can also cause physical symptoms [1].

Trauma can have long-term effects on the well-being of the person. If symptoms persist and do not decrease in severity, this may indicate that the trauma has become a mental health disorder called post-traumatic stress disorder (PTSD) [1].

Research indicates that children are particularly vulnerable to trauma as their brains are still developing [1].

Children experience increased stress during terrible events, and their body releases hormones related to stress and fear [1].

This type of developmental trauma can disrupt the normal development of the brain. As a result, trauma, especially continuous trauma, can significantly affect long-term emotional development, mental health, physical health and behaviour of a child [1].

The sense of fear and powerlessness can persist until adulthood. This leaves the person at a significantly higher risk The reliable source of the effects of future trauma [1].

People affected by trauma may develop coping mechanisms to help relieve the emotional and/or physical pain they feel as a result of trauma. Sometimes these strategies involve inappropriate behaviours — such as unhealthy nutrition, tobacco use or drug and alcohol use. These coping mechanisms can provide relief, but can simultaneously contribute to anxiety, social isolation and chronic diseases [1].

In the following chapters, the main types of trauma as well as methods of treating them by fractal theory are to be presented.

2. What is trauma?

In a psychological context, the word “trauma” refers primarily to the psychological consequences arising after overcoming an overwhelming event associated with fear of death and loss of control, which the psyche could not fully process and which left behind injuries, which lead to a profound disruption of mental and physical integrity. Psychological trauma also refers to the long-term threat caused by external hazards, e.g. by a violent person, as well as to the physical and psychological consequences, both in the short and long term, of the person concerned. This is particularly true for children who, throughout their entire childhood, are, without being able to defend themselves, at the discretion of traumatised parents [2].

The psychiatrist Daniel Siegel, who invented the term “interpersonal neurobiology”, speaks in this context about the “triangle of well-being” — the interaction between the mind, the brain, and our relationships. In this context, when talking about the brain, physiological components, i.e. also the body as a physical body, are taken into account. The integration of these three parts seems to be the key to health and healing. The way we relate to other people plays an overwhelming role in this case. This ability to relate to both ourselves and other people is shaken to the ground by traumatic experiences. An overwhelming experience seriously alters both the brain (mind) and the body. It is practically an act of aggression on the center of our being. Trauma does not cause a gradual and temporary modification of our self. It permanently disorganises and breaks down this self into puzzle-like parts that no longer have any coherence and no connection with each other [2].

In order to demonstrate the close relationship between physical and mental processes and, at the same time, to realise that this is a case of different categories, Walach, Wittmann and Schmidt speak of the ‘principle of complementarity’. It refers to different descriptions that need to be made at the same time in order to understand the actual state of affairs. This makes it obvious that in order to be human, we need both corporality and mental dimension. That is why in reality we always realise both aspects, even if at some point we observe the physiological processes, in order to achieve measurable results, and another time we turn our attention to mental-psychological phenomena, to describe subjective experiences [2].

In this respect, it would be advantageous for both the medical department and the psychological department of science that the two parties would no longer reject each other’s positions. Medicine must recognise that every body has a soul. And psychology should give up the idea that psychic processes are possible without having a biological-physiological matrix. This phenomenon is also referred to as “embodiment” (“incorporation”). This can abandon the outdated idea of medicine that ‘man works like a

machine' and we should also understand that psychic processes require biological matter and have a physiological correspondence [2].

This was demonstrated by a study carried out in children aged 5 and 10, whose telomeres were greatly shortened, indicating the presence of a premature aging process; in the biography of these children there were ill-treatment, harassment or domestic violence. Therefore, in this case the traumas have led to a profound change in the biochemistry of the body and ultimately the whole organism, with the long-lasting negative consequences for the entire life of these people [2].

2.1. Acute stress saves life, chronic stress is sick

Nature has endowed all living beings, including humans, with a program that makes us react lightningly in life-threatening situations, to defuse the dangerous situation and ensure our survival. As far as the reaction of our body is concerned, it is not relevant whether the threat is real or virtual, because our brain stem does not distinguish between real and imaginary danger. If we consider our powers to be large enough, in emergency situations we accept the fight and, at best, we stand up to acute danger. If we believe that our resources are not enough, we withdraw and flee the danger zone. To do so, the human body mobilises all available reserves of force. Through the endocrine system, hormones such as adrenaline and norepinephrine are released. In this way the cardiovascular system is stimulated to the maximum. Pulse and blood pressure increase, the lungs supply the blood with as much oxygen as possible, so that the target organs and muscles can function optimally. And mental processes, and the immune system are extremely active. All metabolic processes such as digestion and others, which are not needed at the time, are diminished. We can also refer to this axis of stress as a "call for weapons". After the danger has passed, all systems can return to their original level and recover. After this situation of struggle or flight, due to physiological counterprogrammes, the level of previously produced stress hormones is reduced again and they no longer flood the body [2].

2.2. Trauma, chronic stress and consequences on the brain

Our triunitar brain is developing, "bottom up." Being the first of three parts of the brain, the reptilian brain, which is essential for physical survival and which includes the brain stem, is fully functional since the beginning of life. Breathing, circulation, body temperature and many other metabolic, physiological and biochemical processes coordinate with each other. In the early years of life then the mammal brain develops along with the limbic system. The limbic system together with the brain stem is called "emotional brain". Only eventually develops the neocortex, our rational brain, our large brain and, along with it, the frontal lobes and the prefrontal cortex. Throughout life, the functions of all three [2].

It has been established that traumas can damage the functioning of the brain components mentioned above, especially prefrontal median cortex, tonsil and hippocampus, and can massively disturb the balance of each structure. A research conducted in 2014 clearly demonstrated the relationship between traumatic stress, oxidative stress and post-traumatic stress disorder, as well as their consequences on cell neurodegeneration and ageing. According to van der Kolk, in the case of a post-traumatic stress disorder (PTSD), the balance between “smoke detectors” and “control tower” changes radically. When the prefrontal cortex loses its assessor and modulating properties, people can no longer control and suppress impulses that occur in the lower segments of the brain [2].

2.3. “Burnout syndrome” excursion.

In general, the term “burnout” is defined as a triad consisting of a state of emotional and physical exhaustion, cynicism and indifference (depersonalisation), plus the feeling of failure and inefficiency. Following a growing involvement and desire to perform, it eventually leads to withdrawal and isolation or even suicide—these are the stages that precede the exhaustion syndrome, of “total burnout”. Most researchers consider that there is a significant and steady increase in the number of burnout cases. In the medical context, burnout syndrome is a phenomenon that refers to life management difficulties and can only be described by an additional diagnosis. Overlapping diagnoses revealed the presence of depression symptoms and *chronic fatigue syndrome* CFS. Described for the first time by Freudenberg, the phenomenon of ‘burnout’ referred to people with professions focused on assistance and help, thus revolving to permanent professional stressors. Later, it was mainly used in the professional context. Today burnout syndrome has penetrated at all social and professional levels. According to the 2012 report by the German sickness insurance funds on absence from work, between 2004 and 2011 the number of days of sick leave for employees with the ‘burnout syndrome’ increased more than tenfold [2].

Often early traumatisations cannot be restored to memory, as they are stored in so-called default memory. Information about our bodily sensations, emotions and behavioural patterns from childhood is located there. However, the fact that we do not remember does not mean that what we have lived and stored in memory has no effect, on the contrary, explicit memory develops only from the age of three, after the hippocampus becomes functional and allows us to consciously recall facts and experiences, which we order and place in a coherent context [2].

2.4. Cell stress and psychic stress — two sides of the same coin

Physical overwork leads to numerous molecular, biochemical and physiological changes. Subsequently, the so-called markers of oxidative and nitrosative stress have high values. This implies that

the body can no longer perform its functions optimally. At the cellular level this means that the supply of the necessary energy produced by the mitochondria — the “energy plants” of the cell that produces the energy needed to maintain life — is no longer secured, and the cell ends up in a crisis situation. In this case, a mitochondrial dysfunction is said. From a medical point of view, a disturbed mitochondrial function causes chronic diseases [2].

Chronic fatigue and permanent exhaustion at the physical level cause this disruption of energy production at the cellular level and constitute the starting point for many other symptoms and diseases. The increase in oxidative and nitrosative stress is an essential biochemical and molecular mechanism for the emergence of so-called multisystem diseases. By this term we designate conditions that are manifested by a prominent symptom or that affect a particular organ, but which have as a deeper cause a more general disturbance of a superordinate system. In this case, diseases of the immune system, in particular autoimmune diseases, metabolic disorders — such as diabetes mellitus — can be illustrated, diseases of the cardiovascular system, which are among the most common causes of death and, last but not least, we can also mention tumour diseases [2].

It may thus be that an initial mental injury, a trauma, can lead through the relationship between the mind and the body to a serious physical illness. This link is confirmed by the outcome of a research carried out in 2016 at the University of Ulm. In the case of women who were ill-treated, abused or neglected in childhood, even many years later, increased levels of inflammation markers in the blood were found. The consequences of those childhood traumas consisted not only of an increased risk of developing mental illnesses, but also in a weakening of the immune system and an increased predisposition to somatic diseases associated with aging. Researchers identified, as the cause, inter alia, changes in mitochondria processes [2].

2.5. A structural model of psychic trauma

As not all psychic traumas are identical, a distinction must be made, classically, between monotrauma, i.e. a single event such as a serious car accident, and long-term traumatic situations, e.g. a long stay in prison, including repeated tortures [2].

The term ‘complex trauma’ is also discussed, which applies, for example, to children in abusive family situations. In this context, there is more and more talk about developmental trauma”.

3. Trauma, the main causes of trauma

3.1. General characteristics of mental trauma.

Mental traumas are consequences of a person's life experiences that exceed their mental capacity to manage them, leading them to a state of resigning helplessness and helplessness. The reason why a psyche may feel overwhelmed may be an excess of information that he cannot process, such as a car accident. The human psyche is traumatised primarily in situations where the experience it experiences is in itself dissonant calling into question the understanding of the world and of its own person until then. Therefore, the situation in which a child is hit by a person he loves, such as his own father, is one that the child cannot psychically process. Is this my father loved or is he a bad man? If the father claims to hit his child in order to later become a good man, the beating is therefore an act of love, the confusion of the child is complete. In this case, the child's psyche can no longer fulfil its fundamental function, which is to mediate his knowledge of reality; what's the reality? Are the blows hurting me? Or do I have to get hit so I can grow up and hit my own kids? [3]

In such situations, the human body immediately enters into a state of stress, trying to cope with the perceived danger — is the reaction of the “fight-or-run” type. As long as the person in question is capable of physical reactions, the energy mobilised can be used and thus reduced. As soon as it becomes clear that physical reaction is not possible or even that it could lead to additional threats and suffering (as in the case of children with physical and mental abilities significantly lower than those of their parents), a kind of emergency brake is applied, the body triggering the alarm mechanism in the event of trauma. The body has rotated all its engines to the maximum, and then has to brake completely, which means that all physical movements freeze, first in a state of paralysis, and then in a state of complete numbness. The victim faces the threat that can no longer be avoided, i.e. resigns himself to the aggressor. In a state of self-inhibition, emotions (anxiety, anger, disgust, shame) and sensations (hotness, chills, pain) experienced in the traumatic situation are numb by hormones and neurotransmitters with specific functions, the person in question becoming no longer feeling his body and thus not his own self. Traumatized person is perceived to be hidden in a cocoon, inaccessible, illusory protected. A kind of mental anesthesia occurs; the current reality is no longer properly and fully perceived, but only fragmented, blurred and shaded. The person in this situation cannot even then consciously remember what he or she lived. Therefore, there is generally a cleavage of coherent psychic structures. Perception, sensations, feeling, thinking, memory and action are no longer harmonised with each other and begin to lead an existence of their own, as independent parts in the psyche of one and the same person [3].

Even in cases where the person manages to escape, avoiding the traumatic situation, due to an opportunity or after the aggressor's withdrawal, these internal states do not unfortunately dissolve by themselves, just as the fragmented parts of the psyche do not reintegrate, but remain further cleavage. The relationship between the body and the mind is becoming extremely weak. In principle, such persons split into three parts:

- the person whose psyche can still perceive and understand the reality as long as he is not confronted with stimuli likely to activate his psychological trauma;
- the person still in the traumatised state caused by the anxiogenic situation, and
- the person who tries to deny and replenish the reality of his or her life of helplessness (see illustration 1) [3].

Being traumatised becomes, from now on, his identity and the reason why his previous healthy identity cannot continue to develop. Psychiatric trauma experiences cannot therefore be neglected and rejected as issues of secondary importance. I will only truly understand my own life if I take into account the fact that I was traumatised. The others, too, can only get along if they know that I live reality in three different plans and that, consequently, my behaviour is contradictory. Sometimes I act from my healthy parts, but I continue to slip into states of retraumatisation or to end up in sustainable states of stress when my surviving parts come into action. Often, when I feel threatened, I immediately trigger the trauma alarm mechanism without going through the intermediate phase of stress response. The more often this happens, the faster this dynamic takes place. I remain traumatised and cleaved into my internal world, until I find a way to solve my psychic fragmentation [3].



Illustration 1. Cleavage of a person following a mental trauma experience [3].

It may be fatal that, in the state of psychological trauma, it is very difficult to distinguish between healthy psychic reactions and survival strategies following trauma. The principle of survival strategies is the inability to perceive the reality of their own trauma. For this reason, the victim behaves as if the trauma, which

had already occurred a long time ago, could still have been avoided. In this way, we consume lifeless time and energy to protect ourselves from something that has already happened a long time ago, which has extremely damaging consequences for our own lives. The illusion of being able to avoid something that has already happened leads paradoxically to the production of new trauma [3].

Trauma survival strategies are looking for external confirmations, not having a stable reference point in the internal world. They want to be perceived as normal and reasonable and validated by the others [3].

3.2. Difficult experiences: anger, shame, pride and disgust.

3.2.1. The anger.

Anger is an emotion characterised by antagonism towards someone or something that you feel has deliberately wronged you [4].

Anger can be a good thing. It can provide a way to express negative feelings, for example, or motivate you to find solutions to problems. But excessive anger can cause trouble. Increased blood pressure and other physical changes associated with anger hamper correct thinking and harm physical and mental health [3].

When we are rejected, assaulted or injured, anger is an appropriate emotional reaction that can help us defend ourselves and protect ourselves. In traumatic situations, however, anger no longer helps us; the aggressor is stronger than us, and if we defend our situation, it can become even more threatening to our own lives. For this reason, the reaction of anger is often repressed and cleaved [3].

3.2.2. The shame

Shame can be defined as a feeling of embarrassment or humiliation that arises in relation to the perception that the person concerned has done something dishonorable, immoral or unjust [5].

While shame is a negative emotion, its origins play a role in our survival as a species. Without shame, we may not feel the need to adhere to cultural norms, respect laws, or behave in a way that allows us to exist as social beings [3].

When the feeling of shame becomes so intense that it cannot be integrated into already existing psychic structures, therefore when the person finds no way to manage the causes of the triggering factors of shame, the feeling of shame reaches, in the cleavage-based model, the area of traumatised parts. Thus shame will have to be numb, repressed and blocked, with no chance of being elaborated. For this reason, adults may still have child parts in their psychic structures that feel shame at dramatic intensities. All the feelings of shame that arise when we do something that our psyche cannot process are also blocked, for example causing substantial damage to other people or even murders [3].

One of the most difficult experiences in trauma is existential shame, i.e. the shame of simply living (in the case of unwanted children) or being in certain social situations (e.g. as a refugee in a foreign country) [3].

3.2.3. The pride

Pride is a self-conscious emotion that occurs when a goal has been achieved and one's achievement has been recognised and approved by others [6]. It differs from joy and happiness in that these emotions do not require the approval of others to be experienced. Pride also has expressive reactions that differ from joy, such as chest swelling and targeting attention to others or to an audience. False pride can become grandios if the feeling of achievement is not worthy or the reaction is excessive [3].

Pride is the opposite of shame. The body straightens, the chest stands out, the look is pointing forward. Mothers and fathers like to describe themselves as “parents of...” in birth announcements. We want to be seen and admired by others for what we have done or for what we represent physically. Therefore, pride is associated with either specific achievements or the way a person has stylised his body through plastic surgery, tattooing or exercise [3].

And in the case of pride, recognition from others is essential. Those around us can have consistent reasons to praise us. Unfortunately, however, there are also many bizarre reasons why people are honored or rewarded with medals and various orders: for crimes committed in war, for obedience to others, for patriarchal leadership of a family, including the use of force against women and children, for absurd performances [3].

3.2.4. The disgust

Disgust is a feeling that warns us not to touch, not to insert into the mouth, not to drink or eat certain things. It is also intended to prevent us from doing certain actions [3]. Reactions of disgust are nausea, drowning or vomiting. Disgust is often associated with excretions of the human body, sweating, urine, faeces or the repulsive smell of the mouth. Vaginal fluid, menstrual blood and sperm can also trigger strong reactions of disgust [3].

Such natural disgust reactions can however be misused in order to demonise sexuality in general and build a counterideal of purity and abstinence. It is therefore argued that the aspects of sexuality in general are dirty, requiring purification through rituals and regulations. Genital mutilation, “castity” and “virginity” are presented to young people (women and men) as mandatory doctrine, thus enforced with force. When they come to obey this binding doctrine, their surviving parties remain convinced that it is normal for things to

stand and that there are no alternatives. Victims turn these abuses into traditions and subsequently exert on their own daughters and sons the same force that has traumatised them in the past [3].

Feelings of disgust are more marked than those of shame, because they are less mentally influential and are directly related to smells or taste impressions. When something smells horrible, it's very difficult to be convinced by others that it's actually something that's appetising. However, taste and smell sensations are in close dependence with habits and can be easily educated from an early age, perhaps even from the prenatal period. Thus, epigenetic research on mice has shown that fear of cherry smell remains when the grandparents' generation was exposed to the association of this smell with electric shocks [3].

The psyche of a person forced to ignore his feelings of disgust (for example, in the case of oral sexual intercourse) is forced to resort to cleavage. These feelings lead their existence in a shadow cone and can be activated in inadequate situations. Suddenly, for example, at the table someone gets sick, because the dishes offered to him remind him of semen fluid [3].

In such situations, we can ask ourselves whether the current feeling of disgust is really caused by the present situation or whether it is a consequence of a traumatic memory. As long as we act from our survivors behind the trauma, we will categorically deny the second possibility and prefer to look for a reason now, so that we do not have to face our own past: Was I sexually abused? Me? Me? As much as I try, I can't imagine it!" We then take a pill against headache and nausea, have a glass of strong alcohol or a cup of chamomile tea to calm our stomach [3].

3.3. Psychotraumatic biography

Attempting to describe and define psychological trauma in general and its consequences requires a concrete analysis (see Illustration 2), because there are various factors generating mental trauma. My first attempts to differentiate between the various types of trauma have resulted in the following classification:

- Existential trauma: **Trauma, by its nature, is existential by its impact on how the individual experiences the world, self-understand and sense of place in the world.** It is about life and death; fear of death should be cleaved (attempted to suppress excessive panic conditions (e.g. via drugs, drugs, breathing exercises) [3].
- Trauma of loss: **When someone dies in a sudden or traumatic situation.** The loss of a loved one creates an unbearable pain; the suffering of loss must be repressed, a person remains present in our psyche (still alive) [3].
- Trauma of Attachment: **The trauma of attachment is a disruption of the important process of connection between a child or a child and his main caregiver. This trauma may be obvious abuse or**

neglect or may be less obvious — lack of affection or response by the carer. If the mother fails to build a secure attachment with his child, the child is forced to repress the pain of feeling rejected and lonely and to cling for all life to the illusory hope that he will obtain from somewhere else maternal love [3].

- Trauma of the attachment system: **Attachment theory is now one of the most sophisticated and researched theories of human development, which provides a comprehensive overview of both normal and abnormal development.** Abuse, incest or murder within a family system leads — in the case of both victims and perpetrators — to unbearable feelings of guilt and shame, which must be cleaved; outside, the facade of an ideal world will be built [3].

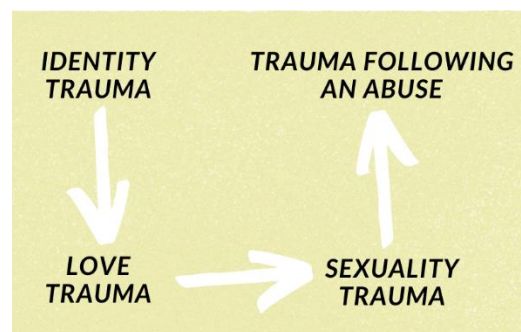


Illustration 2. Psychotraumatic biography [3].

Define and describe, in the following, identity trauma, love trauma and trauma after committing abuses, as all this may be related to sexuality trauma [3].

3.3.1. Identity trauma

We're dealing with a contradiction in terms when a woman gets pregnant and a child begins to develop in her womb that she does not want to bring into the world. Such a situation is unbearable, unlivable for her, both physically and psychologically. It is also a catastrophe for the child, given that at the beginning of his life, he is completely dependent on his mother, both for better and for worse, and he urgently needs her love. The original trauma, in a way “the mother of all human traumas” is therefore the trauma of identity. My mother rejects me and doesn't want me. I shouldn't exist! I'm not supposed to be here! I am a burden to her and an obstacle to her present and future life [3].

Thus, it goes without saying that when her unconscious immune reactions fail to eliminate the unwanted child spontaneously, the woman about to become a mother will resort to an attempt at abortion, in order to get rid of the child she does not want. If the child still survives abortion, he still lives, from the womb, an existential threat situation. The essential aspect of the identity trauma is that, even before he is born, the

child is forced to cleavage, unconditionally addressed to his own existence (i.e. self-love), which leads him to lose his connection with himself. The unwanted child is therefore forced to betray and abandon himself [3].

His trauma survival strategy consists of adapting, as far as possible, to “No” felt by her mother, which means suppressing the joy of living, trust in life. The person abandons his own I and his own will to be subordinated to his mother’s needs and perspectives (see illustration 3) [3].

As a result of this renunciation, the child enters into a state of fundamental dependence on the mother. In the absence of trauma, the child would never have gotten in this state. Given that he has given up his own self, the child can no longer live from the essence of his own being, from his life force, feeling that his survival depends dramatically on the external world and his relationship with his mother [3].

The child feels, from the womb of his mother, this desire of her and becomes trapped, from his prenatal life, in this mortal pulsation, and then to fight, perhaps his whole life, to resist this underground psychic current that will push him, and him, towards suicide [3].

Basically the dark shadows of maternal trauma envelop the child from intrauterine life, the hormonal effects of these traumas affecting the child through the umbilical cord from the moment of implantation of the fertilised egg. From the outside, the father’s trauma may also influence the unborn child (see Illustration 4) [3].

In the actual therapeutic activity, this prenatal traumatising is like a battlefield where the individual psychic parts of the unborn child lie like wounded and stunned soldiers. Last but not least, birth processes act, in turn, as additional traumatic factors. On the one hand, the mother is not active enough during childbirth to bring into the world an unwanted child. On the other hand, neither does the child have the desire and joy to be born. The force that impetuously pushes it out of the maternal uterus is rather a survival aspect, given that this exit ends intrauterine torment. Many other parts of the psyche remain cleaved from the uterus or become blocked at the time of birth. In addition to the concern of obstetric centers for advanced techniques and profit maximisation, these traumatic dynamics are an essential reason why, in the process of childbirth, acts of violence against mother and child and births by caesarean section are often achieved with forceps or vacuum pump [3].

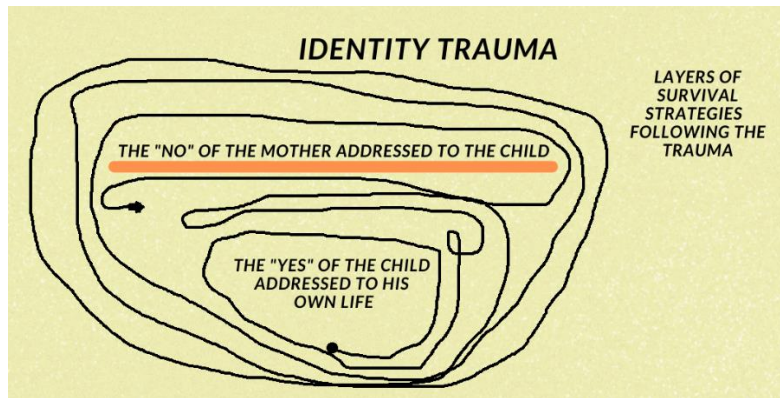


Illustration 3. Identity trauma, as a life-long effort to resist the maternal “No” [3].

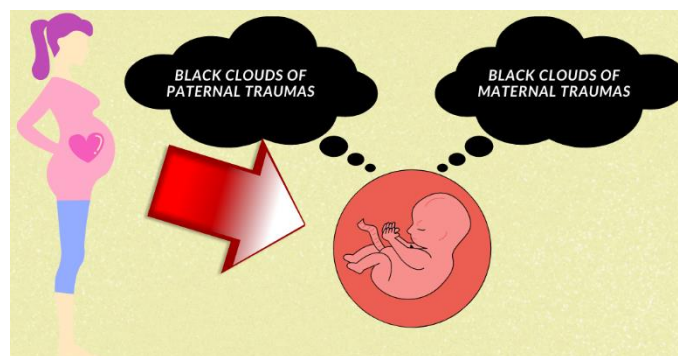


Illustration 4. The child still perceives dark clouds of maternal and paternal psychiatric trauma from the maternal uterus [3].

A variant of identity trauma occurs when the woman nurtures the desire to have a child only from a strategy of survival after trauma, in order not to realise her own psychological trauma. Such women, as their partners to a great extent, hope that “many wanted and expected child” will bring them the release of anxiety, sense of senselessness or loneliness. The child would give them the existential meaning they don't feel like they have, and it helps the woman to keep her man by her side or to prevent him from leaving her at a time of crisis in the relationship. Such “wanted children” are brought into the world not for their sake, but to fulfill a purpose of the mother or father (for example, to become male successors in a family business). For their parents, such children are rather an idea. However, children have bodily needs, express feelings, need physical contact, are deprived at first of bowel control, get sick, have feelings of anger towards their parents when they did not meet their physical needs and the need for love in a sufficient measure. The actual pregnancy, birth and vitality of the child risks bringing these women refugees into their own minds in order to protect themselves from their traumatic experiences in direct contact with this kind of experience. As a result, they end up clinging even more to their feelings and body, rejecting their child's life expressions in order not

to jeopardise their own mental stability, hardly achieved; not being in contact with their own emotions, they cannot emotionally approach their child [3].

These ideas about the desired child force him from the beginning of his life to deny his own needs and emotions, so to keep his vitality under control, so that he can live up to the expectations of his parents and not threaten the mental stability of his parents. They feel that only if they satisfy the wishes of their parents (which relate to survival strategies), they will be entitled to exist. If they start to develop their own ideas and needs, they will be cleverly manipulated by their parents' survival strategies, being convinced to abandon them as soon as possible: You don't want mom and be sad because of you, do you? "You're to blame if the mother gets upset and sick!" Children thus get to take over the cleaved traumatic energies of their parents who their entire being soaks like a sponge. The child becomes the keeper of the traumatic experiences of his parents, this process starting from the maternal uterus. On the other hand, children also try to protect themselves from emotional impregnation on the part of parents. Through specific actions, they strive to withdraw into their own existential core. The main strategies for survival following trauma, in the event of an identity trauma, are:

- fleeing in identifications" (e.g. fleeing the role of mother, spouse or fleeing the professional role);
- hiding behind "we" ("we are a holy family!")
- entering a gender role ('I am a real man!', 'I am a transvestite') [3].

3.3.2. Love trauma

People who, in childhood, did not feel desired by the mother for what they are and were forced to adapt to this situation by cliving in the interior, inevitably end up in another traumatic dynamic, namely the "trauma of love". Denying the reality of not being desired by his mother or father, the child struggles to achieve love and contact with the mother, constantly wondering how it should be and either to capture her attention, keeping himself in the service of the mother, despite the constant rejection felt by her. He withdraws sometimes disappointed but does not have the power to give up contact with her. As self-reporting is lacking and as the child does not have access to feelings (unbearable, so cleavage) related to the trauma of identity and betrayal of his own existential core, there is a run in identification with the mother. In the absence of a relationship with her, the child perceives himself as completely worthless. The paradox of the identity formula in the case of love trauma is presented as follows: I am what I lack, which I do not have and the thing that I long for — my mother's love. Thus, original (instinctive) infant love cannot develop, so it cannot become a mature form of love; instead, it remains intertwined forever with feelings of addiction [3].

Even when there is anger or even hatred against the mother, there is no exit from the relationship with her, but on the contrary: anger and hatred only strengthen the fixation in the relationship with her, behind this dynamics, standing the hope that the mother will see and recognise, hidden in anger and hatred, the child's deep need, that the mother will finally wake up and give the child the love she awaits. In the absence of the chance to repair this psychic mechanism, the child will nurture all his life the illusion that, either through affection and love, or through defiance and revolt, he will be able to melt barbed wire of the mother's or father's survival strategies (see illustration 5) [3].



Illustration 5. The trauma of love and the child's attempt to pass (through tireless efforts) the "barbed wire" of parents' survival strategies [3].

The trauma of loss (the premature death of the mother, the loss of her own children) may have an additional impact on this already complex internal dynamics, making it even more complicated [3].

Detachment from one's own trauma has many consequences. The distinctive symptoms of love trauma are:

- dependency,
- anxiety,
- exaggerated needs,
- the request to be complied with,
- the inability to be alone,
- permanent escape in various actions,
- excessive concern for others,
- intrusiveness and interference in the affairs of others [3].

Those trapped in the trauma of love are perceived to be worthless and rust by their mere existence. Instead of simply being themselves, they feel compelled to evaluate everything at all times, looking for

meaning outside, because they have already given up their connection with their own self at an early stage [3].

3.3.3. The trauma behind the abuse

Before explaining in more detail the trauma of sexualities, here are some references to what is called “trauma behind abuse”. People can only become aggressors because, in turn, they were once victims of trauma. Traumatization after committing an assault is considered a category of trauma itself, because abusers not only traumatize their victims, but also traumatize themselves. Because the abuser also has healthy mental parts by which he perceives reality as it is, he can feel and understand the nature of the abuse committed, developing feelings of guilt, shame and disgust of the act committed. Consequently, the aggressor must cleave these unbearable feelings and, in counterbalance, build, from the position of aggressor, survival strategies behind the trauma that would make not only others but also himself believe that he has done nothing wrong and that he is completely innocent [3].

3.4. Trauma to sexuality

3.4.1. What is a sexual psychotrauma?

A sexual psychotrauma is suffered by that person whose body becomes an object of satisfying the sexual need of another person, a process in which the victim is physically and psychologically harmed, without being able to resist or escape from that situation, which creates feelings of pain, anxiety, sadness, anger, disgust, shame, guilt and inferiority [3].

A sexual psychotrauma can take different forms:

- It can be about sexual trauma from childhood in various degrees of severity.
- Rapes may occur in adolescents and/or adults inside or outside a couple relationship.
- In the context of economic dependence, violations of limits from a sexual point of view are often tolerated and are not reported.
- Mass rape can be used as a war strategy. Sexual violence against women is used to humiliate their spouses who are unable to protect them. The male penis thus becomes a lethal weapon.
- Child pornography, sexual torture and “ritual abuse” are systematically practiced [3].

To these obvious categories of sexual psychotraumatization, can be added:

- genital mutilation of both women and men;
- mental trauma caused by the medical system to pregnant women and women in labour;
- adult pornography and prostitution [3].

4. Symbiotic trauma

4.1. What is symbiosis?

4.1.1. Mutual benefits.

“Symbiosis” is a Greek word and means “living together”. Symbiosis is a concept used in both biology and psychology. It is used in various contexts and has different values [7].

As a specialised term, the word “symbiosis” initially found its use in biology. At a meeting of German naturalists and physicians in 1878 in Kassel, Anton de Bary (1831-1888) proposed to introduce the concept of “symbiosis” into biology to designate a particularly close link between two types of organisms. Symbiosis means, in this context, the coexistence of organisms of different types, but which have adapted to each other, for a mutual benefit. Documentary films depict such symbiotic relationships in an impressive way, useful to both parties:

- when the seal tolerates on her skin a certain type of small reptile, because it keeps off the aggregating flies;
- when the crocodile opens its jaws wide and allows a small bird to clean its teeth from the leftovers [7].

4.1.2. Hunter and prey

The hunter-prey relationship is biological, the opposite of the principle of mutually beneficial symbiosis. In the hunting-prey relationship, one of the organisms infiltrates the other, thus destroying it. Different organisms become extreme rivals in the struggle to keep them alive, as individuals, and that species. Many species have even developed their ability to eradicate others. Thus, they are also at risk of destroying their own means of existence. The survival of the species is ensured only as long as the relationship with its prey remains stable [7].

There are some species that sometimes live so long at the expense of others that they simply leave them without blood. In biology we talk about “parasites”, for example, bacteria or viruses, which weaken the body of the animal into which they have penetrated so hard that it dies [7].

Therefore, the relationship between hunter and prey is not static in nature, but is in a fragile dynamic equilibrium. Competition for habitat and resources is a powerful engine of natural evolution. This competition takes place both between different species and within the same species. Fights take place here to determine who is best placed in his group and who has the highest rank in the hierarchy [7].

4.1.3. Competition and division of labour

By extending the initially narrow definition of the concept of symbiosis in biology ('coexistence of different species for the purpose of mutual benefit') reference can also be made to the coexistence of individuals of the same species, as long as they depend existentially on one another. This concerns primarily the special relationship between the parent generation and that of the offspring, when parents have to take care of their offspring for a period of time, so that they do not die of hunger, thirst or be eaten by predators [7].

Special symbiotic relationships also arise when the individual would not otherwise be able to survive alone, and the differences between individuals arise from a way of organising the survival and perpetuation of the species, based on the division of labour. As an example, the 'state' form of the organisation of bees with the 'Queen', the elders and the 'worker' can be mentioned. From this we can realise that the survival of the species prevails over the survival of the individual. Female workers' sacrifice their reproductive ability in favour of reproduction 'Queen'. 'Traders' sacrifice their lives to prevent predators from entering the hive [7].

4.1.4. Primary feelings

If we look at symbiotic relationships within a species and those between species in their emotional aspect — which, in highly developed life, play an even more important role — they create two opposite types of affective complexes:

- fear and aggression,
- pity and empathy [7].

Fear and aggression.

The ability to hunt to embed another organism is based on emotional stimuli directed towards the destruction of another being. We call these complex feelings and actions with the term aggressiveness. In this respect, aggression serves the survival of the species and the individual and is particularly pronounced in living things that are rather "hunters". But the "prey" also needs the ability to be aggressive in order to be able to defend itself as predatory [7].

On the other hand, this means that there is a state complementary to aggression: the fear. Fear of being eaten by others is also a universal pattern of reaction of many organisms, extremely pronounced in relations between prey and hunter, victim and executioner. Each individual perceives his environment anxiously or aggressively as a hunter or/or prey [7].

In the way of individual survival, animals react to the fear and aggression of another individual also with fear and aggression. He who sows fear will reap aggression. In this way, an escalating situation arises,

in which fear and aggression reinforce each other and lead to conflict. If this escalation is not interrupted, it leads to life-and-death confrontations, victory or defeat of an individual or group [7].

Mercy and empathy

Symbiosis within and between species also means that, occasionally, the anxious and aggressive impulses of the individual can be tempered for the survival of the species and the group in which it lives, as well as of other beings who are essential to the survival of the species and the group. Therefore, cohabitation also implies seeing another person not only as a potential prey or a threatening hunter, but also that someone who is fundamentally friendly, who may need help, possibly even when acting aggressively [7].

This is a requirement of great complexity. We call it empathy, the ability to put itself in the situation of another being, to look and experience the world not only with one's own eyes, but also through the eyes of another. Empathy also means being able to distance yourself from your own views, needs and interests in order to understand, accept and promote the perspectives, needs and interests of another being [7].

In the empathic state begins a form of interaction with others fundamentally different from that of anxious and aggressive state in the empathetic mode, an individual can even alleviate the anxieties and aggression of the opponent, understanding his internal feelings and sterile feelings. There's a chance that the other's anxious and aggressive state will fade away, and he'll pass into empathetic operation. The positive effect of empathy is that empathy and opponent behavior is activated [7].

4.1.5. Mirror neurons and symbiosis

Like other social animals, we humans are easily contaminated by the behaviors and affective provisions of others. We don't have to go any further than the football stadium to see how tens of thousands of people vibrate in unison, shout when others shout, rejoice when others enjoy or are deeply disturbed when their favorite team has been defeated. It's hard to get out of the collective "affective contamination" after a football match that generates so much emotions. We have our own form of perception of both the external states and the inner states of other people. We mimic their behavioral changes and affective movements with the help of mirror neurons. For this, we do not need the language through which the other one communicates to us what he is thinking about, how he is going to do and what he intends to do. Mirror neurons help us simulate the image of another man. We recognise each other by mirroring each other. In this way:

- a better understanding of the other is stimulated
- we can intuitively take over the experiences of another individual as if they were ours,
- there is a wide exchange of experiences, which shortens the duration of learning processes;
- we have the opportunity to recognise ourselves in the reflection of another individual [7].

This spontaneous “symbiotic fusion” with other members of the species is of immense importance to us. Whereas, for social animals, losing contact with their “hed” and being isolated from it poses a great risk. Mirror neurons can be considered neurological correspondents of empathy ability. Empathic perceptions, thinking and feeling, as prerequisites of social cohabitation, are deeply anchored in our brain structure [7].

4.2. The concept of symbiosis in psychology

4.2.1. Erich Fromm

Erich Fromm (1900-1980) introduced the concept of “symbiosis” in the literature. It defines the symbiosis as follows: “Symbiosis, in this psychological sense, means the union of an individual myself with another myself... in such a way that everyone loses the integrity of their own self and each becomes completely dependent on the other.” In Fromm’s concept, behind the symbiotic union lies the need to dissolve their own self in the other, to overcome their feelings of isolation and helplessness. In the family, it can happen that parents either swallow their symbiotic children or vice versa [7].

In the Nazi mythology of “blood and earth”, Fromm sees an incestuous remnant of the initial symbiosis with the mother. “Through incestuous symbiosis, I mean the tendency to remain tied to the mother and the replacement figures — blood, family, nation — to flee from the unbearable burden of responsibility, freedom and awareness, and to receive protection and love in a safe and addictive shelter. In the context of sadism and masochism, the symbiotic union finds, according to Fromm, its perverse sexual manifestation [7].

4.2.2. Margret Mahler

The understanding of symbiosis in the conceptual framework of psychoanalysis was substantially configured, between 1950 and 1970, by Margret Mahler and her collaborators. Margret Mahler (1897, Austria — 1985, New York) was a psychoanalyst and researcher at the Masters Children’s Center in New York. There she conducted, together with her collaborators, intensive studies to observe the mother-child relationship, through which she tried to empirically check her fundamental hypotheses on children’s development, built from Freudian psychoanalysis [7].

Margret Mahler does not use the concept of symbiosis in its original biological sense: “The term “symbiosis” is, in this context, a metaphor. He does not describe — as the concept of biology does — what happens in reality between two separate individuals (...). He was chosen to describe that state of indifference, fusion with the mother, in which “I” has not yet distinguished itself from “non-I” and in which the interior and exterior gradually begin to be felt as different” [7].

In Mahler’s theory of development, the baby is, immediately after birth, in a state of extreme closure from the world and of defending external stimuli, which she calls “primary autism”. It is only from the second

month of life that this “autistic carp” begins to crack, the infant opens more to the environment and enters the symbiotic phase. “The essential feature of symbiosis is the hallucinatory-illusional, somato-psychic and omnipotent fusion with the representation of the mother and, in particular, equally illusory representation of a border common to the two individuals, in reality separated.” The baby psychically incorporates his mother and experiences that he is the mother and the mother is himself [7].

In Mahler’s conception, it’s a phase that lasts until the fifth month of life. At this early stage of life, the mother functions as an “I auxiliary” for the child, as a stage of transition to the development of her own I. As the baby becomes more and more able to separate from the mother, for example, by managing to move away from her by his own forces, he makes efforts on the path towards his own individuality and self becoming [7].

This process of maturation of the child’s self and mental separation must be supported by the mother: The more symbiosis, the “emotional availability” of the mother, came closer to the optimal condition, the more effective the symbiotic partner of the child was to help him to gradually and smoothly detach himself from the symbiotic circle — that is, without the disproportionate demand of his own resources — the more the child will be equipped to separate and differentiate his self representation from the representations, so far braided, of self-plus-object” [7].

Mahler’s theory of individuality also includes the idea of a gradual separation, containing a removal from the mother and a reconnection to her. After overcoming the symbiotic phase, around the age of 18 months, the child is no longer very attentive to the mother, because from now on her presence is self-evident for him. Only after that he will enter into an active interaction with the mother: “The relative and fleeting lack of attention to the mother’s presence will be replaced by active approach behaviour on a much higher step. As he realises his power and ability to move away from the mother, the young child now seems to have an increased need and the desire to share every new conquest of skills and experience with his mother” [7].

In this phase of re-approximation, the child over-adapts himself to the desires and needs of the mother, in order to get from it approval. Thus appears, for the child, the danger of amplified integration including the problematic traits of the mother’s character. Mahler writes in Jay’s case study: The formation of Jay’s 30-month-old primary identity illustrates — in a distorted mirror — her unintegrated maternal behaviors, her schizoid personality traits” [7].

According to Mahler, disorders during the transition from symbiotic to individualisation can lead, in the case of a child, to psychosis, therefore, to one of the worst forms of mental illness. The child remains trapped in his symchyotic omnipotence phantasm: “The essential disorder in child psychosis is therefore... a

deficiency or a defect in the use of the maternal partner by the child during the symbiotic phase, therefore an inability of the child to internalise the representation of the maternal object for polarisation purposes. Without it, there is no differentiation of the self from the background of the symbiotic merger with the partial object, hence the disorder of that child. In short, the essence of child psychosis lies in defective or absent Individuation" [7].

Margret Mahler's ideas on symbiosis are particularly valuable from several points of view. They turn to the question: how does the "I" develop an individual? [7]

4.2.3. Martin Dornes

Margret Mahler's fundamental hypotheses, relating to the autistic and symbiotic development phase, were questioned by intensive, refined research on infants conducted between 1970 and 1990. The footage showed that the baby, from the beginning of the interaction with his mother, was by no means exclusively passive. Many interactions are driven by the infant, their deployment is controlled and regulated by him, and their cessation is managed by both partners in an extremely subtle way. The various activities needed to regulate interaction, along with the cognitive skills described, suggest that the idea of symbiosis, along with its connotations of non-delimitation, indiscriminateness, fusion and receptivity should be viewed with scepticism" [7].

4.2.4. Additional considerations

The vast meaning of "symbiosis" as an evolutionary principle, which has a fundamental meaning for our existence as humans and for our coexistence, is not fully covered by the psychological concepts to which we referred above. Symbiosis has a negative print on Erich Fromm. The positive sides of symbiosis are not appreciated enough here. Margret Mahler's concept reduces the theme of symbiosis to an interim stage in the early development of a child's self and makes partly questionable assumptions about the mental life of infants. Thus, among other things, the term "autism" is used in a way that no longer corresponds to today's level of research on autism. Due to the discoveries of modern research on infants, these hypotheses were rightly questioned, starting from the argument that, from birth, the child is able to control the interaction with the mother and delimit itself from her. Stern and Dornes admitted that the baby had an independent will from the mother's. However, I am of the opinion that the perspective of the "competent pupil" does not take into account that the mental development of the child depends on the mental state of his parents. Since the child depends on his mother, he must be open to everything that comes from her. He can't close himself in front of her, even though negative things come from her [7].

So, in my opinion, the symbiotic process begins already from the period of pregnancy. Not only what the mother eats, if she drinks alcohol or if she smokes, but also all her affective provisions are reflected in the child's body, including as an arousal pattern, and marks its fundamental mental structure. The child is still in the world from the mother's body. A child that parents enjoy grows up in a completely different emotional environment than an unwanted child. The anguish and sadness of the mother, which lies in her body, penetrates the sensory structures of the child's body during intrauterine life, which is why some children come into the world already anxious. They cling to the mother and, because of the anguish, do not want to sit alone and become only with great independent weight [7].

As we have found, in the literature there is not enough emphasis on the fact that symbiosis means, from the child's perspective, also the fact that he loves his parents so much that he wants to be helped with all his powers when he feels that they have certain emotional needs. Whereas the child needs mentally stable parents [7].

Symbiosis can be defined as an intermediate stage in the development of the Ego, but it can also be seen as a permanent requirement to manage among humans and other creatures on this earth, as a way in which these characteristics of common existence are mentally reflected in each individual [7].

Fundamentally, people live more or less in symbiosis, respectively in various forms of symbiosis. If we look at a man's life chronologically, we find out the following forms of symbiosis:

- symbiosis with mother,
- symbiosis with father,
- symbiosis with brothers,
- symbiosis with other relatives,
- symbiosis with the whole family, with distant relatives or with the entire clan,
- symbiosis with those with whom there is no family relationship, e.g. friends of the same age or older, role models,
- symbiosis with non-family groups (gangs, groups of friends, associations, religious or spiritual communities, organisations, firms, nations),
- symbiosis with partners,
- symbiosis with their own children [7].

Each of these forms of symbiosis has its rules and forms of manifestation and must be viewed individually. Since mother-child and father-child symbiosis form the basis of all other symbiotic forms of

cohabitation and is of central importance to the therapeutic situation, I will focus on her in this book. I'll just stop in passing on the other forms of symbiosis. They need a special approach [7].

4.3. Trauma, the main causes of psychiatric disorders

4.3.1. Attachment theory and trauma theory

Attachment and Attachment Disorders

Attachment theory focuses on relationships and relationships between people, in particular long-term relationships, including those between a parent and a child and between romantic partners [7].

Trauma

Stress theory can make an important contribution to understanding disrupted attachment relationships. Trauma theory, in its various facets, was an even better key to explaining that parents, although physically present for their children, cannot be emotionally available. The concept of “psychological trauma” means three things:

- particularly threatening and overwhelming situation for man (e.g. a tsunami or an armed attack on him),
- the inner experience of this situation, which begins with an extreme stress reaction, activates within seconds all possible physical and mental reactions and then leads to a sudden interruption of these activities (rigidity caused by shock, “freezing” etc.) in order not to reach death by overstimulating the entire psychosomatic system,
- the short, medium and long-term consequences of this internal flooding state and of attempts to control overstimulation [7].

By trauma, I mean, first of all, one of the two classic forms of trauma:

- existential trauma, in which the person experiences the threat of his or her life, and
- trauma of loss as a result of sudden loss of a person to whom there is a deep attachment connection [7].

4.3.2. A pattern of psychic cleavages

My strong concerns about the theory of attachment and trauma helped me to better understand:

- why there are, at the psychic level, these difficulties in making a clear difference between the present and the past,
- why past experiences often have a much stronger effect within us than what we live right now and here [7].

The cause is that traumas are primarily managed through cleavages of the psychic structure. In this process, the inner unity of the individual is lost. I find it appropriate to distinguish here between “dissociators”

and “clivaj”. While dissociations may be temporary, for example, to allow a paramedic to perform a particularly demanding intervention, cleavages are permanent [7].

Healthy parts of the psyche

The healthy psychic aspects (Figure 1,) are, among other things, able to perceive with a great inner opening reality as it is, and not as we would like it to be, neatly ordered in sertras. These parts can feel emotions appropriately to each situation and express them: feelings are neither completely nonexistent nor excessive. The healthy aspects of the individual’s psyche can remember important events, but also painful or scary ones. They are able to greet other people without mistrust, on the contrary, they trust them because they have self-confidence. As they know their own weaknesses, I know that other people have such weaknesses. The healthy parts of the psychic know that it is sometimes necessary to be cautious in our contacts with other people [7].

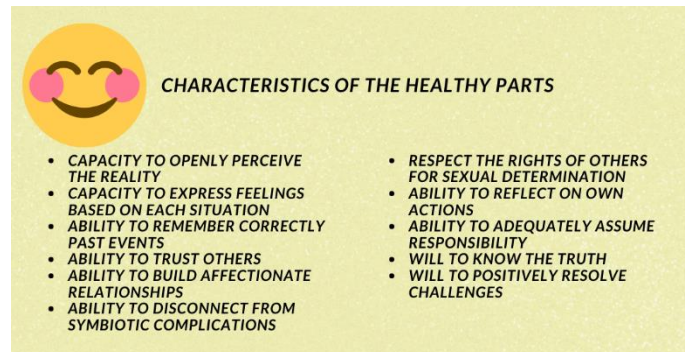


Figure 1. Characteristics of healthy parts [7].

Traumatized parts

Traumatized aspects of the psyche (Figure 2) are usually removed from consciousness. They are suppressed by the surviving parts and only manifest themselves in stressful life situations, when control of the surviving parts is no longer sufficient. Their main feature is that they do not age. This means that they remain on the same stage of development as they were when the trauma occurred. As long as they lead a miserable existence in the prison of the soul, they cannot develop further, because they lack new life experiences. Not only does the negative facet of traumatized parts remain inaccessible to the rest of the personality, but also its positive vital energies cannot be used. A lot of energy is connected with traumatized areas, and they contain, for this reason, a great potential that can be released and used when psychic cleavage is exceeded [7].

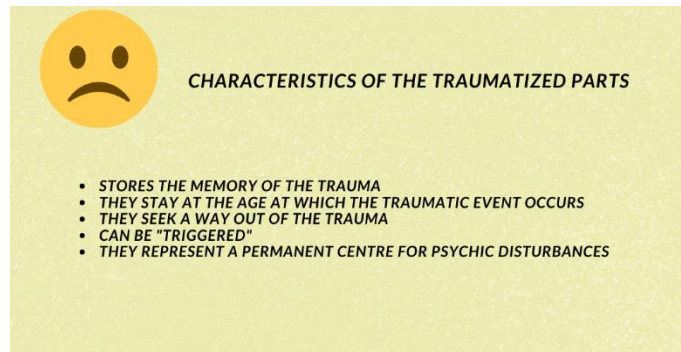


Figure 2. Characteristics of traumatised parts [7].

Although traumatised parts are usually hidden from consciousness, unconsciously they are still active and are always looking for ways out of the traumatic situation, even when it occurred decades ago. Since they are unable to distinguish past and present events, they can be alarmed by some harmless experiences to such an extent that they believe that the traumatic situation has reappeared. They can be “triggered” suddenly when a present perception (e.g., of a person, of a noise, of a smell) can trigger initial traumatic reactions of panic, uncontrollable anger or overwhelming shame. Traumatized aspects are a permanent outbreak of disturbance in the individual’s psyche [7].

Surviving parties

The main task of the surviving parts (Figure 3) is to be the creator and “guardian” of psychic cleavage. They call these structures “survivorous” parts, as they facilitate survival after experiencing trauma. In the long run, they save life and are urgently needed as long as the external traumatic situation persists. But in the medium and long term, and especially when the external traumatic situation has long ceased to exist, they become a barrier to the development of the person [7].

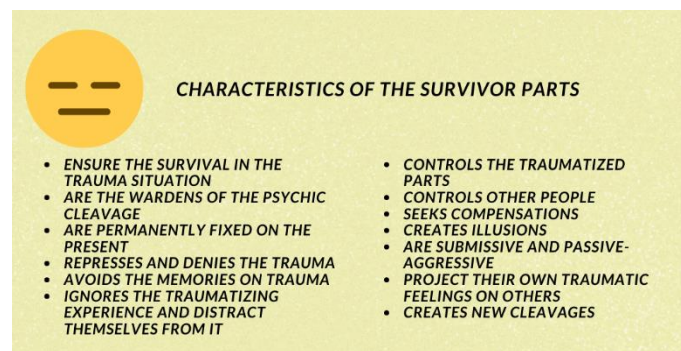


Figure 3. Characteristics of survivor parts [7].

Retraumatisation

Despite all survival strategies, memories of trauma are constantly “triggered” and the images and feelings cleaved into consciousness. They're talking about a 'retraumatisation' then. Through a traumatic life experience, the situation experienced becomes an internal reality to such an extent that without therapeutic help it can almost not emerge from it, even if it existed a few decades ago. Although danger only persists inside, and outside is no longer present, it is lived as if it continued to threaten. This leads to a permanent run from the arousals that come from the outside and reminiscent of the traumatic event, as well as to the avoidance of own activities that could produce thistle of excitement [7].

Trauma survival strategies in destructive symbiotic relationships:

- creates taboos of thought and speech and prevents dealing with present traumas,
 - it uses its own control strategies to subject the other,
 - demands from the other something that he is not able to give or realise,
 - I'm building illusions about the quality of the relationship,
 - it continuously creates unresolvable conflicts,
 - despite all the negative consequences, individuals cannot give up this fight without hope with the other.
- Each has an internal compulsion to hurt each other [7].

5. Post-traumatic stress disorder

5.1. Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder (PTSD) occurs as a delayed response to an event, a stressful situation that threatens or endangers physical or mental integrity. The degree of damage may vary depending on the person's predisposing factors (personality traits) and his or her history. Symptoms manifested include: disturbing, unpleasant and recurring memories (flashbacks), dreams or nightmares, appearing on a persistent background of feeling of numbness *and* emotional shredding, intense or lasting mental discomfort due to exposure to internal or external stimuli that symbolise or resemble an aspect of the traumatic event, detachment from other people, anhedonia and avoiding activities and situations that remind trauma [8].

Post-traumatic stress disorder (PTSD) is a mental health condition triggered by a terrifying event — whether you are experiencing it or assisting it. Symptoms may include flashbacks, nightmares, severe anxiety, as well as uncontrollable thoughts about the event [8].

Most people who go through traumatic events may have temporary adaptation and management difficulties, but with time and good self-care, they usually improve. If symptoms worsen, last months or even years and interfere with your daily functioning, you may have PTSD [8].

Effective treatment after developing PTSD symptoms may be essential to reduce symptoms and improve function [8].

Symptoms

Symptoms of post-traumatic stress disorder may begin within a month of a traumatic event, but sometimes symptoms may not occur until years after the event. These symptoms cause significant problems in social or work situations and relationships. They may also interfere with your ability to perform your normal daily tasks [8].

PTSD symptoms are generally grouped into four types: intrusive memories, avoidance, negative changes in thinking and mood and changes in physical and emotional reactions. Symptoms may vary over time or vary from person to person [8].

Intrusive memories

Symptoms of intrusive memories may include:

- Recurrent and unwanted painful memories of the traumatic event
- Reliving the traumatic event as if it were happening again (flashbacks)
- Troublesome dreams or nightmares about the traumatic event
- Severe emotional distress or physical reactions to something that reminds you of the traumatic event [8].

Avoidance

Symptoms of avoidance may include:

- Trying to avoid thinking or talking about the traumatic event
- Avoiding places, activities or people who remind you of the traumatic event [8].

Negative changes in thinking and mood

Symptoms of negative changes in thinking and mood may include:

- Negative thoughts about you, about other people or about the world
- Despair of the future
- Memory problems, including remembering important aspects of the traumatic event
- Difficulties in maintaining close relations
- Posting of family and friends
- Lack of interest in the activities you once liked
- Difficulty to experience positive emotions

- Feeling of emotional numbness [8].

Changes in physical and emotional reactions

Symptoms of changes in physical and emotional reactions (also called symptoms of arousal) may include:

- Being slightly amazed or scared
- Always guarding for danger
- Self-destructive behavior such as drinking too much or driving too fast
- Trouble sleeping
- Concentration problems
- Irritability, angry outbursts or aggressive behaviour
- Overwhelming guilt or shame [8].

For children 6 years of age and younger, signs and symptoms may also include:

- Recreation of the traumatic event or the aspects of the traumatic event through the game
- Scary dreams that may or may not include aspects of the traumatic event [8].

Intensity of symptoms

PTSD symptoms may vary in intensity over time. You may experience more PTSD symptoms when you are under stress in general or when you encounter memories of what you have gone through. For example, you might hear a car back and relive combat experiences. Or you may see a report about the news of a sexual attack and feel overwhelmed by the memories of your own attack [8].

When to ask for specialised help

If there are disturbing thoughts and feelings about a traumatic event for more than a month, if they are severe, or if the person feels that you have problems to get your life back under control, talk to your doctor or a mental health professional. Obtaining treatment as soon as possible may help prevent worsening of PTSD symptoms.

Causes

Post-traumatic stress disorders may develop when the person passes, sees or learns about an event involving actual or threatened death, serious injury or sexual violation [8].

Doctors are not sure why some people suffer from PTSD. As with most mental health problems, PTSD is probably caused by a complex mixture of:

- Stressful experiences, including the amount and severity of trauma you've experienced in your life
- Inherited mental health risks such as family history of anxiety and depression
- Inherited traits of your personality — often called temperament
- The way your brain regulates chemicals and hormones that your body releases in response to stress [8].

Risk factors

People of all ages can have post-traumatic stress disorder. However, some factors may make you more likely to develop PTSD after a traumatic event, such as:

- Experiencing intense or long-term trauma
- After experiencing other trauma earlier in life, such as childhood abuse
- Having a job that increases the risk that the person exposed to traumatic events such as military personnel and first interventions
- Having other mental health problems such as anxiety or depression
- If there are problems with misuse of substances, such as excessive alcohol or drug use
- Lack of a good support system for family and friends
- Having blood relatives with mental health problems, including anxiety or depression [8].

Types of traumatic events

The most common events leading to the development of PTSD include:

- Exposure to combat
- Physical abuse in childhood
- Sexual violence
- Physical assault
- Being threatened with a gun
- An accident [8]

Many other traumatic events can also lead to PTSD, such as fire, natural disasters, looting, robbery, plane crash, torture, kidnapping, life-threatening medical diagnosis, terrorist attack and other extreme or life-threatening events [8].

Complications

Posttraumatic stress disorder can disrupt your whole life — your job, relationships, health and the pleasure of everyday activities [8].

Having PTSD may also increase the risk of other mental health problems, such as:

- Depression and anxiety
- Problems with drug or alcohol use
- Eating disorders
- Suicidal thoughts and actions [8].

Prevention

After surviving a traumatic event, many people have PTSD-like symptoms at first, such as the impossibility to stop thinking about what happened. Fear, anxiety, anger, depression, guilt — all are frequent reactions to trauma. However, most people exposed to trauma do not develop long-term post-traumatic stress disorders [8].

Timely help and support can prevent normal stress reactions from worsening and developing in PTSD. This may mean reaching out to family and friends who will listen and provide comfort. It can mean looking for a mental health professional for a short course of therapy. Some people may also find it useful to address their faith community [8].

The support of others can also help to prevent you from resorting to unhealthy management methods, such as misuse of alcohol or drugs [8].

5.2. Posttraumatic stress disorder in serious accidents

Although road accidents are now common enough to no longer be classified as events beyond ordinary human experiences, they can have a significant impact on mental health. In terms of frequency and intensity, accidents involving motor vehicles are the most aversive. Also, the effects of experimenting with a road traffic accident may have a greater psychological impact than the physical one. Experiences during the event, horror, fear, people involved are elements that can contribute to the development of post-traumatic stress disorder. The conclusions of a review from the literature highlighted that in the case of children, post-traumatic stress disorder and post-traumatic stress syndrome may occur regardless of the severity of the injuries. It was also estimated that 30 % of the victims will develop the disorder in the first month and 13 % in the next 3-6 months [9].

5.3. The link between post-traumatic stress disorder and serious/incurable diseases

Post-traumatic stress disorder is found both among people who have received the diagnosis of serious or incurable diseases, but can also affect close family members or their carers. The results of some studies indicate a high association between cancer diagnosis and the development of post-traumatic stress

disorder, as well as 20 % of patients with a diagnosis of cancer, who develop symptoms in the next 6 months [9].

The word “cancer” is so strongly related to fear, stigma, and mortality, that some patients are even afraid to say it. Consequently, the diagnosis received is sudden, catastrophic, accompanied by the feeling that it has not long to live. Unfortunately, post-traumatic stress disorder is often undiagnosed and consequently untreated. This means that symptoms may occur after receiving a diagnosis of any condition considered fatal or life-threatening by the patient [9].

5.4. Posttraumatic stress disorder and sexual abuse

The development of post-traumatic stress disorder is common following sexual abuse. The increased risk of developing the disorder is due to the result of the combination of victims’ vulnerabilities and the nature of the abuse. Sexual abuse has been linked both directly and indirectly to the severity of the symptoms of posttraumatic stress disorder through the feeling of guilt, shame and fear of abuse across three dimensions — the desire to prevent abuse by various measures, fear of men and feeling of insecurity [9].

5.5. Resilience

Throughout their lives, people face a number of difficulties or challenges, which may vary in intensity and negatively impact them more or less. In some studies it has been shown that most people experience at least one event with traumatic potential throughout their lives, with the term “potential” playing a very important role in this context, as it marks that there are differences in how people react to the same events and whether they prove to be traumatic for them. For example, some individuals may become overwhelmed by everyday difficulties while others may react positively in the most appalling life experiences [9].

What makes the difference is given by the level of psychological resilience of the person. An important thing to remember is that resilience can be seen both as a feature and as a process or outcome [9].

Resilience has been defined as the process of adapting to traumatic or stressful events in a manner that gives the person new adaptation skills. Similarly, it has also been seen as a process of personal development of the individual, referring to his ability to recover quickly and cope with hardship in a constructive manner. In addition, resilience has also been defined as the person’s ability to adapt positively to changes and negative life events [9].

A study considers that resilience should be seen as an interaction between the individual characteristics of the individual and the characteristics of the environment, balancing stressors and individual capacities to cope with the situation and focusing on the impact of risk factors and protective factors [9].

5.5.1. Resilience efficiency in serious accidents

In the study conducted by Rodriguez-Llanes, Vos & Guha-Sapir noted that social support was the most important factor in developing and maintaining an optimal level of resilience for those who faced natural disasters. A high level of support from family or friends significantly increased the level of resilience, but it was also noted that their efficiency is lower [9].

5.5.2. Resilience efficiency in serious or incurable diseases

O research revealed that a consistent social network contributes to the development of resilient behaviour in children with Duchenne muscular dystrophy [9].

Although all children taking part in this study were diagnosed with a chronic, progressive and ultimately fatal disease, the results showed that 84 % of them did not appear to be in a risk category following the application of the tests, noting that they had a high level of resilience. Although they live in adversity, their psychological functioning is normal. The study noted 2 factors that led to a high level of resilience among these children: social support and parental adjustment/adjustment [9].

5.5.3. The effectiveness of resilience in rapes

Looking at a study carried out on women raped in the Rwandan genocide, it was noted that in some of them who became pregnant later in their lives, the experience of being a mother was a resource to overcome the negative impact of genocide, to face the challenges faced and to shape a perspective that would give them a sense of their future after genocide [9].

Further research has shown that such experience can have a positive influence on the person and even adaptive value, suggesting that it can be a key component of resilience and mental health [9].

5.5.3.1. *Therapeutic interventions for potentially traumatic events*

Traumatic events are a continuously studied phenomenon, especially by specialists in the field of psychotraumatology, who are looking for the most effective and useful therapeutic methods. With regard to the events that may pose a danger, we are talking about accidents, diseases, psychic and physical abuse [9].

A review conducted in 2019 revealed preliminary evidence that severe symptoms of PTSD caused by potentially life-threatening medical events could be prevented. Fortunately, PTSD caused by internal, medical events has a beneficial essential feature that is not found in PTSD caused by external events. Healthcare professionals who can assist in the administration of standardised, prompt interventions are often present either soon or sometimes even before the onset of potentially traumatic medical events [9].

The most concrete example is doctors who reveal cancer diagnoses, which can be life-threatening depending on the stage of the disease, those who perform demanding and stressful procedures on sections of Intensive Care and those who perform cardiac surgery. Research in this area has the potential to transform

medical care by incorporating hospital protections and evidence supported by certain psychological interactions into aid against the development of severe symptoms of PTSD [9].

In a study based on the needs of survivors of child sexual abuse, the identified themes — developing a connection with therapists and changing thoughts and perception of abuse, indicate what men need when talking about their experiences of abuse in “formal” therapy. They need to be heard, believed and understood. Men described changes in their ability to cope, the feeling of identity and the reduction of emotional stress when they were able to work alongside a skilled and empathetic therapist. Men in this study reported that they are strongly motivated to persevere with therapy, despite structural and internal barriers, due to the strong desire to cure and live a different way. Therapists have the mission to recognise and respond empathically, containing this desire for change, along with offering support and hope that change is possible [9].

5.6. Fractal Introduction

The term fractal comes from the Latin “fractus”, which means broken, broken, fractured, dissipated and is specific to mathematics. Any geometric shape that can be infinitely decomposed into fragments of randomly chosen sizes, but that will always resemble the whole, is fractal. The part contains the whole and the whole part. The universe, nature, and human body abound in such forms with a specific way of development and evolution, through iteration [10].

More carefully, in depth, the theories about the formation of the Ego, the hypostases of the psyche, the appearance of psychopathology or the splitting of the psyche are similar to fractal theory [10].

In psychology, fractal becomes an instrument that (Figure 4), used in the paradigm of Unification Therapy (U.T.), facilitates addressing blockages, existential impasses, disadaptative patterns, as the main intervention method in Unifying Personal Development (D.P.U.) in group, for people with a high level of anxiety and stress, but subclinical [10].

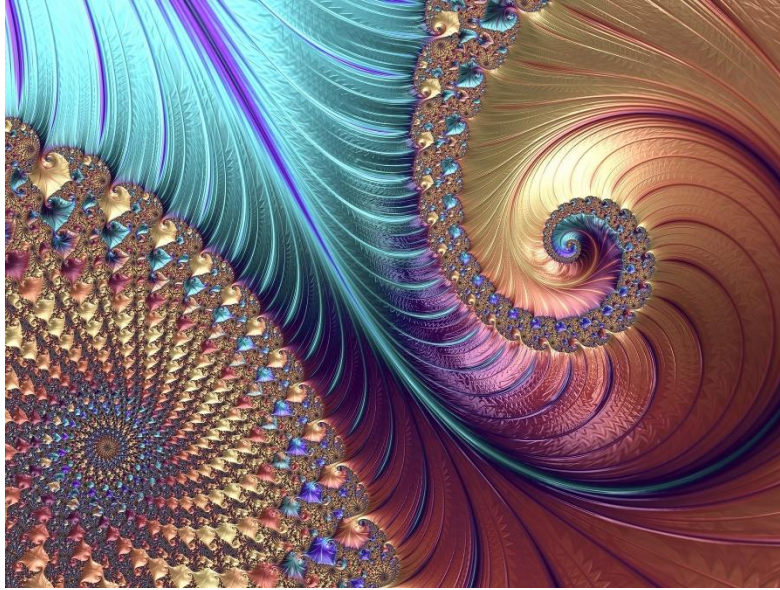


Figure 4. Fractal image [11].

Thus, a new way of intervention in Unifying Experimental Psychotherapy (P.E.U.) develops through fractal technique, as a form of guided meditation with imaging support and creative-transfigurative meditation, performed for psychodiagnostic and therapeutic purpose [10].

In the description of the technique, the term fractal includes digitally generated A4 floors and various natural elements such as ferns, flowers, clams, leaves, textures whose fractal pattern is visible to the naked eye. Each participant is thus exposed to forms similar to those within it [10].

The confirmation that in nature there are freely and spontaneous forms that respect the quality of being self-similar, at various scales, has brought light on a common issue: what geometric shape best describes natural elements? [10]

Euclidean geometry (circle, square) is insufficient to name a tree, cloud, fern or lung, etc [10].

In 1975, when B. Mandelbrot proposed the term fractal to describe irregular and complex natural forms and phenomena, exact sciences such as physics, medicine, biology became an important ally in explaining the genesis and evolution of systems with a nonlinear dynamic [10].

The discovery of IBM mathematician would also bring information and innovations in fields such as art, architecture, clothing design, film industry, but also in humanities such as psychology, sociology, philosophy [10].

In the economic field, fractals have been used to explain and predict price fluctuations in different products. In physics, they contributed to the development of the Chaos Theory and to explain Jung's synchronicity phenomenon [10].

In medicine, there are a wide range of studies on fractals. It seems that the latest findings state that the heartbeat has a fractal rhythm and that any decrease in the complexity of this fractal may indicate heart disease. In Romania, in Cluj, with the help of fractal size, malignant tumors could be distinguished from benign tumors without biopsy [10].

All these studies prove that there is a strong connection between humans and fractals, and they are present within each individual, both physically and mentally [10].

The proof that fractals are found in the psyche, at least at a symbolic level, comes from their presence in life through artistic and creative manifestations of the psyche, long before B. Mandelbrot's patented term [10].

(Re)establishing a strong, lasting, normal human-fractal bond may have positive effects in therapeutic processes aimed at unifying, repressed, and resigning stress and anxiety events [10].

The human genome is one of the most relevant examples of fractals. The DNA contains all the information needed to generate the geometric shape of the body, including the psychic, but also the finite man, regardless of his appearance, contains in each cell his unique DNA. The micro level contains and reflects the macro, but also vice versa [10].

Regardless of the level of analysis and decomposition of the surrounding fractal natural elements, the part will be reflected in whole and in part, at least at the level of self-similarity. Just like the crown of a tree resembles its roots [10].

Human behavior, personality formation and the development of psychic activity indicate a fractal development. Adults repeat at a subtle level patterns and action programs similar to those of childhood and even transgenerational ones [10].

The behaviors of an adult reflect his "crime" legacy. Based on the knowledge, reconfiguration and resignation of this "legacy" can be made predictions about the evolution of the behavior of the individual [10].

In the humanities, fractal theory was taken over to explore and describe how to form and function human, social and self relations [10].

For certain sociologists, the dynamics of institutions, interpersonal relationships (with family and friends) and intrapersonal relationships (with oneself) reflect the functioning of the community, as well as of society as a whole. The reverse is also valid. The way society operates reflects the way in which each member operates [10].

The fractal technique is especially indicated in unifying personal development groups, as it can stimulate the contents of the collective and family unconscious. Most of the resources, but also personal

bottlenecks, are acquired behind socialisation and interaction with others. In order to be able to produce lasting changes that contribute to the development of the individual, but also of society as a whole, it is necessary for each individual to realise and resign the impact of these contents on their own identity and on their past, present and future family [10].

Identity and self have a similar genesis to that of fractals, forming by repeating responses to everyday experiences. The image of a person is built always keeping the same characteristics from microscale to macroscale. Basically, the adult individual contains his image from adolescence, childhood and intrauterine stage, and the sum of these images is reflected in anything: in the mind of the individual, in the family and even in the geographical territory, which in turn directly shapes the image of man [10].

In terms of game, adult reactions to daily requirements, decision-making ability, creativity and coping strategies are self-similar to the way he used to relate, in childhood, to the game, to his rules and to other children [10].

Fractal theory can be used to explain stress genesis, anxiety and emotional schemes in general. In the psychotherapeutic process, such a vision of emotions and disadaptive responses encourages the therapist to regard the individual's problem as a dysfunctional fractal that must be reiterated, from a holistic point of view (emotional, cognitive, spiritual) towards another direction, by resigning the initial parameters of formation [10].

Another reason why the use of fractals is recommended in therapeutic processes is given by the state of physiological and mental relaxation that they induce by their mere presence, without any other accompanying instruction. Exposure to fractals (significantly reduces stress, activates alpha waves responsible for introspection and favours fascination (a type of involuntary attention) [10].

A tool that reduces stress by its very appearance or is absolutely necessary at this time, as the level of national and global stress is increasing [10].

A survey by Daedalus Millward Brown shows that 64 % of Romania's population is under stress. The main stressful stimulus of Romanians are income, service and lack of time for personal life. Of course, with such problems each individual faces, but not all are affected to the same extent. One of the current questions of psychology is still related to what these individual differences generate [10].

The genesis of fractals is similar to the evolution of stress. Stress is always present, regardless of its negative or positive valences. Often it is both the cause and effect of disadaptive behaviors, unfolding indefinitely, with different intensities. Stress is shaped by external events rather than by the internal structure of the individual [10].

Any encounter with a potential stressor stimulus produces an alarm reaction, in which the individual prepares to cope with the action of the stressor agent. In fact, survival is due to this wonderful mechanism [10].

Two types of reactions can be triggered in the alarm state: run or fight type. Sometimes there's a third reaction: frozen type (blocking). Then there is a period of endurance, during which the body uses the resources at its disposal to coexist with stress and eliminate it. If the stressor's action persists and the individual does not find adaptive responses, it reaches the phase of exhaustion, in which resources no longer function and blockage occurs [10].

Any request, regardless of its nature, whether physical or mental, causes a stress-like reaction. H. Selye distinguishes between motivational reactions, oriented towards healthy removal of the stressor (eustress) and disadaptive reactions that destroy the body (difficulty) [10].

Although the psycho-physiological pattern remains the same at both eustress and distress, it seems that the answer differs depending on the individual's experience, his emotional schemes and his strategies to relate to stressors [10].

Stress is a significant discrepancy between environmental requirements and individual capacities/resources to respond to requests. The response is highly dependent on its affective mood, cognitive assessments, personality structure and coping strategies acquired over time [10].

Positive stress (eustress) occurs when the individual assesses the potential stressful situation as a challenge, as an obstacle that must be overcome to unlock their own evolution and development. On the other hand, negative stress (difficulty) occurs when the individual feels overwhelmed by stressors and perceives them as unjust, as external sources designed to destroy his evolution and development, meaningless [10].

To decrease stress levels, a change in perception of the meaning and significance of past and present stressive stimuli is needed [10].

The individual analyses stimuli to see how dangerous and threatening a situation is. This analysis is based on each person's life experience. The higher the number of traumas and unpleasant, unintegrated experiences, the more likely the person concerned will find passive or immature strategies to cope with it [10].

Disadaptive responses from the past overlap with the present. A diagram is formed, a pattern (a fractal can?) of analysis, strongly influenced by previous failures. If not corrected in time, such a scheme can

evolve indefinitely, manifesting itself in almost any stressful situation, functioning as a fractal attraction to which the individual unwillingly resorts, out of control [10].

One of the main objectives of psychotherapy and personal development through the fractal technique applied in the T.U. paradigm is directly related to the integration and acceptance of past traumatic experiences [10].

The way of forming a psychological pattern very much resembles how fractals are formed. Meditation with imaging support and creator-transfigurators specific to experientialism and fractal techniques contribute significantly to the awareness and recovery of dysfunctional psychological patterns [10].

Generating a fractal requires an initiator, generator and iteration. The initiator is the whole from which it starts. Any interaction with the environment, positive or negative, is a possible initiator — a triggering moment of a fractal (psychological pattern). Next, a rule (generator) is needed to generate a new form from the previous one (from the initiator), a form that also contains the original one. The psychological response given in front of the stimulus (initiator) is considered the generator. Then, through iteration, answers are always generated with a seemingly new shape, because of the complexity as the number of repetitions increases — as the whole process is repeated indefinitely. The psychological response provided in a potentially stressful or anxiogenic situation contains and is influenced by the response given the first time a similar situation has been encountered [10].

Unification Therapy promotes access to the trigger moment of disadaptive responses and its resignation from the perspective of the current adult, as a way to increase tolerance to stress and anxiety. By exposure to fractals, their ability to reduce stress and facilitate introspection, the client immediately begins the reprogramming process, first at a symbolic level, through meditation, and then in reality, through experiential analysis [10].

Using fractal technique gives the client the chance to connect with a symbolic external representation of his own interior, his own organs and schemes, adaptive patterns and malfunctions [10].

Unification Therapy is a holistic method, centered on symbol analysis, personal development and self-change through projective-provoking exercises, improvisation and creative meditation with art-therapeutic and expressive support. It uses the transfigurative power of metaphor and resigning experience, reconnecting the Self with Self and stimulating the processes of internal and external unification, integration and transformation [10].

The fractal, as an infinite image, has no specific meaning. The human brain will always try to complete the image by referring to information held by the individual. Therefore, the meaning given to these

images in the context of experiential intervention through fractal technique is a subjective and projective one, which metaphorically describes the dynamics of the psyche, the profound emotions of the viewer and the real generators of stress and anxiety [10].

According to the experiential approach, responses to certain traumatic events or increased affective intensity can be engramed in the cortex in the form of emotional schemes (or emotional fractals?). Therefore, an emotion can also be repeated after the moment has passed, in more or less similar situations [10].

Over time, these schemes become rigid, get out of conscious control and it takes place that an action program that the individual turns to whenever life situations are “overlaid” (are self-similar) to the moment the scheme was formed. An individual has several schemes that act simultaneously, interdependently with each other and, most of the time, unconscious [10].

The way of formation of emotional schemes can be similar to the genesis of fractals. Therefore, in order to generate a new scheme, more functional, consciously assumed by the client, the psychotherapist must facilitate accessing and resigning the point that generated the negative one [10].

Often, the exploration of stress- and anxiety-generating content is difficult, either because the initial moment is very distant, or because its direct access, only through verbal techniques, is very painful, sometimes even inauthentic [10].

Fractal technique can in a non-invasive way open access to the subject’s inner world and key events that have led to the emergence of its disadaptive behaviors. Starting from symbolic situations, with the help of metaphors, body language and graphic expressions, it creates the perfect framework for activating and exploring negative emotional schemes, strongly engramed in the psyche and out of conscious control [10].

The moment of experiential analysis, conscious questions and restructurative techniques specific to T.U. allow expression and reflection on their own operating scheme. The therapeutic intervention process ends by understanding, resigning the current scheme and practicing new strategies in real situations, in everyday life [10].

Fractal technique is a holistic approach that includes an education process and interior re-design. Transfigurative and imaging meditation used in this technique allows participants to experience an extensive state of consciousness on questions of the personal universe [10].

The meeting with fractals has optimised, self-restructuring and self-regulating values. In addition, fractals induce a state of relaxation by sympathetic to their presence and observation. Therefore, the applicability of the technique exceeds the space of the cabinet. The use of these forms is also recommended in the decoration of interior spaces, especially in those with a high level of risk of environmental stress [10].

5.7. Addressing stress in the vision of Unified Experienced Psychotherapy, based on fractal technique

Stress is one of the most common accusations of those who turn to the services of a psychologist. A study conducted in 2013 shows that six out of ten Romanians experience a high level of stress. The most common causes are related to fear of losing their jobs, rising prices, not being injured and personal problems such as family life, health and lack of time for their own pleasures. Negative stress with destabilising effect on the physique and psyche occurs when external requirements exceed the individual's ability to respond. At this level, creative resources are blocked in a disadaptive pattern of action, which is maintained in all behaviors of the individual. Reducing stress to a simple unequal transaction between inside and outside is risky, as the biological and physiological component of stress is lost. There are two theories that have been noted in addressing behavioral reactions caused by borderline situations, unexpected, novel, unique, sometimes traumatic. Biological theory and transactional theory are perhaps two very different approaches, but which, treated together, manage to address stress in a full, holistic manner. In H. Selye's vision, stress is a physiological rather than a psychological reaction and has a well-defined role in defending the body and preserving physical existence [10].

Run-fight-type reactions, sometimes frost, would not exist if this mechanism called physiological stress did not work properly. Practically, in the absence of physiological stress, the individual would be unable to respond to external stimulation and adapt to the requirements of the environment [10].

Although the term stress is currently used very frequently by anyone, the concept began to develop around the 1960s. Even H. Selye states that everyone knows what it is and how stress manifests itself, but it's hard for everyone to define it [10].

In the groups of personal development in which fractal technique was used it was easily observed that for many stress is felt physically through various adaptive or disadaptive symptoms. Stress acquires both positive and negative valences, both context-dependent and environmental stimuli acting on the specific characteristics of the organism [10].

Some studies focused in particular on how fractal images impact the body. He found that images of fractals between 1.2 and 1.5 can induce a state of well-being by activating alpha waves responsible for relaxation [10].

This study confirms that through simple visual contact with them, focused or involuntarily, images of fractals improve well-being. It can easily be inferred that such forms can be an effective tool from the first session, contributing to the relaxation of the patient/customer [10].

Fractal technique uses relaxation as a pretext for meditation and experiential analysis of stress-generating themes and associated psychic contents. There are no longitudinal studies showing how long the beneficial effects of mere exposure to fractals can be maintained, therefore lasting effects and genuine changes can only be implemented and maintained for a long time by using fractals in the paradigm of Unification Therapy [10].

Distress should be approached holistically, within a dedicated intervention program, because according to R. Lazarus and S. Folkman, stress is more than a physiological reaction, it is an exchange, a transfer, a transaction between inside and outside, between the individual and the stimulus, the quality of which depends on the high or low level of stress [10].

The perception of the quality of the exchange between man and the environment is influenced by the intensity and duration of the stressor, but especially by personality traits and personal life experiences involved in the assessment of stimulus [10].

Negative stress usually manifests itself when the individual perceives himself as being exceeded by the requirements of the environment, regardless of their nature, and considers the situation in which he/she is without exit as a punishment or injustice [10].

Any stimulus can be perceived as stressor, especially when the individual does not have or can not immediately access the resources needed to resolve a pressing external requirement [10].

In the assessment of stressors there are two trends. The first is the lack of confidence in their own forces and the assessment of personal resources as insufficient to overcome an obstacle seen as unfair and a condemnation of destruction rather than as a challenge. In such conditions, distress occurs, negative stress [10].

The second trend generates positive stress and is manifested by the perception of stressors as an opportunity to growth, as a challenge to self-fulfilment [10].

The Unification Therapy aims to withdraw blocking emotions, “here and now”, for a full creative resignation and self-regulation, directly in action, but also for starting a process of “healing” and development [10].

Prolonged stress, disadaptive responses and negative behaviors are learned and fixed in certain patterns of reactions over time [10].

The therapy of unification considers it important to relive “here and now”, from the perspective of the present person, to all unintegrated experiences. Exposure to fractals reactivates in a subtle, invisible way the memories of key moments of psychic patterns. Of course, there are a number of experiences so well hidden,

sometimes even unconscious, that to activate it requires a guided challenge to self-exploration and analysis of the person in question [10].

5.8. Fractal technique — a form of meditation and relaxation

Fractal technique can be applied both in group and individually [10].

The technique as a whole allows working with fractals in an experiential way, through meditation, modeling, drawing, dramatisation and methods that stimulate projections [10].

The tools used by the technique in this study are 27 A4 boards, plasticised, with fractals of different sizes and degrees of complexity (*D1* — very little complex, *D2* — medium, *D3* — very complex) [10].

The fractal technique is, in particular, a form of transfigurative creative meditation and a suggestive relaxation technique specific to P.E.U., which can be achieved as follows:

1. As an imaging medium that reflects the psychic content accessed through the meditative process.

This means relaxing and focusing the attention of participants on their own inner dynamics. Through instruction, they are guided to the exploration of unconscious, archetypal psychic content and the forms they acquire through the meditation process [10].

At the end of the meditation, to facilitate the transfer of information from unconscious to conscious, those present are encouraged to choose a fractal board that best represents what they saw during the meditation. The process is followed by the experiential analysis, carried out by the psychotherapist, in order to decrypt the metaphorical meaning of the experience and to translate it into the objective reality [10].

The therapist can approach an almost unlimited series of work themes. The floors can be associated with the family image, the map of life, the feminine and masculine attributes, its own image [10].

2. As an imaging support that stimulates the meditative process and accessing psychic content — experiential meditation with support.

Fractal technique is based on this kind of meditation, starting from the fractal board to the inner world of the individual. It is a readjustment of the exercise “travel in detail”, conducted by I. Mitrofan with the aim of exploring primary and transgenerational traumas, by returning to origins and at the time of birth [10].

This way of working with fractals, as imaging support for the meditative process, is particularly useful in exploring polarities such as Shadow and Persona [10].

The approach to both content requires two separate sessions, in which to start a meditative process starting from the most pleasant board and, in the second, from the unpleasant board, rejected. A single three-hour meditation and analysis session is not enough to explore both. When the fractal technique is used as a way of exploring these archetypal, Shadow and Persona content, it is up to the therapist to ensure that he has the time to explore, analyse and integrate. Otherwise, the process risks not being therapeutic, as it 'opens' certain traumas, which remain untreated [10].

The fractal meditation as an imaging medium has a strict unfolding, which stimulates genuine contact with its own inner world [10].

At first, participants, supported by musical support, are asked to first observe from the chair fractal floors, placed in circles, on foot. Then, they are asked to rise and analyse more closely, from different perspectives, without touching them, the fractal plates [10].

Thus, the individual engages with all his being (physical and mental) in the assessment and choice of boards he likes and dislikes [10].

During the meditation, participants are encouraged to make analogues between election behaviour in exercise and their own decision-making actions in reality [10].

Participants learn in this way to use their inner dynamics as an active witness and to observe themselves in relation to others. The exercise provides information on how external changes and expectations influence their own thoughts, emotions and behaviors [10].

After the participants have connected with the boards and with themselves, the therapist challenges them to choose a single board, which they either like or repugnant the most. If two participants choose the same form, they are encouraged to work together [10].

The therapist should pay particular attention to these cases, as it reflects a number of interpersonal projections and a strong link between the traumas and bottlenecks of the two people [10].

After each individual has chosen a board and has retired to a place where he can meditate quietly, the participant is guided to the inner world, starting from a detail of the fractal that attracts his attention and which, through instruction, transforms and functions as a portal to this world [10].

When carried out correctly, the use of the fractal technique thus has the effect of activating the healing energy stored by certain unprocessed traumas and facilitates the resignation of events considered unfair, painful. A properly conducted meditation can also contribute to spontaneous access and restructuring of blocked content [10].

In order to decode creations during meditation, the therapist can start an experiential analysis process, starting from the client's speech [10].

3) As a projective outsourcing of psychic contents during meditation by fractal drawing.

Fractal technique involves two ways of drawing fractals, through which any projections of the Self can be investigated. The first is the drawing of the mandala, which respects the principle of fractals of iteration and order. It seems that many analogues can be made between the two representations. The drawing of the mandala can be considered a component of the fractal technique, being recommended in the final sessions for the integration of experience [10].

The second way to draw fractals is with eyes closed. Participants may be asked to sit comfortably, close their eyes and let their hands move themselves, slower or faster, until the entire page is full. At the end, each area resulting from the intersection of the lines may be coloured. It is possible to work in this way both to relax and to challenge a process of self-knowledge. For exploration, the participant can be asked to describe how he felt during the exercise, give a name to the drawing and tell what inspires him [10].

There are many more forms of drawing or representing fractals manually. These are described in detail by mathematicians and specialists. In fractal technique, only these two ways are used, as they are most likely to contribute to the externalisation of psychic content by projection [10].

4) As imaging support for suggestive relaxation techniques.

Fractal technique can be used for relaxation purposes, by adapting meditative instruction. Low to medium-sized fractal floors reduce stress, activate introspection, fascination, and alpha waves specific to meditation. Floorboards can therefore be used as a relaxation technique by adapting meditative guidance, because fractals contribute to reducing psychological and physiological stress, having effects similar to images with natural landscapes [10].

Up to a point the instruction is similar to that of the transfigurative meditation with imaging support within polarity exploration. The difference lies in the fact that each participant is encouraged to choose a board that he likes very much and inspires them quietly, calmly, relaxed. Only low-to-medium-sized floors (18 out of 27 boards) [10] are used at this stage.

Such an intervention is recommended at the first meetings in order to help increase the group's cohesion and ease it [10].

Since only these 18 simpler images are used, participants are exposed from the beginning to fractals with the greatest ability to relieve stress and anxiety [10].

After choosing the most relaxing board, everyone is invited to sit comfortably and focus their attention on the internal dynamics generated by contact with the respective board [10].

The therapist guides participants to the inner world of floors, where they can interact positively with the shapes and colors there, which make them even easier, more relaxed and more reconciled with Self [10].

6. Conclusions

There are various approaches to trauma and mental health problems. Some people find it useful to get a diagnosis, because this feels true or explains what they are going through.

Others believe that this makes the problem of their problems more medical than useful. They argue that professionals should consider what in their lives could have contributed to their difficulties and help them. Don't focus on finding problems in them as an individual.

Connecting with people who have also survived trauma can sometimes be particularly useful, for example through the support of colleagues.

In the last decade, significant progress has been made in researching PTSD's mental and biological bases, thus prompting scientists to focus on a better understanding of the underlying causes of why people experience a range of reactions to trauma.

Researchers funded by NIMH (National Institute of Mental Health) explore patients with trauma in acute care environments to better understand the changes that occur in people whose symptoms improve naturally.

Other research relates to how memories of fear are affected by the learning environment, changes in the body or even sleep.

The prevention of PTSD development shall also be investigated shortly after exposure to trauma.

Other research tries to identify what factors determine whether someone with PTSD will respond well to one type of intervention, aiming to develop more personalised, effective and effective treatments.

As genetic research and brain imaging technologies continue to improve, scientists are more likely to be able to identify when and where the PTSD brain begins. This understanding can then lead to more targeted treatments to suit each person's needs or even prevent the disorder before it causes harm.

7. MODULE PLAN

Title	Structured Concepts of Post-traumatic Disorder, the potential Psychological Effects of Traumas and Means to Cope With
Duration	30 hours

General objective	The aim of this module is to present an introductory view of the notion of trauma, its causes, characteristics, types of traumas as well as its effects and possible treatments in a well-structured and easy-to-understand way.
Specific objectives	<ul style="list-style-type: none"> • To provide the learners (health and mindfulness trainers) with the ability to understand and identify some types of traumas and also with the ability to deal with Post-Traumatic Stress Syndrome through Fractal Technique. • To present the learners with a theoretical view regarding trauma • To instruct the learners in an easy way to use fractal technique in order to mitigate the effects of traumas
<p>Learning outcomes (at least 1 of each): Knowledge, Skills, Responsibility and Autonomy</p> <p>(see Bloom's Taxonomy Action Verbs- Annex)</p>	<p>Knowledge:</p> <ol style="list-style-type: none"> 1. The definition of trauma 2. Consequences of traumas and chronic stress on the brain 3. The burnout syndrome 4. Cell stress and psychic stress 5. Psychic trauma 6. Main causes of traumas 7. The way difficult experiences (anger, shame, pride and disgust) become psychic traumas 8. A description of different traumas 9. A classification of different types of traumas (existential, loss, attachment, attachment system) 10. Definition of the symbiotic trauma 11. A vision of symbiosis in psychology 12. Different types of symbiotic traumas 13. Definitions and characteristics of Healthy, Survivor and Traumatized parts 14. Definition and characteristics of Post-Traumatic Stress Syndrome 15. Triggers of the Post-Traumatic Stress Syndrome (PTSD)

16. Prevention of PTSD
17. Resilience and ways to enhance it
18. Fractal Therapy (definition, characteristics, applications and a possible activities involving it)

Skills:

1. To identify the signs of trauma in a patient and to differentiate it from other negative occurrences;
2. To identify the contextual trauma typology of the patient;
3. To propose a plan of action in order to stimulate and increase the patient's resilience to trauma;
4. To identify the signs of PTSD in a patient
5. To use the fractal technique in order to mitigate the effects of PTS and of traumas in a patient

Responsibility and Autonomy:

The course provides a level 2 autonomy regarding the identification of the symptoms of trauma, meaning that the person using only this module for his/her professional development will be able to identify the signs of trauma and PTSD in the patients. Even though, a technique is presented within the module, it is not recommended to be administered without supervision from a senior psychotherapist.

Module summary (abstract – half a page)

Within this module, we present you a short description of the notion of trauma as well as of the affliction associated with it the Post-Traumatic Stress Syndrome (PTSD). Also, within the module, we provide a possible treatment of both, considering the Fractal Technique.

List of resources, tools and methods¹

A. Resources

¹ Example: videos; ppt; exercises; check list; case study; etc

1. <https://www.medicalnewstoday.com/articles/trauma#treatment>.
2. Ruppert, F.; Banzhaf, H. "My body, my trauma, my self Constellation of intent — releasing traumatic biography". Three Publishing House, **2018**.
3. Ruppert, F. "Love, desire and trauma. The path to a healthy sexual identity. Publishing house Three, **2021**.
4. <https://www.apa.org/topics/anger>.
5. <https://www.verywellmind.com/what-is-shame-5115076>.
6. <https://dictionary.apa.org/pride>.
7. Ruppert, F. "Symbiosis and autonomy. Trauma and love beyond symbiotic complications. " Three Publishing House, **2015**.
8. <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>
9. <https://www.istt.ro/2020/11/27/trauma-existentiala-ptsd-rezilienta/>.
10. Simon, R. "Stres and Anxiety." Publishing House Sper, **2020**.
11. <https://scitechdaily.com/a-new-bridge-between-the-geometry-of-fractals-and-the-dynamics-of-partial-synchronization/>

B. Tools

C. Methods

8. CURRICULUM SYNTHESIS

Modules	Duration per module	Activities	Techniques	Resources, Tools and Methods	Duration per activity	Content focus	Learning outcomes
1. Structured concepts of post-traumatic disorder, the potential psychological effects of traumas and means to cope with - 30h (MSM_RO)	30 hours	1. Practice the Fractal Technique	Fractal technique	A board showing a fractal image. (Optional) Pleasant music	1 hour	<i>communication characteristics of post traumatic disorders</i>	<i>knowledge on the Fractal technique that can be used when working with adults in therapy</i>



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TREAT POST-TRAUMATIC DISORDER THROUGH ART

#ArtTherapy
#MentalHealth

01 ONLINE COLOUR THERAPY VET TRAINER CURRICULUM BOX

**MODULE 2.
APPROACHES OF POST-TRAUMATIC DISORDER TREATMENT USING ART
THERAPIES**

Co-funded by the
Erasmus+ Programme
of the European Union



CHAPTER 2- APPROACHES OF POST-TRAUMATIC DISORDER USING ART THERAPIES.
Reminder of what is Trauma

The concept of trauma is frequently stated in the literature by the American Psychiatric Association (APA, 1994); It is defined as the incidents (death of a relative, accidents, fatal diseases, etc.) in which there is a death or death threat, serious injury or a threat to physical integrity, and experienced or witnessed by the person himself.

Traumatic events can cause to negative consequences for individuals. These can be occurred in the form of negative psychological effects (emotional and mental, depression, stress, anxiety, etc.) and negative changes in the behavior of the individual (starting to use alcohol and cigarettes, using drugs, avoiding people or treating them badly, etc.).

The changes that experienced by traumatized individuals may vary from person to person. Post-traumatic individuals may give up enjoying life, lose hope, feel insecure, think that others or themselves are in constant danger, think of bad things even on happy days, lose hope, etc. situations can occur. Besides, individuals may experience positive changes within the scope of post-traumatic growth, such as self-esteem and self-confidence increase, improvement in coping skills, positive developments in life perspective, increase in compassion, development of spirituality, etc. The personality factor underlies the differences in the post-traumatic changes.

Reminder of what is Post Traumatic Stress Disorder

Challenging events that exceed one's ability to cope, such as natural disasters, earthquakes, floods, and wars, sexual or physical assault, torture, kidnapping, traffic accidents, exposure to terrorist acts are psychologically traumatic events. Hence, when the events are experienced, they leave short or long-term psychological effects on people and societies. Post-traumatic stress disorder (PTSD) is a situation which includes emotional, mental, behavioral, and social disorders that develop when such events are outside of normal human experience and can be a source of distress for almost everyone who has exposed.

In order to diagnose PTSD, the individual must have experienced or witnessed a real threat of death, serious injury, or a threat to the physical integrity of oneself or others, and must have experienced extreme fear, dread and desperation during these events. In addition to this key criterion, re-experiencing, persistent avoidance of reminders of the event or accompanying stimuli, decreased general response level, and hyperarousal symptoms as specified in DSM-IV-TR, whether these symptoms cause significant distress or social, occupational and if it causes a significant loss of function in other areas of life.

PTSD, especially with its chronic and delayed onset, creates an important psychosocial problem. Untreated and chronic PTSD can be concealed by substance abuse and addiction, eating disorders, phobias, delinquent behaviors, depression, fainting spells, obsessive compulsive disorder and psychotic episodes. In other words, if post-traumatic disorders are not recognized and intervened in the early days, they can become chronic and become a serious health problem with high costs for the individual and society.

It is known that many factors are effective in the development of PTSD, the etiology of which is basically trauma. Discussions are shaped over two main points of view. One of them is that the changes which occur as a result of trauma are the main cause of PTSD, and the other is that the predisposition of the individual is the main determinant. However, the stressor is the main causative factor, PTSD does not occur in everyone who has experienced the same traumatic event. There is growing consensus on the importance of the subjective meaning of the source of trauma to the patient. "How individuals who are directly or indirectly exposed to traumatic events adapt to the change in their lives caused by these highly stressful experiences will depend on their coping strategies."

What makes an experience traumatic is that it interrupts information processing and activates a cognitive, emotional, and socially maladaptive process.

What is Therapy

Psychotherapy or also known as speech therapy is a method which is preferred by people who want to relax psychologically and protect their mental health. Besides, it can be applied as a support for people who receive any psychological or physical treatment or use medication. Which therapy will be applied and how long the therapy will take are decided by the needs of the person.

Talking and getting support with a specialist psychotherapist or psychological counselor will help you to find yourself, understand your emotional mood and notice your inner changes. You can clarify your goals and desires in life, and increase your quality of life.

Even though it is difficult for many people at first to explain our personal problems to someone else, you can cope with your problems much more easily with the positive effects of the guidance you will receive from psychotherapists who are experts in matters that deeply affect your life and health. Therapy will also help you to feel emotionally relaxed, listened, understood and supported by a professional person. Benedetto Croce (1866-1952) was an Italian philosopher who had great repercussions in the field of art and philosophy, especially with his views on aesthetics. In his early writings in the early 1900s, which constitute the first stage of his work, he identified the activity of "art" with intuition in the most general sense, and drew attention to the inadequacies of positivist and experimentalist views of art.

According to Croce, it is imagination that gives meaning to our experiences and sensations. Also, just as intuition and expression are one and the same thing, the distinction between form and content is unnecessary in a work of art. According to him, intuition images and logical thinking are separate things. Contrary to the claims of classical theorists, art emerges not with logic, but with intuition. Intuitive and artistic knowledge paves the way for perception, which in turn affects life experience.

In his article "The Totality of Artistic Expression", Croce said that every true artistic representation is itself a universe or must be understood as a universe in an individual (singular) form. He studied art in four forms of expression; "direct or emotional expression", "poetic expression", "straight or simple expression" and "rhetorical" expression.

Croce defined Art as a vision or intuition. 'Intuition'; 'horizontal', 'condensation', 'dreaming', 'invention', 'description', 'expression' etc. They are words that are often used almost synonymously in discussions of art.

The German philosopher Martin Heidegger (1889-1976), on the other hand, argues that art has a unique truth value. Interpreting the painting of a pair of peasant shoes by Vincent Van Gogh (1853-1890), he argues that the Presence of the shoes is revealed through the painting

When we look at art, however, we see a radically different approach to the world and things. For example, Van Gogh's painting of peasant shoes leaves shoes to exist; It makes us think about the existence of things that we look at every day and don't notice.

Heidegger says that aesthetically, thinking about art always tends to see the work of art as a representation and an allegorical production. In this context, Art is understood as a representation in the sensory field. This has brought the work of art to be seen as an object of aesthetic experience, almost by definition.

Heidegger sees art as a promise of salvation; He upholds that art fulfills this promise by warning people of the dangers of technology and the will in general, of homelessness and oblivion of existence, and by creating possibilities for "authentic" thinking.

Leonardo da Vinci (1452-1519) wrote in his treatise "Trattato della Pittura": "Painting comprises ten functions of the eye. In other words, darkness, light, intensity and colour, form and position, distance and proximity, mobility and stillness. My short treatise will consist of rules and methods that will remind the painter to reflect all these – the works that nature has equipped the world – with his art, by the intertwining of these functions." If the poet says that what excites people is love and that the main factor in all living things is shaped around this passion, then the painter has the power to express this feeling; the true image of the lover in front of the beloved one, the painter better reflects than others; The lover is also often enthused by this image and speaks of it. This is different from the image that the writer creates with words. Furthermore, the painter leads people to love each other and can endear a female figure who does not exist in reality." Leonardo da Vinci, *Traité de la peinture*.

Michelangelo (1475-1564), painter, sculptor, architect and poet of the Italian Renaissance period, expressed art as follows; "A true work of art is a shadow of divine perfection."

Artworks are the product of the creative process, there is no art without creativity, but we cannot say that every creative activity is artistic. When we look at the history of art, the paintings and sculptures made in the Middle Ages mostly served a religious purpose. During the Renaissance period, the production purpose of the work of art also changed and the concept of fine arts began to be mentioned.

There is no end of learning in art. There is always something new to discover. Great works look different at every glance. They create a world of excitement on their own, with their adventures and incomprehensible laws. The effect that the artist aims to achieve cannot be predicted in advance.

Since there are no rules for when a sculpture or a painting is 'done', it is often impossible to verbalize the true reason for what grips us in the face of a great work of art.

Sigmund Freud (1856-1939) expressed his opinions on artists as follows; “We are burning with the passion to know where this strange person called the artist got his subjects from, as the Cardinal asked Aristotle, how he overcame to affect us with these subjects, how he could awaken in your soul and make emotions that we never thought possible to be born inside us.

Art is also a source of knowledge, like science or philosophy. The great struggle in which man constantly strives to sharpen and clarify his perception of reality, and in which he finds his greatness and freedom, cannot come to a conclusion if he plays with ideas that have already been expressed and have already been realized. Authentic art cannot be made if the forms are not capable of attacking the society that welcomes them, harassing it, motivating it to think, and revealing its belatedness, if they have not crossed the bridge with it.

In the face of a real work of art, the audience should feel the need for scrutiny and reconsider its entire conceptual field. The artist must make him touch the limits of his universe with his hand and open new perspectives to it. This is a genuinely humanistic enterprise. There is no art without shock. An aesthetic form is not a viable artistic form today if it is not capable of confusing the audience, if it cannot subvert the way of thinking.

Swiss painter Paul Klee (1879-1940), who was influential in Expressionism, Surrealism and Cubism with his unique style; He expressed his view on the formation process of a work of art as follows; “The creation of a work of art—the branching out of tree branches—necessarily as a result of entering the specific dimensions of painting, is the creation of natural form, must accompany the distortion, because there it is born again.

Salvador Dali (1904-1989), one of the most important representatives of Surrealism, defined abstract art as follows; “We are hungry for concrete images, we are all thirsty. Abstract art will be beneficial for one thing: to restore all its untouchedness to figurative art.”

Belgian painter Rene Magritte (1898-1967), another important representative of the surrealism movement, talks about thought and imagination in a letter he wrote to Michel Foucault on May 23, 1966; "Thought is something as invisible as pleasure and pain, but painting presents a difficulty here, there is thought that is described as sighted and visible. "Bridesmaids" is a visible image of Velazquez's thought of the invisible. So is the invisible sometimes visible? As long as thought can only be produced by visible figures. In this regard, a painted image (which is inherently intangible) hides nothing; whereas the tangible and the visible inevitably hide the other visible, it is obvious if we believe our experience.

Art is the action of creating harmony out of confusion, transforming into incomprehensible quantity, multiplicity, into an easily understandable unity. Art has also been the basis of science and philosophy by bringing order to the previously disordered, because art clarifies the misty first to some extent. Under the influence of artistic creation, a previously disordered and scattered universe is transformed into an organized, orderly microcosm with the help of selection, picking and collection. What fits the logic of art, if we keep the work of philosophers and scientists apart, is aesthetics, and the only purpose that aesthetics will always consider is beauty. Art teaches nothing but the importance of life. The facts revealed by the artists are no less important than the facts found by the scientists.

Human and Art

In the second half of the last century, natural sciences gained a new impetus. Physics, biology, psychology and sociology are established again, but this time according to positive principles. Radical television, which occurs in the sciences according to positive principles, takes place in the direction of the positivity of the sciences. This positivity movement affects philosophy and art at almost the same time. In philosophy, the understanding of scientific philosophy gains a significant weight.

The product of this positivism and scientificism is technology and industry. The rise of technology and big industry changes human's environment, the relationship between human and the world of things, human's concepts of thinking, and sensibility.

Man and his environment have now changed to a new world with technology and industry. People's way of looking at the universe, worldview, and generally their understanding of value and aesthetic value change with technology and industry. Now man puts great power into his hands; This power has a purpose, which is to do business, and it must be useful.

In order to carry through this goal, factories that make continuous production are established. Technology creates a unique world of tools and equipment with this functional goal. In this development of technology and industry, science achieves its universal goal: "Science is power" (scientia est potentia, Newton). However, this world of equipment, industrial products, determined by such a functional purpose, brings some problems. At the outset of these problems is the problem of "alienation", which is indubitably a contemporary problem. This world of industrial products reveals a mechanistic world aimed at the value of benefit-good. The most valuable product of this mechanism is the "machine". Man, who is an individual being of sensitivity and thought, finds himself as a cog in a big wheel in this mechanistic system. He is opposed to such a system and machine in his own way, he is an "alien" to it.

Will the human, who is a free mind and emotional being, submit to the dominance of this mechanism? People have resisted this alienation in both philosophy and art, and have made a great effort for the consciousness of creation for decades.

Art produces objects shaped by social, intellectual and individual interactions. In this broad concept, the emergence of art is related to intellectual systems. All of the ideas put forward by the society, the artist and the thinkers on that subject affect the art, the work of art and the artist.

Art produces objects shaped by social, intellectual and individual interactions. In this broad concept, the emergence of art is related to intellectual systems. All of the ideas put forward by the society, the artist and the thinkers on that subject affect the art, the work of art and the artist.

Art always interacts with psychology, philosophy and sociology and has often been shaped by the work of psychologists, philosophers and sociologists. Philosopher G. E. Lessing in his book "The Limits of Poetry and Painting" (1766); He mentions that the duties of painting and poetry, which are academic sanctions, were in the nature of a counter-protest movement in France for a while.

At that time, it was imposed on the artist segment by the critics that the painting should tell a story. Lessing; He divided painting and poetry into two according to the naturalness of the environment and the type of sign applied. "While painting uses the figures and colors in the universe, poetry embraces the

harmonious sounds in time; Picture; it describes visible objects, a single moment and movement as a model. On the other hand, poetry primarily dealt with movements.

Approaching the work of art, approaching it correctly, has always been a problem not only for those who deal with art or philosophy and critics, but for every thinker. “What is meant to be said and shown to us with this work?” The question is often asked; those who leave us in the face of such a problem are not only people who are at different cultural levels or who were brought up in the atmosphere of different cultures, but also people who write themselves in this field of literature.

It is necessary to mention the philosophical approaches of the German writer J. G. Herder (1744-1803) chose in the classification of the arts. According to Herder; The three basic senses of sight, hearing, and touch—painting, sculpture, and music—have far more important effects on the arts than what is known. On the other hand, painting is superficial and less realistic than sculpture.

Art and Psychology

If a person wants to contribute to life in the sense that he/she has imposed on him/her and all his/her feelings are directed towards this goal, he/she will naturally develop in the way that will best enable him/her to make this contribution. He/she will adapt himself/herself to the purpose; and he/she will also develop a social feeling and master it in his/her practical life. Once the goal is set, training follows it. Only then there is another clue from which we can conclude that the true meaning of life depends on contribution and cooperation to equip oneself and develop abilities to solve the problems of life. If we look around us today at the heritage we inherited from our ancestors, what do we see? All that remains of them is their contribution to human life. We see cultivated land, roads and buildings. The fruit of their life experiences has been passed on to us in traditions, philosophies, science, art, and techniques for coping with our human condition.

On the other hand, works of art have an important place in the expression of emotions. Feelings and thoughts that cannot be explained with words are reflected through works of art. Examining these works is

important in terms of creating an emotional effect on the audience, being a stimulus and creating a social language, as well as giving information about the mental states of the artists who created them.

Freud explained earlier in 1927: The analytical clinic falls under the same heading as the psychoanalytic reading of art: the practice of metapsychology. Since then, it has become easier to link analytical practice with the artistic act. Both became part of poetics.

Art and Psychological Disorders

Depressed individuals are believed to be uncreative, because the depressed individual says that he/she can no longer work as before, that he/she is weak and unwilling. His/her psychomotor activity slowed down and his/her mood was depressed.

Some biographical studies have been conducted to examine this issue. These studies are retrospective studies with the biographies of many famous artists.

What is Art? Where to use

At the end of the 19th century, the concept of art began to be discussed in a historical sense. As with scientific theories, it has not been possible to give a precise definition of art until then. Thinkers and aestheticians, who focus on assumptions and debates, prevent art from having a single definition of its essence in terms of its universal nature.

Throughout history, each period has produced a non-repeatable art product that reflects its unique culture and values. Egyptian Civilization, Ancient Greek Artwork, Roman Art, Ottoman Art, and Seljuk Art have produced works that can be distinguished from each other and can be recognized wherever they are encountered. Art has an important effect on our understanding of the evolution of humanity, from the paintings they have painted on the walls of the cave. These paintings have been shown as proof of humanity since ancient times. Impossibilities and difficulties could not prevent them from describing the situation they were in, and art has always existed as a way of expressing themselves from past to present. In the most primitive life, they made sculptures by shaping clay using different techniques which are far from technology.

Art, as a product of necessity; It is seen as mastery and talent against the work revealed among the people. However, the concepts of art and craft are mixed. Art, which is defined as fine art, causing confusion among the people, can be expressed as "people's expression of their feelings and thoughts as a spiritual activity, with line, color, dance, sound and form".

Prof. Güler Ertan and Emin Sansarcı define art as follows in their book "Meaning and Perception in Visual Arts";

"There are many definitions of art, these definitions change according to the interpretations of the people. What is art? In response to this question; While Kant says "Art has no purpose outside of itself", Hegel says "Beauty in art is superior to nature and art is the product of the human mind". Tolstoy; He says, "After reviving the emotion that a person once experienced, art has emerged from the need to express the same emotion with motion, sound, line, color or words, so that others can feel the same." Today, art is understood as the expression of creativity or imagination in its most general sense.

Although the definition of art is seen as a very simple task by many people, whether it is even definable in academic circles is a matter of debate. The point where all different views meet is that art is a universal value of humanity and can be perceived in different ways in every culture.

History of Art Therapy

Art therapy first emerged in England as the Rehabilitation movement during the Second World War. The term "Art Therapy" was first implemented by Adrian Hill in 1942. The artist named Rita Shimon combined her knowledge of art with Adlerian psychology for the first time in 1942. Art therapy was seen as a valuable method used as an expression of patients who did not respond to verbal therapy in the 1940s and 1950s.

Dr. Frigero focused on the diagnostic significance of this, drawing on several art production efforts of his patients in Italy in 1880. Prinzhorn's book "Artistry of the Mentally" showed the treatment of the patient's

artwork for diagnostic purposes in 1992. Nolan C. Lewis began freelance painting with adult neurotics in 1925.

Margaret Naumberg made the first definition of art therapy as a profession in America. She defined and started to apply it at the school where she was the principal, in 1915. The first art therapy course was opened at New York University, which also taught with her methods and principles in 1958. Eleanor Ulman started to publish the journal named "Bulletin of Art Therapy" in 1961 and is still one of the important publications of this field.

In the late 60s, experts who were interested and working in this field gathered under the name of the National Art Therapy Association.

Art first appeared in Europe in the High Paleolithic Age (40,000-10,000 BC). The adventure of existence of art began with the emergence of people for the first time. Animal figures were generally used in motifs and small sculptures in cave paintings from this period. It is estimated that the pictures created with these figures were used for spells to help primitive people hunt. (Buchholz, Buhler, Hille, Kaeppele, Stotland, 2012, s. 14). The motifs and symbols in the cave paintings are sometimes associated with hunting or fertility magic, and sometimes with totemism and shamanism. (Larousse, 1993, s. 142). For primitive people, there is no difference in functionality between the cave they take refuge in or an image. Caves protect them from natural events, rain and spirits that they cannot understand and fear. Images are another protective shield for primitive people. It was believed that this shield protected them against other forces brought by their beliefs. According to this belief, pictures and sculptures were used for magical purposes.

What is Art Therapy

Art therapy is a therapy method in which expression is realized through art as a means of communication. Since there is no aesthetic evaluation in art therapy, the counselee does not have to be an artist or have a talent. The definition of art therapy has undergone many changes as it is a new treatment method.

Since art therapies were developed in the era when psychoanalytic and dynamic views gained importance in psychiatry, we see that these views are dominant in their concept. The American Art Therapy Association defines art therapy as "life-enhancing, integrative mental health and the practice of individuals,

families and communities through the active art-making, creative process of human experience in psychological theory and a therapeutic relationship”.

The French Center for Applied Psychology (Centre de Psychologie Appliquée- PROFAC) interprets the definition as "a focus on relational psychological issues such as transference and countertransference, which makes it possible to overcome the pure concepts that present the practice of art as "medicine".

The Art Therapy Association of Colorado (ATAC) defines it as follows: “Art therapy is a mental health field that uses the creative art process to enhance the physical, mental and emotional well-being of individuals of all ages. It is based on the belief that the creative process involved in self-expression helps people resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-confidence, self-awareness and gain insight.”

The Canadian Art Therapy Association of Colorado-CATA; “It facilitates self-discovery and understanding, creative process and psychotherapy by combining art therapy. Colours and shapes as part of this creative therapeutic process, thoughts and feelings that would be difficult to express can be expressed by using images”.

British Association of Art Therapists (BAAT) defines as follows: “Art therapy is a form of psychotherapy that uses art as its primary form of expression and communication. In this context, art is not used as a diagnostic tool, but rather as a tool to address emotional problems that can be confusing and distressing.

Art therapists work with children, teenagers, adults and elders. Counselees can have a wide variety of difficulties, disabilities or diagnoses. These are emotional, behavioral or mental health problems, learning or physical disabilities, life-limiting conditions, neurological conditions and physical illness.”

Art, as a method of self-expression, is the activity of revealing emotions, thoughts and the inner in an original way, such as dance, line, music and color. It is seen as a response to a need. It is a process that relaxes the soul psychologically, rests the soul and nourishes it emotionally. In this process, art therapy as a healing power provides creative and good transformation. People express their own weakness, anxieties and

irregularities with shapes and symbols with art materials. It can be used in many methods such as rehabilitation, education and treatment.

Goal of Art Therapy

We can list the goals adopted for all art therapies as follows: Providing opportunities and ways to strengthen the ego, and a cathartic experience, expressing emotions, creating impulse control, developing the ability to relate, relieving or reducing feelings of guilt, developing the skills of connecting and relating and using art as a new solution. Enabling them to develop problem solving methods actively and creatively within the group, increasing the tolerance of individuals, focusing their attention, communicating with all members of the society through art and creating a balancing and calming effect on individuals within the group. It is essential to monitor the therapist's possibilities and the needs of individuals.

Situations in which Art Therapy is Used

Studies in art therapy show that it can be implied and useful in children, neurotic, psychotic and psychosomatic patients, adjustment disorders and the elderly people. Art therapy is also an effective and helpful treatment for schizophrenic patients; because these patients, who are significantly isolated and in regression, have difficulty and need to express themselves. Many chronic patients who stayed in the hospital for many years said that it was very good for them to produce something during their art treatments. In this process, they were both satisfied with their creative activities and socialized again.

Today, new consciousness and methods are being developed in patient care systems, it is seen that there is a need for art therapists and the techniques they use within these systems.

Art Therapy and Psychological Disorders

The relationship between art, creativity, and mental disorders has fascinated people for centuries and has been the subject of debate for over 2000 years. Almost every creative work was believed to originate from divine inspirations in ancient Greece. According to Plato, the artist was described as the person to

whom divine madness was given by the gods. Later, after a long period of Classicism, an interest began to be established between creativity and mental illness in the 19th century.

It is asserted that the creative process through art therapy leads to improvement in physical and mental health. In a study conducted with 55 individuals diagnosed with cancer, it was determined that there was a significant decrease in pain, fatigue and anxiety levels after art therapy sessions. In another study conducted with 300 individuals living in the city, it was determined that individuals participating in art therapy groups went to the doctor less, used less medication, showed less depressive symptoms and felt better than the group that did not receive art therapy.

In the literature, it is stated that traumatized individuals experience difficulties due to their inability to verbally express their intense emotions; It is stated that art is especially effective for individuals diagnosed with an important disease. Appleton (2001) emphasized the effectiveness of art therapy in the resolution of the traumatic event in his study with individuals who had experienced a traumatic event, and Rabin (2003) mentioned about the healing effect of art therapy in his study with individuals who have eating disorders. In studies evaluating the effectiveness of art therapy in individuals who continue to struggle with cancer, it has been observed that there is a positive development in the emotions, self-awareness and relationships of individuals with other individuals.

Art therapy can work with individuals of all ages. This method is particularly effective for individuals who cannot express themselves verbally. Adults with autism, mental decline, depression, addiction problems, patients with dementia or children with chronic diseases can be given as examples of this group. In the group program created by Kim and Ki (2014) to test the effectiveness of art therapy applied to high school students, it was determined that there was a significant increase in the emotional awareness scores of the participants and a significant decrease in the somatization levels after the application.

In the study of Theorell: (1998), it was seen that encouraging individuals to express their somatic disorders through art and art creates a bond between their physical and mental states.

Turetsky and Hays (2003) showed that art therapy caused a healthier psychological process by reducing depressive symptoms in a study they conducted with elderly individuals who experienced a sense of loss due to leaving their past behind and therefore entered a kind of mourning process.

Art therapy practices are not limited to major ailments only in the literature. Art therapy programs are applied in inpatient psychiatric routines and psychosomatic clinics. Art therapy has given positive results by addressing many psychological problems over time. For instance, Özcan (2012) tested the effectiveness of the art therapy program in children with cancer and found a significant difference between the self-esteem pretest and posttest scores of the children participating in the program. According to a study by Demir (2016), a significant decrease was found in the alexithymia levels of university students in the art therapy program applied. It was reported that the Brief Symptom Inventory has a positive effect on reducing somatization, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, anger, and phobic anxiety levels.

Ataseven (2018) applied an art therapy program that lasted for ten weeks to schizophrenic patients receiving inpatient treatment, and it was found that it was beneficial in improving symptom profile, subjective well-being and insight levels in schizophrenia patients who participated in the sessions. Artan et al. (2017) evaluated the effect of art therapy practices on the elderly people in their study. In line with the information obtained from the study, it was observed that the memories of the elderly were strengthened, their self-confidence and life satisfaction increased, and these changes positively affected their physical well-being.

Art Therapy in Turkey

The number of experts working in the fields of art therapy and creativity is quite low in Turkey (Acar, Düzakın, 2017). Dr. Olcay Güner and Nur Dinçer Genç, together with Art Therapist Rina Lerner Büberoğlu, experienced an art therapy group work for the first time after the 1999 Marmara Earthquake, and then they continued to work in this field by being interested in art therapy. Art Psychotherapy Association (SPD) was established in Turkey on October 1, 2012 in order to contribute to the use of creative art disciplines for psychotherapeutic purposes, and it still continues to work with a volunteer mental health team.

The Concept of Creativity in Art

Art therapy and creativity give individuals a chance to express themselves who have difficulty in self-expression. Developing creativity and raising creative individuals are the main purposes of creative drama. Creativity is the ability to create new experiences, new thoughts, and as a result, new products in a new way of thinking. Creativity is not just an artistic process, it is a skill that exists in all aspects of life. In this regard,

the definitions of art, education, science and technology are different. Creativity in art is viewed as a result of the expression of emotions and their transformation into a product. Creativity includes going out of the existing patterns, changing the known way of thinking, developing a product with a new and different perspective, not avoiding experiments, being curious, using imagination and exploring. It helps the individual to discover themselves and their creativity on a subject where creative drama is beneficial. They can experience and develop their ability to express their feelings both in writing and nonverbally using body language. Creative drama processes also enable individuals to change their negative behaviors, to think positively and constructively, to reduce their prejudices, and to develop empathy skills.

Expressive Art Therapy

Within the scope of expressive therapy, psychotherapy, counseling, rehabilitation or health care; It is a therapy method that includes painting, music, dance, movement, creative writing (tale, poem, story, etc.), drama. Expressive therapy is also known as integrative approaches. Words can be limited, inadequate and abstract to express an emotion, thought or event. Because, the response of the words in people's minds may be different. However, while expressing himself/herself with words, it can create the anxiety of not being understood enough and the feeling that he/she cannot fully express herself. In this case, art is used as a tool to express feelings and thoughts, and to express what is inside, with the language of expression unique to the individual.

The fact that art can reach our senses facilitates the expression of the individual and accelerates this process. Symbolic images created in art can facilitate the conversion of the unconscious into consciousness. Siegelman thinks that the therapist dealing with the symbol or image will pave the way for making the buried past experiences conscious. Thanks to the artistic image, the unconscious can enter into a dialogue with the conscious. This can also lead to the initiation of a dialogue between the counselee and the therapist.

Expressive art therapy is widely used, especially in therapy with children, as it creates a natural language of expression and it is observed that the child expresses herself more easily. Because children have a narrow lexical capacity to express crisis, art becomes a means of nonverbally expressing their feelings and experiences. Art therapy practices with children can reduce anxiety and allow children to feel more comfortable with the therapist. At the same time, art therapy practices can increase memory retrieval and help children

organize their narratives. In practice sessions, it can help children say more than they can say during an oral interview alone.

Types of Expressive Art Therapy

Drawing Therapy

One of the goals of Art Therapy is to use art as a new way out. Intermodal Expressive Art Therapy is not a school of therapy that focuses on a single art discipline. It benefits from different disciplines, as in drama. Different branches of art such as Drawing, Music, Dance, Play and Drama are used together. Drawing therapy includes the process of expression in which the counselee uses visual and plastic art elements by an art psychotherapist or practitioner. Increasing awareness of these elements and the process of finding their meanings; development of cognitive skills; It is a type of art psychotherapy that provides the basis for coping with difficulties such as stress, grief, depression, loss, traumatic experiences and symptoms of chronic illness.

Drawing therapy is based on the developing and healing understanding of the creative process. It is important to have more color options in the materials used in painting therapy. Black and white colors should definitely be found. It is also very important to find the tones of different colors. Because the creative process and breaking the mold is not easy. Art therapy breaks these molds. This method is important because it allows the person to express himself/herself and to reflect the inner, as well as the resulting product is a reflection of these. Pastel, fizzy, dry, charcoal, water-based paints such as marbling, acrylic, aqueous, gouache, clay, play dough, wire, ceramic and sculpture materials, waste materials, colored cardboards, papers, collages and assemblage materials such as magazines, newspapers, etc. can be counted as art materials used in the expression of the inner of the individual.

Art materials are part of what sets art therapy apart from other forms of therapy, as in verbal therapy. Art therapy uses a variety of art materials, from simple pencil drawing to photography and computer-assisted image creation. The materials used to draw, paint, sculpt and create a collage are standard materials used in many art therapy sessions. Because these materials are easy to use, portable and adaptable to various environments. Art therapists develop treatment plans based on the counselee's emotional qualities, often choosing materials that best express the intended topic in the session content. The size and texture of the paper, specific paints and brushes, or a particular type of clay can be chosen by the therapist to facilitate self-

expression, complement therapeutic goals, or address individual preferences. For example, a therapist might choose small sizes of paper and colored pencils or markers for a child who has problems with impulse control because these materials can be more easily controlled by the child. It's also less messy and stimulating than paints or clay. Considering the effect of painting works on all children, it was the area where they could express themselves.

In the preschool period, which is one of the developmental stages of the child, painting studies as a means of evaluating the child are seen as a form of expression of feelings and thoughts. At the same time, it contributes to the child's cognitive, emotional and motor skills and provides the opportunity to express himself better.

Introducing art materials to children enables them to experience creative art. He/She uses the resulting disappointments as a means of healing his/her feelings, and these materials make him/her feel free. In art therapy, creating an image such as a drawing, painting or sculpture is a visual thinking experience and can be an additional source of information for both the counselee and the therapist.

Using painting applications in art therapy becomes a natural experience as the senses of touch and sight are used. The pictures made by the counselees are clues in terms of seeing the difficulties that the individual struggles with, the internal conflicts and the steps towards solving them.

Images and objects made using paints and crayons in art therapy can have many meanings. But such meanings are considered personal and special even when familiar images or symbols are used. The important thing is that the metaphors and symbols used in the resulting study are negotiated and interpreted by the counselee and the therapist. According to Yavuzer, who is especially interested in the content of children's drawings, painting is a tool that helps the child reflect his/her inner world and emotions, as well as communicate with the outside world, in terms of being an easy means of expression. Images and image formation, whether mental images or drawn on paper, are important in all art therapy practice because counselees who express themselves through art are invited to express how they feel, how they respond to an event or experience, and work on emotional and behavioral changes. However, unlike mental images, making art allows the individual to actively try, experience, or try on a desired change.

Dance Therapy and Movement Therapy

Dance is thought to be as old as the act of speaking. It was used as a communication tool in primitive societies. The first use of dance as therapy began in America with the efforts of Marian Chace in 1940. Dance therapy is the use of body movements and dance as a tool in therapy. Like painting, music and drama, it is a form of therapy, an additional form of psychotherapy. Dance/movement therapy is applied to schizophrenia, mood disorders, neuroses, autistic children, eating disorders, sexual and physical abuse victims, trauma victims and addicts. It can be applied in all age groups. Internal and environmental problems can often cause contractions and tensions in the body. Dance and movement therapy is a therapy approach that includes a movement and thought-based process to facilitate the emotional, cognitive and physical adaptation of the individual.

Dance and movement therapy is directly related to understanding people and making sense of our behavior on a nonverbal level. Movement, posture, gesture and action are the first forms of expression in individuals and continue to be functional throughout our lives. For this reason, dance and movement therapy focuses on movement as interaction and communication, with its non-verbal expression.

Sculpture Therapy

Sculpture therapy can be used in both individual and group therapies. Sculpture therapy is also used for individuals who have difficulty in expressing themselves verbally, and for those with autism, attention deficit, chronic psychotic disorders and hyperactivity disorders. In addition, it can be practiced with children, young people and adults with normal development. Sculpture therapy helps the individual to trigger creativity.

By using the physical differences of the materials, the counselees think about new solutions for their problems. Representing a conflict or feeling in a simple pencil drawing, collage, or clay sculpture allows counselees to see their problems from literally every aspect. At a basic level, the creation of an image embodies and externalizes a problem.

Music Therapy

Music therapy is one of the oldest methods used in treatment. In ancient Greece, music was considered the source of all kinds of goodness and an important tool for the education of the soul. Music therapy is the use of music for therapeutic purposes. In therapeutic work through music, elements of music such as rhythm,

frequency, melody, harmony and sound change are used. It is done individually or in groups. Music therapy does not have a definite theoretical basis, it fits the best behavioral theories (Güney, 2011, p. 129). The effect of music on behavior and moods has been known for many years and the number of researches that can be reached on this subject is quite high. It can be said that the positive effect of music on people has been used since the beginning of humanity.

Music therapy is a therapy method that can be applied to individuals who have problems in psychological, physical, cognitive, social adaptation or education process, in order to provide change with the positive effect of music. Ducourneau (2016) defined music therapy as a transition from noise and confusion to order and consistency. Music therapy allows the individual to realize himself and express himself.

Drama Therapy

Drama therapy was first used in child psychiatry. The difference from psychodrama is that the actor does not have to play his own life. The social psychiatry movement that started in the 60s also affected drama therapy. The National Drama Therapy Association was established in the United States in 1979.

In drama therapy, especially socially isolated and shy individuals' opening up and the importance they attach to group values and interpersonal relationships begin to increase. The client is relieved of the anxiety of self-disclosure because he knows that he is pretending. Even if people pretend, they will start to be themselves after a while, so the problems and conflicts they experience outside begin to be seen during the play. Drama therapy is a very useful method in both diagnosis and treatment; the person applying must be trained in theater and therapy.

Drama therapy can be explained in five dimensions: the paradox dimension, its potential transformativeness, another principle is metaphor, the symbolic nature of drama therapy, and the last principle is the non-interpretable drama principle. Drama therapy is shaped by many other concepts as well as these basics. Other concepts; play, movement, ritual, action, distance, group participation, actor, audience and discovery, improvisation, mask and puppet, metaphor.

Drama therapy, together with creative practices, works in a systematic and conscious process in the individual, helping to eliminate emotional and psychological problems and providing a positive effect on the

personal development of the individual. This therapy method increases the flexibility of acquiring problem-solving skills by creating stories, providing social awareness, self-discovery with an inner journey and making sense of the visible, while strengthening the ability of personal observation.

Poetry, Fairy Tale And Literary Therapy

According to Liberman (2015, p.15), fairy tales are mediators that allow the individual to heal and return to his real self. Therapy methods that include poetry therapy, fairy tale therapy and other types of literature are beneficial for the individual's personal development and psychology.

Types of writing used in literature are full of rich content for the counselee to reflect emotions and recall memories. Although the medical effects of writing have been mentioned for centuries, its applications have increased in recent years. Magazine section, autobiography, song lyrics, poetry, fairy tales, writing stories are examples of the methods of using literature as therapy.

Basic Concepts in Expressive Art Therapy

Formulation

Formulation in psychotherapy means taking a story from the counselee, evaluating, giving information about the process, and making a road map. In art therapy, the therapist can get information about the counselee's inner world, anxiety and conflicts, primarily in the work he/she does with the counselee for diagnosis and evaluation. The resulting data can give the therapist the first clues about why the counselee came to therapy and about his/her life history.

Framework

In psychotherapy, the framework is an agreement that includes the rules that the therapist and the counselee are obliged to follow during the therapy and information about the functioning of the process. It is one of the important elements that make up the framework that the therapist clearly shares with the counselee the rules to be followed by the counselee and the therapist and the implementation of these rules, the financial value of the process and how to get money for the process. It is essential that a well-structured framework be

determined at the beginning of the therapy session in order to avoid any problems between the therapist and the counselee throughout the process.

Symbolization

Symbols are the signs that express the feelings and thoughts experienced in our inner world and facilitate the expression of feelings and thoughts (Eracar, 2013). Everything that is perceived and processed by our sense organs turns into symbols, and this transformation process that creates the mind is called symbolization (Cited by Eracar, 2013). Symbolization of the images formed in the mind is possible by expressing them verbally. It may not always be easy to express feelings verbally or it may be difficult to find the word for feelings, but where verbal symbolization is absent or incomplete, art practices are mediators that help symbolize. All kinds of symbols such as product, color, movement, writing, form and rhythm created by the individual during art therapy can be interpreted as the exported symbols of inner life and emotions.

Reflection

Reflection is the situation of transforming the content that the individual perceives subjectively into an objective reality. In art therapy, the art product created by the counselee is a reflection of the individual's inner world. The resulting content is the expression of the counselee's inner world through symbolization and contains clues about the counselee.

Sublimation

Sublimation is the expression of impulses such as aggression and anger, which are kept unconscious and not approved by the society, in a socially acceptable way (Act. 15 Eracar, 2013). In art therapy, sublimation plays a mediating role in the process of expressing suppressed feelings, thoughts, desires and tendencies.

Transference

Transference is the re-experiencing of the feelings and attitudes that the individual experienced with the people he/she cares about during his childhood with the individuals with whom he/she is now in contact, and reacting according to his/her perceptions and values in childhood. Transference responses often arise from the unconscious. Transference in the psychotherapy process refers to the complex feelings that the counselee and the therapist have towards each other (Eracar, 2013). Art expression can also become the focus of transference. The content of the art expression may reflect unspoken feelings about the counselee.

At the same time, the counselee, who tries to express himself/herself through art, presents the art product to his/herself therapist with the need to make him like it. These performance anxieties, which may have a transference nature, should not be responded to by the therapist with evaluations such as beautiful, ugly, right or wrong. Because the resulting product has therapeutic value not in terms of aesthetic value, but in terms of the meaning they symbolize.

Self-Expression

Spontaneous artistic expression is to create an unguided image. The individual chooses what to create without the guidance of the art therapist. In art therapy, spontaneous art expression provides access to the unconscious in a similar way to free association.

Active Imagination

Active imagination is the technique defined by Jung as a way to free the individual to achieve creativity, dreams and fantasy. In this process, the individual is encouraged to observe these inner images and allowed to come up. Art expression, itself, is considered by some practitioners to be a form of active imagination, because in art expression images emerge spontaneously. Research can be continued, using active imagination to enlarge an image by creating additional images.

Transition Area And Transition Object

Play activity, as well as artistic production, are considered transitional areas as they are ways of relating to subjective and objective realities. Art expression is believed to be somehow a holding device through which object relations between therapist and counselee can emerge and develop. Art works can become transitional objects that have a meaning beyond what they actually are. In other words, one can make a clay figure of a missing relative. This clay figure may symbolically evoke the individual, the trauma of unresolved separation or loss.

Art Therapy as a Mind-Body Modality

Participating in creative activities such as music, sculpting, painting, writing and making visual images on paper — or the use of any type of art medium — can produce remarkable physical and emotional benefits to both the creator and the viewer of the artwork. The term “mind-body medicine” is used to describe an approach that

sees the mind (our thoughts and emotions) as having a central impact on the health of the body. Art Therapy has been recognized as an effective mind-body intervention. While until now, it has mainly been used as a form of psychotherapy, studies have shown that art making complements other treatments and assists individuals in coping with many physical and psychological symptoms, including stress.

Art therapy has been used as a means of connecting the mind and body in relation to health with many populations such as (cancer, chronic pain, eating disorder) and to access the body's relaxation response and trauma. In their work with clients, art therapists have recognized and witnessed the connection of the mind and body, transformation, growth and healing (Malchiodi, 2005).

The medical community's interest in mind and body has important ramifications in the field of art therapy. Early research on mind and body connection by Simonton (1978) is an example to the medical communities' long standing interest in mind and body connection and is exemplified in Simonton's work with cancer patients.

Art Therapy and The Brain

Recent scientific findings about how images influence emotion, thoughts, and well-being and how the brain and body react to the experience of drawing, painting, or other art activities are clarifying why art therapy may be effective with a variety of populations. As science learns more about the connection between emotions and health, stress and disease and the brain and immune system, art therapy is discovering new frontiers for the use of imagery and art expression in treatment.

Neuroscience, the study of the brain and its functions, is rapidly influencing both the scope and practice of psychotherapy and mind-body approaches. The relationship between neuroscience and art therapy is an important one that influences every area of practice (Malchiodi, Riley, & Hass-Cohen, 2001). Kaplan (2000) underscores the overall importance of scientific-mindedness in the practice of art therapy, the significance of neuroscience to the field, and the relevance of mind-body unity to mental imagery and artistic activity. Ultimately, science will be central to understanding and defining how art therapy actually works and why it is a powerful therapeutic modality.

As new technologies allow researchers to scan brain and other neurological and physiological activity in the body, we are learning more about the relationship between mind and body. Camic (1999) conducted a study

using visual art and other art forms along with cognitive-behavioral techniques, meditation, and mental imagery to reduce chronic pain in adults. Others have investigated how art making complements medical treatment and supports patients' abilities to cope with symptoms and stress (Anand & Anand, 1999; Gabriels, 1999; Hildebrand, 1999; Lusebrink, 1990).

How the brain functions and how it influences emotions, cognition, and behavior are important in the treatment of most problems people bring to therapy, including mood disorders, post-traumatic stress, addictions, and physical illness. Although many areas of research are relevant to the practice of psychotherapy, several areas are particularly important to art therapy. These areas include images and image formation, physiology of emotion, attachment theory, and the placebo effect.

Images and Image Formation

Common sense tells us that images do have an impact on how we feel and react. For example, just imagining biting into a lemon may cause one's mouth to pucker and seeing a favorite food may cause one to salivate. Images can create sensations of pleasure, fear, anxiety, or calm and there is evidence that they can alter mood and even induce a sense of well-being (Benson, 1975). There is solid evidence that images have a significant impact on our bodies. Simple experiments have provided evidence that even exposure to the images of nature from a hospital room window can decrease the length of stay and increase feelings of well-being in patients (Ulrich, 1984).

According to Damasio (1994), our bodies respond to mental images as if they are reality. He also notes that images are not just visual and include all sensory modalities—auditory, olfactory, gustatory, and somatosensory (touch, muscular, temperature, pain, visceral, and vestibular senses). Images are not stored in any one part of the brain; rather, many regions of the brain are part of image formation, storage, and retrieval. The increasing understanding of the brain's hemispheres and their interactions has also contributed to the understanding of mental images and art making. In the past, it was believed that the right and left brain generally had two different functions; the right brain was the center of intuition, creativity, while the left brain was thought to be engaged in logical thought and language. Some claimed art therapy's value was due to its ability to tap right brain functions, observing that art making is a "right-brained" activity (Virshup, 1978). In reality, the brain's left hemisphere (where language is located) is also involved in making art. Gardner (1984), Ramachandran (1999), and others have demonstrated that both hemispheres of the brain are necessary for art expression and evidence can be seen in the drawings of people with damage to specific areas of the brain. The results indicate that even simple drawing involves complex interactions between many parts of the brain (Frith & Law, 1995).

Attachment Theory

Attachment theory (Bowlby, 1969) has been used as a theoretical base for psychotherapy for many years but has more recently become a major focus of neuroscience and renewed interest among therapists. Art therapy is one way being explored to reestablish healthy attachments, both through therapist and client, and through encouraging healthy interactions between parent and child. Riley (2001) cites how art activities are being used in early childhood attachment programs and how simple drawing exercises can Art Therapy and the Brain 19 be used to resolve relational problems and strengthen parent–child bonds. She explains that the nonverbal dimensions of art activities tap early relational states before words are dominant, possibly allowing the brain to establish new, more productive patterns. Siegel (1999) and Schore (1994) believe that interactions between baby and caretaker are right-brain mediated because during infancy the right cortex is developing more quickly than the left. Siegel also observes that just as the left hemisphere requires exposure to language to grow, the right hemisphere requires emotional stimulation to develop properly. He goes on to say that the output of the right brain is expressed in “non-word-based ways” such as drawing a picture or using a picture to describe feelings or events. According to this idea, art therapy may be an important modality in working with attachment issues, among other emotionally related disorders or experiences.

The Physiology of Emotion

It is well-known that the body is often a mirror of an individual’s emotions. When we are anxious, our palms sweat or our faces may be ashen, or we may turn red when embarrassed. Images affect our emotions and different parts of the brain may become active when we look at sad faces or happy faces or mentally image a happy or sad event or relationship (Sternberg, 2001). the physiology of emotions is so complex that the brain knows more than the conscious mind can itself reveal (Damasio, 1994). That is, one can actually display an emotion without being conscious of what induced the emotion.

Although many parts of the brain are important in trauma, the limbic system, the seat of survival instincts and reflexes, has been given considerable attention. It includes the hypothalamus, the hippocampus, and the amygdala, which is also pertinent to understanding traumatic memory. Though the function of the limbic system will not be covered in detail here, recent findings indicate its role in the sensory memories of stressful events and trauma. These findings are revealing why art expression is a useful part of therapy, trauma

debriefing, and psychological recovery. Because the core of traumatic experiences is physiological, the expression and processing of sensory memories of the traumatic event are essential to successful intervention and resolution (Rothchild, 2000; Schore, 1994).

Placebo Effect

The power of belief, often referred to as the placebo effect, is an effective mind–body intervention that can enhance healing and well-being (Sternberg, 2001). Art therapy, like other forms of therapy or treatment, can enhance the placebo effect because it involves the individual's confidence in the therapist and therapy, a special place of healing (in this case, the art therapy room), and an activity that the person performs (drawing, painting, or other art making). These are well-known elements recognized to contribute to the placebo effect in both psychotherapy and medicine. In trauma intervention, recalling memories of positive events that can reframe and eventually override negative ones is helpful in reducing posttraumatic stress, particularly if a sensory experience of remembered wellness is included. Simple art activities such as drawing a pleasant time appear to be effective because of the sensory capacity of image making to more deeply recall actual memories and details of positive moments (Malchiodi et al., 2001).

History of Art Therapy Research

It has been emphasized by various studies that non-verbal therapy methods such as art therapy, music therapy, and psychomotor therapy give better results than trauma-focused psychotherapy methods. (Drozdek & Bolwerk, 2010a, 2010b; Drozdek, Bolwerk, Tol, & Kleber, 2012). Walker, Kaimal, Koffman, and DeGraba (2016) in their study with soldiers diagnosed with post-traumatic stress disorder (PTSD) showed that their levels were significantly reduced. Spiegel et al. (2006) emphasized in their study that art therapy is effective in the treatment of war-related PTSD. Again, Hass-Cohen (2008) presented a case study using art methods that can help restore limbic functions by reducing chronic reactions from flashbacks and nightmares after trauma. In the study, Hass-Cohen (2008) used art therapy methods to bring together difficult memories and stated that this process was effective in reducing the discomfort caused by fragmented sensory and emotional memories. According to the results of Demir and Yıldırım's research on "The Effectiveness of Art Therapy Program on the Levels of Depression, Anxiety and Stress Symptom of Students Preparing for the University Exam", art therapy programs applied in school environments cause students to meet their inner worlds, increase their self-

confidence and a strong self-perception contributed to its development. In addition, it has been determined that art therapy practices have a rehabilitative effect against mental symptoms such as anxiety and depression in children and young people. (Iron, 2017, p. 314). According to studies, it has been observed that art therapy studies cause a decrease in the perception of pain in cancer patients. It has been observed that cancer patients receiving chemotherapy have decreased depression and fatigue levels. Art therapy studies with children with asthma have shown that it reduces anxiety in children, improves quality of life and strengthens self-concept. Studies have shown that art therapy can stimulate cognitive function in older adults with memory loss and reduce depression in people with Parkinson's. Art making can reduce anxiety and stress reactions. (Akt. Malchiodi, 2012, s. 8,9). In some studies art therapy techniques such as drawing and other expressive techniques are incorporated to the different interventions programs such as cognitive behavioral therapy, psychosocial intervention programs. In one study, Rousseau et al. (2005) found a 12 week art therapy classroom program helped to improve the self-esteem and maladaptive symptoms of immigrant and refugee children from various cultures and backgrounds. Creative art therapy was found effective in decreasing symptoms of PTSD, depression, anxiety and also emotional and relational problems and also it helps to increase the well-being of children (Ager et al. 2011).

ANSWER

PRE TEST - POST TEST

The change experienced by traumatized people does not differ	TRUE	FALSE	F
Post Traumatic Stress Disorder is a treatable disease	TRUE	FALSE	T
Art therapy first emerged during World War I	TRUE	FALSE	F
Art therapy is only effective on children	TRUE	FALSE	F
The art product that is created by the counselee is the reflection of the individual's external world in art therapy	TRUE	FALSE	F
We can say that both hemispheres of the brain are necessary for art.	TRUE	FALSE	T
Placebo is the ability to distinguish between reality and imagination	TRUE	FALSE	F
The left hemisphere of the brain (where the language competence is located) is involved in art making	TRUE	FALSE	F
Art therapy fosters healthy bonds through both therapist and counselee	TRUE	FALSE	T

and by promoting healthy interactions between parent and child, it is an explored way of rebuilding

Art therapy is an important method of working with attachment problems, TRUE FALSE T
among other emotionally related disorders or experiences.

Art therapy, like other forms of therapy or treatment, can enhance the TRUE FALSE T
placebo effect because it involves the individual's trust in the therapist and
therapy, a private healing place (in this case, the art therapy room), and
self-directed activity (drawing, painting or other works of art)

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MODULE PLAN

Title	Approaches of post-traumatic disorder treatment using art therapies
Duration	30 hours

General objective	Provide health specialists with knowledge about the approaches of post-traumatic disorder treatment using art therapies.
Specific objectives	<ul style="list-style-type: none"> - Understanding what is therapy and art therapy - Learning about art therapy as a mind-body modality - Learning about the psychology of emotions
<p>Learning outcomes (<i>at least 1 of each</i>):</p> <p>Knowledge, Skills, Responsibility and Autonomy</p> <p>(see Bloom's Taxonomy Action Verbs- Annex)</p>	<p>Knowledge:</p> <ol style="list-style-type: none"> 1) Describe the differences between therapy in general, and art therapy 2) Understand the link of psychological disorders and the use of art 3) List basic concepts in expressive art therapy <p>Skills:</p> <ol style="list-style-type: none"> 1) To identify how an art therapy session is connected to the brain 2) To explain to others the Placebo effect and to use it in a session 3) To be able to select the exact art therapy method which is best for a case <p>Responsibility and Autonomy:</p> <ol style="list-style-type: none"> 1) To propose a plan of action in order to stimulate the selection of the most appropriate art therapy method to be applied 2) Construct examples on how images and image formulation are created 3) Illustrate the benefits for mental health of using art therapy techniques

Module summary (abstract – half a page)

Within this module, we present short description of the notion of therapy in general and art therapy, the basic concepts, and the link between mind and body when using art therapy.

List of resources, tools and methods²

Training content, exercises.

² Example: videos; ppt; exercises; check list; case study; etc

CURRICULUM SYNTHESIS

Modules	Duration per module	Activities	Techniques	Resources, Tools and Methods	Duration per activity	Content focus	Learning outcomes
2. Approaches of post-traumatic disorder treatment using art therapies - 30h (IGEA_TR)	30 hours	Pre- Test Post- Test	Quizz	Training content, Google quiss	1 hour	communication characteristics of using art therapy and the benefits for the brain	<ul style="list-style-type: none"> - Understanding what is therapy and art therapy - Learning about art therapy as a mind-body modality - Learning about the psychology of emotions



Medical experts.
Safety specialists.



COLOUR THERAPY

TREAT POST-TRAUMATIC DISORDER THROUGH ART

#ArtTherapy
#MentalHealth

01 ONLINE COLOUR THERAPY VET TRAINER CURRICULUM BOX

01A2 TOPICS DEVELOPMENT

MODULE 3. COLOUR THERAPY TECHNIQUES AND APPLICATIONS FOR ADULTS

Co-funded by the
Erasmus+ Programme
of the European Union



CHAPTER 3- COLOUR THERAPY TECHNIQUES AND APPLICATIONS FOR ADULTS. Background of Colour Therapy, as part of Art Therapy

Since the beginning of the 21st century, there has been a major increase in research into the effects of the arts on health and well-being. This has occurred alongside developments in practice and policy activities in different Member States across the European Region and further afield. However, because of a lack of awareness of the evidence underpinning these activities, there has been little consistency in policy development across different Member States in the Region.

World Health Organization found out in 2019 that arts can potentially impact both mental and physical health. Results from the review clustered under two broad themes: prevention and promotion, and management and treatment. In each theme, a number of subthemes were considered:

- within prevention and promotion, findings showed how the colour therapy arts can:
 - affect the social determinants of health
 - support child development
 - encourage health-promoting behaviours
 - help to prevent ill health
 - support caregiving
- within management and treatment, findings showed how the colour therapy arts can:
 - help people experiencing mental illness;
 - support care for people with acute conditions;
 - help to support people with neurodevelopmental and neurological disorders;
 - assist with the management of noncommunicable diseases; and
 - support end-of-life care.

A spectrum of research designs were included in WHO's study: uncontrolled pilot studies, individual case studies, small-scale cross-sectional surveys, nationally representative longitudinal cohort studies, community-wide ethnographies and randomized controlled trials.

Research methods included psychological scales, biological markers, neuroimaging, physiological assessments, behavioural observations, interviews and examinations of clinical records. Research studies also drew on theories from diverse disciplines.

There is naturally variation in the quality of this evidence, and certain areas where findings remain to be confirmed or understood better. However, this report triangulates findings from different studies, each with a different set of strengths, which can help to address the weaknesses or intrinsic biases of individual studies.

We must acknowledge the growing evidence base for the role of the arts in improving health and well-being by:

- ✓ supporting the implementation of arts interventions where a substantial evidence base exists, such as the use of recorded music for patients prior to surgery, arts for patients with dementia and community arts programmes for mental health;
- ✓ sharing knowledge and practice of arts interventions that countries have found effective in their context to promote health, improve health behaviours or address health inequalities and inequities; and
- ✓ supporting research in the arts and health, particularly focusing on policyrelevant areas such as studies that examine interventions scaled up to larger populations, or studies that explore the feasibility, acceptability and suitability of new arts interventions.

Also, we must recognize the added health value of engagement with the arts by:

- ✓ ensuring that culturally diverse forms of art are available and accessible to a range of different groups across the life-course, especially those from disadvantaged minorities;
- ✓ encouraging arts and cultural organizations to make health and well-being an integral and strategic part of their work;
- ✓ actively promoting public awareness of the potential benefits of arts engagement for health; and
- ✓ developing interventions that encourage arts engagement to support healthy lifestyles.

We must note the cross-sectoral nature of the arts and health field through:

- ✓ strengthening structures and mechanisms for collaboration between the culture, social care and health sectors, such as introducing programmes that are cofinanced by different budgets;
- ✓ considering the introduction, or strengthening, of lines of referral from health and social care to arts programmes, for example through the use of social prescribing schemes; and
- ✓ supporting the inclusion of arts and humanities education within the training of health-care professionals to improve their clinical, personal and communication skills.

Defining the type of arts used in colour therapy

While the arts have always been conceptually difficult to define, there are a number of cross-cultural characteristics recognized as fundamental to art. These include the art object (whether physical or experiential) being valued in its own right rather than merely as a utility; providing imaginative experiences for both the producer and audience; and comprising or provoking an emotional response. In addition, the production of art is characterized by requiring novelty, creativity or originality; requiring specialized skills; and relating to the rules of form, composition or expression (either conforming or diverging).

These criteria provide the boundaries for deciding what constitutes art, but the specific types of art within these boundaries are diverse and fluid. In relation to health research, engagement with the arts has been proposed as consisting of five broad categories:

- ✓ performing arts (e.g. activities in the genre of music, dance, theatre, singing and film);
- ✓ visual arts, design and craft (e.g. crafts, design, painting, photography, sculpture and textiles);
- ✓ literature (e.g. writing, reading and attending literary festivals);
- ✓ culture (e.g. going to museums, galleries, art exhibitions, concerts, the theatre, community events, cultural festivals and fairs); and
- ✓ online, digital and electronic arts (e.g. animations, film-making and computer graphics).

Linking the arts with health

Arts activities can be considered as complex or multimodal interventions in that they combine multiple different components that are all known to be health promoting. Arts activities can involve aesthetic engagement, involvement of the imagination, sensory activation, evocation of emotion and cognitive stimulation.

Depending on its nature, an art activity may also involve social interaction, physical activity, engagement with themes of health and interaction with health-care settings.

Art therapy involves the use of different art media through which a patient can express and work through the issues and concerns that have brought him or her into therapy. The therapist and client are in partnership in trying to understand the art process and product of the session. For many clients it is easier to relate to the therapist through the art object which, as a personal statement, provides a focus for discussion, analysis and self-evaluation. As it is concrete, it acts as a record of the therapeutic process that cannot be denied, erased or forgotten and offers possibilities for reflection in the future. The transference that develops within the relationship between therapist and client also extends to the art work, giving a valuable 'third dimension' or three-way communication.

As the practice of art therapy has become established within the firm base of psychotherapeutic principles, there is a current wish to call the profession 'Art Psychotherapy'. Some people feel that this term describes our work more accurately, but as this has not yet been officially agreed, and remains under debate within the professional association, we shall refer to the practice as 'art therapy' throughout the text.

Recent scientific findings about how images influence emotion, thoughts, and well-being and how the brain and body react to the experience of drawing, painting, or other art activities are clarifying why art therapy may be effective with a variety of populations. As science learns more about the connection between emotions and health, stress and disease, and the brain and immune system, art therapy is discovering new frontiers for the use of imagery and art expression in treatment.

The relationship between neuroscience and art therapy is an important one that influences every area of practice. Kaplan underscores the overall importance of scientific-mindedness in the practice of art therapy, the significance of neuroscience to the field, and the relevance of mind– body unity to mental imagery and artistic activity. Ultimately, science will be central to understanding and defining how art therapy actually works and why it is a powerful therapeutic modality

What art therapy can tell us

A logic model linking the arts with health:

Components

-  Aesthetic engagement
-  Involvement of the imagination
-  Sensory activation
-  Evocation of emotion
-  Cognitive stimulation
-  Social interaction
-  Physical activity
-  Engagement with themes of health
-  Interaction with health-care settings

Responses

-  Psychological (e.g. enhanced self-efficacy, coping and emotional regulation)

- ✚ Physiological (e.g. lower stress hormone response, enhanced immune function and higher cardiovascular reactivity)
- ✚ Social (e.g. reduced loneliness and isolation, enhanced social support and improved social behaviours)
- ✚ Behavioural (e.g. increased exercise, adoption of healthier behaviours, skills development)

Outcomes

- ✚ Prevention
- ✚ Promotion
- ✚ Management
- ✚ Treatment

What art therapists look for

Up to now, the focus has been on art used as a psychological test that can be conducted by any qualified mental health professional. But there are salient differences between an art-based assessment in art therapy and a psychological evaluation employing art, and it is time to make a distinction. The differences include both the purpose and the process involved in the assessment procedure. In regard to the purpose, the art therapist is primarily gathering information to formulate an art therapy treatment plan—not to construct a differential diagnosis.

Along with attempting to determine client strengths and problem areas, an art therapist uses an assessment to observe the client's reaction to a variety of art media, to discover the ways in which the client goes about completing art tasks, and to determine the client's overall suitability for art therapy treatment.

In regard to process, an art therapist generally (and ideally) offers a selection of media and requests that the client complete a series of three to five pieces of art. Directives for the art pieces vary from the highly structured such as “draw your family” to “create whatever you wish,” and to the extent to which the client is able, he or she is encouraged to discuss the meaning of each piece of completed art.

In toto, this procedure provides many things for the therapist to consider.

- *Does the client have a preference for controlled or fluid media?*
- *Does the way in which the client uses a particular medium suggest that a change of media would facilitate a desired loosening or tightening of control?*
- *Do the formal aspects of the art suggest that the client's level of psychological development is age appropriate? Does the overall form of the art suggest serious pathology?*

- *Does the content of the art (as explained by the client) indicate a capacity to think in terms of visual metaphor?*
- *What particular concerns are contained in the art content?*
- *Does the client evidence ability for creative self-expression through visual art?*

Answers to questions such as these provide goals for art therapy and indicate the degree to which art therapy is a treatment of choice.

Techniques and applications

Warm-Ups

Warm-ups can be considered “mental stretching.” They are usually five to ten minutes in length and help clients become familiar with drawing, and expressing themselves creatively. The warm-ups are relatively simple and provide an almost guaranteed successful outcome, which increases self-esteem and makes it more likely that the client will continue to create. This practice helps convey the message that in art therapy “it does not matter how one draws.” It is the expression of thoughts and feelings that is important. The warm-ups may relate to the theme of the main exercise, but recently I have come to believe that this is not a necessity. It depends on the needs of the client and the therapist’s view of what the goals and theme of the session will be. Another advantage of the technique is that clients are given time to settle down, relax, catch their breath, socialize and greet each other. Latecomers will not be too much of a disruption because, although significant, the warm-up does not carry the same importance as the main exercise.

Warm-ups do not have to be introduced into every colour therapy session, but they provide an easy and helpful transition into the next stage of the art therapy group. It is a time to experiment with shape, design, and color, and to ask questions relating to artwork, materials, technique and style.

Name of the technique:	The Finish Line
Materials:	Drawing paper, crayons, markers, pastels.
Procedure:	Instruct clients to draw a finish line (as in a race) and to draw a figure in relation to it.
Discussion/Goals:	Discussion focuses on the placement of the figure (is it placed at the beginning, middle or towards the end of the line; is it at the finish line?).

	<p>Ask clients to relate the placement of the figure to their work in therapy, and their physical and emotional health.</p> <p>Goals include self-assessment and examination of objectives.</p>
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Name of the technique:	Moods Warm-Up
Materials:	Magazines, scissors, glue, construction paper, white drawing paper.
Procedure:	Suggest that clients browse through magazines and find one photo that best represents their present mood. Ask them to cut the photo out and suggest they find a piece of construction paper that also symbolizes their mood. Direct them to glue the photo onto the paper.
Discussion/Goals:	<p>Discussion focuses on the reasons each client chose his/her photo and exploration of his/her present mood.</p> <p>How one's mood affects attitude, action and behavior may be examined.</p>

Name of the technique:	Positive/Negative
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Ask clients to draw a positive shape and a negative shape.</p> <p>Then ask them to connect the shapes.</p> <p>Suggest they decide what the newly formed design represents to them.</p>
Discussion/Goals:	Discussion focuses on mood and connection to one's thoughts and feelings.

Name of the technique:	Stop Sign
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Ask clients to draw a stop sign and place something in front of it.
Discussion/Goals:	Discussion focuses on the significance of the object or person in front of the stop sign.

Clients explore what is stopping them from achieving goals, overcoming emotional problems, and/or forming relationships.

Real case study example:



A man named Alex who was experiencing marital problems drew a large ominous stop sign that says, “Go back!”

Near the sign he places his wife and himself; his wife looks unpleasantly surprised and he appears solemn. Alex remarked that he and his wife are constantly arguing and sometimes his anger gets out of control; he curses and says “things I shouldn’t.” The large sign in comparison to the tiny figures represents “my anger and the problems we are having.” Alex stated, “The sign is scary looking; I know if we don’t stop fighting we will separate. She won’t be able to stand me anymore.” He thought that the stop sign was the last

warning for the couple to try to get along, and for him to stop screaming and being verbally abusive when annoyed.

Name of the technique:	The Heart
Materials:	Paper, pastels, crayons, markers.
Procedure:	<p>Ask clients to fold their paper in half. Instruct them to draw half a heart on one side of the paper.</p> <p>Suggest they draw the person they would like to give their heart (their love) to on the other side of the paper.</p>
Discussion/Goals:	Discussion focuses on relationships and the importance of love and caring in one’s life.

Name of the technique:	Draw Conflict
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Suggest that clients spontaneously draw conflict using line, shape, color and design.
Discussion/Goals:	<p>Ask clients to examine how the artwork relates to conflict they are experiencing at the moment.</p> <p>Discussion focuses on the size, shape and design of the conflict.</p> <p>Goals include expression of problems and greater awareness of the impact the conflict has on thought, mood, feeling and action.</p>

Name of the technique:	Draw Your Energy (Zest)
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Discuss the meaning of zest (Liveliness or Energy) and then ask group members to draw their zest using color, shapes, line and design.
Discussion/Goals:	<p>Discussion focuses on how one's energy level affects mood and activity.</p> <p>Goals include exploration of methods to increase vigor.</p>

Name of the technique:	Fatigue
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Discuss the meaning of fatigue (weary, tired, etc.) and how it feels to be fatigued.</p> <p>Then ask clients, "What does fatigue look like?"</p> <p>Have them draw their visualization of it.</p>
Discussion/Goals:	<p>Drawing their fatigue provides clients a venue to examine it and not "own it" so much.</p> <p>They can begin to gain control over it by exploring how it affects them emotionally, physically and socially, and exploring what it looks like, how it feels, how long it has been a part of their lives, etc. Goals include development of coping skills and increased self-awareness.</p>

Name of the technique:	Welcome Mat
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Provide clients with a large rectangle, drawn by hand or computer, on a sheet of 8"×10" or 9"×12" paper.</p> <p>Suggest that they create a welcome mat (like the ones usually placed in front of a door) that represents themselves and/or their home.</p> <p>They may write a message in addition to creating a design.</p>
Discussion/Goals:	<p>Discussion focuses on the meaning of the message and design. For instance, is the mat welcoming, does it represent a calm house, a chaotic house, or a depressed household?</p> <p>Clients are encouraged to share thoughts about their home life and how it affects their emotions, attitudes, mental health and satisfaction with life.</p>

Real case study example:

An elderly man named Gabriel drew an angry looking, foreboding "welcome mat" that clearly expressed his feelings at the time: "Keep out!"

His use of dark, bold colors and thick border represented his barrier, the wall he built around himself to keep others out.

He was angry because his wife died a few years ago; his children lived far away and he did not have many friends or acquaintances. He disliked television and read very little; he had no hobbies and few interests. Gabriel would not join groups or clubs in his community; he would not go to the senior center or go on trips or outings. He shut the world out literally. He was surprised when his peers laughed at his welcome mat; he wasn't expecting that reaction. They thought he was joking. Their smiles encouraged him to smile a bit himself. During the course of the session, he slowly acknowledged his negative attitude and unhealthy lifestyle. The artwork served as a vehicle for communication, self-awareness and self-expression.

Name of the technique:	The Thought
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Instruct clients to draw a box and place one thought they want to free themselves of in it.
Discussion/Goals:	<p>Discussion focuses on the thought, its significance, and whether or not the client is indeed ready to leave it behind.</p> <p>Encourage group members to observe the size of the box versus the size of the unpleasant thought.</p> <p>If the box, for instance, is large and thickly outlined, it might mean the client is not ready to rid himself/herself of the thought because it is so well contained.</p> <p>If the box is lightly drawn and the thought isn't too large the individual might be ready to make changes.</p> <p>Goals include working toward positive change and self-awareness.</p>

Name of the technique:	Clay Shape
Materials:	Clay.
Procedure:	Instruct clients to mold an abstract shape from a piece of clean non-toxic clay. Have them name it.
Discussion/Goals:	<p>Discussion focuses on the design and meaning of the finished product.</p> <p>Goals include expression of mood and feeling, stretching the imagination, and problem solving.</p>

Name of the technique:	Initials
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Instruct clients to decorate the first initial of their first name and then write an adjective that describes them using the initial.
Discussion/Goals:	<p>Discussion focuses on the way the initial is decorated, the colors used, the size of the initial and its significance to the artist.</p> <p>Goals include self-awareness and increased self-esteem.</p>

Name of the technique:	Smile
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Instruct clients to “Draw the first person or thing you saw today that brought a smile to your face.”
Discussion/Goals:	<p>Discussion focuses on emphasizing the positive in life and counting one’s blessings.</p> <p>Encourage clients to express their feelings as they observe their artwork.</p> <p>Goals include learning to appreciate the beauty and goodness in nature and people, and using this appreciation as a coping mechanism.</p>

Name of the technique:	Draw Your Motivation to Change
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Ask clients to draw a series of arrows representing their motivation to change. Tell them that the arrows might be pointing toward change (the right-hand side of the page), away from it (the left-hand side), in circles if they are confused, etc.</p>
Discussion/Goals:	<p>Discussion focuses on the way in which the design symbolizes readiness for change, and one’s attitude towards change.</p> <p>Explore what type of changes the client would like to make in his life.</p> <p>Goals include problems solving and self-awareness.</p>

Name of the technique:	The Web
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Instruct clients to draw a web (like a spider web) and place someone or something in it.
Discussion/Goals:	<p>Discussion focuses on who or what was placed in the web, how it feels to be stuck, and ways in which the client feels trapped.</p> <p>Goals include identification of problems, self-defeating attitudes, and exploration of coping mechanisms.</p>

Name of the technique:	Egg Drawing
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Ask clients to draw an egg hatching and include what is coming out of it. Tell them to draw something other than a baby chick.
Discussion/Goals:	<p>Discussion focuses on what hatches out of the egg and the meaning it has to the client.</p> <p>This exercise can be considered a metaphor for growth and renewal.</p> <p>Goals include self-awareness and creative thinking.</p> <p><i>Some of the items hatched have included: Flowers, babies, puppies and kittens, a dinosaur, a rabbit, snake, and a beautiful bride.</i></p>

Name of the technique:	Drawing With Two Hands
Materials:	Drawing paper, markers.
Procedure:	<p>Have clients pick up a different colored marker in each hand and draw something—a flower, face, animal, etc.</p> <p>Instruct them to move both hands at the same time.</p> <p>There are several ways to do this:</p> <ol style="list-style-type: none"> 1. Move the markers alongside each other, going the same direction around the form. 2. Move one marker along one side of the form and the other along the other side. 3. Move each marker in a completely different direction simultaneously.
Discussion/Goals:	<p>Discuss whether it was easy or difficult to produce this sketch.</p> <p>Explore how it feels to work in such an unusual manner.</p> <p>Relate the exercise to trying new experiences and taking healthy risks.</p>

Name of the technique:	The Tea Kettle
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	<p>Encourage clients to describe how they feel when they sit down and have a soothing cup of tea.</p> <p>Next instruct them to draw a tea kettle, but instead of tea pouring out of it have them choose something else.</p>
Discussion/Goals:	<p>Discuss what comes out of the kettle, and its meaning for the client.</p> <p>Goals include exploration of things that soothe, creative expression and abstract thinking.</p> <p><i>Some examples of things clients drew pouring out of the kettle included: health, chocolate syrup, gold coins, happiness, love, hearts, and warm chocolate chip cookies.</i></p> <p><i>The idea for this project arose when a client mentioned that she thinks of steam coming out of a tea kettle to relax.</i></p>

Name of the technique:	Question Mark/Problem
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	Ask clients to draw a large question mark and a symbol representing a problem underneath it.
Discussion/Goals:	<p>Discussion focuses on the size and style of the question mark (is it small, large, black or colorful), and the problems illustrated.</p> <p>Encourage group members to share the significance of the question mark; for instance, if it is large and bold could it mean they are very unsure how to handle the problem; if it is small, are they thinking of solutions?</p> <p>Examine the problem represented and its significance.</p> <p>Goals include identification of issues and concerns.</p>

Name of the technique:	Draw a Halo
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	Ask clients to draw a halo and place someone under it.
Discussion/Goals:	<p>Ask group members to share who they placed under the halo (e.g. a friend, relative, the client, another group member, etc.).</p> <p>Have them describe their illustration.</p> <p>Discuss the traits that someone would possess in order to be given such an honor.</p> <p>Examine the clients' values and have them list traits of people they admire.</p> <p>Encourage group members to explore and then list their own positive characteristics.</p> <p>Objectives include self-awareness and exploration of values that help connect clients to others.</p>

Name of the technique:	Movement
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	Ask clients to draw a series of shapes moving in one direction.
Discussion/Goals:	<p>Discussion focuses on the colors, size and types of shapes drawn, and the direction in which the forms are moving (up, down, right or left).</p> <p>Ask group members if the shapes are moving toward a goal or aimlessly.</p> <p>Have clients relate the movement to their work in therapy and their goals.</p>

Name of the technique:	Inanimate Object Drawing
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	Ask group members to draw an inanimate object that represents them in some way; for instance, if the client is an artist, the object represented might be a palette; if he/she loves to bake, the object might be a cake.
Discussion/Goals:	<p>Discussion focuses on what object was chosen and the reason why it was selected.</p> <p>Goals include self-awareness and exploration of leisure skills and hobbies.</p>

Name of the technique:	Group Mood
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	Direct clients to draw what they perceive to be the mood of the group (e.g. bright, solemn, silly, tired, depressed, etc.).
Discussion/Goals:	<p>Ask clients the reasons they chose a specific mood.</p> <p>Examine how the atmosphere of the group affects the structure and effectiveness of the session.</p> <p>Discuss how examining the group mood can be used to enhance understanding and exploration of group dynamics.</p> <p>Question clients as to whether or not they have the ability to control and/or change their frame of mind.</p>

Mindfulness

Mindfulness is very important in therapy because it allows the client to experience being in the moment. It provides peace and calm, and away to rid the individual of invading thoughts, anxiety and stress, even for a short while. Group members are encouraged to focus their full attention on what they are experiencing and to let their incoming thoughts gently flow away. Accepting one's individual pattern of focusing and thinking is emphasized; group members are encouraged not to judge their thoughts but to allow them to center on the exercise.

Clients are supported to acknowledge their uniqueness and use their senses to derive as much as possible out of each creative experience. A significant goal would focus on appreciating one's blessings by staying in the "here and now" as much as possible. This will lessen stress and open the client's eyes to see what he does have; examples include love of family, art, music, and nature's gifts such as beautiful sunsets, colorful autumn leaves, magnificent flowers, full moons, and the scent of freshly cut grass.

Name of the technique:	Around you
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Ask patients to close their eyes and relax, and listen to the sounds around them (birds chirping, sounds from the heater or air conditioner, wind blowing, etc.).</p> <p>Ask them to just focus on the sounds and let all other thoughts float away. After a few minutes suggest that they draw what they experienced.</p> <p>They may use color and shape, or objects and figures to represent their thoughts and feelings.</p>
Discussion/Goals:	<p>Discussion focuses on the importance of becoming mindful in one's life. The importance of taking time to stop and smell the roses, not dwelling on the past or worrying about the future may be explored.</p> <p>Goals include stress reduction and relaxation.</p>

Name of the technique:	The Wave
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Ask patients to visualize themselves riding a wave at the beach. Suggest they visualize the size of the wave, the speed and color of the wave, the strength of the wave and how they are feeling emotionally and physically.</p> <p>Ask them to visualize the way in which they are riding the wave (for instance, are they on a surfboard, are they actually in the wave, under the wave, etc.).</p> <p>Ask them about the water (is it cold, warm, hard, soft, comforting or threatening).</p> <p>Then ask them to draw this visual experience.</p>
Discussion/Goals:	<p>The wave may be used to represent how the client approaches issues, problems and challenges.</p> <p>Discussion focuses on how the client rides the wave; does he/she glide on top of it, dive into it, or fall under the water?</p> <p>Explore how the wave can represent life's challenges, and discuss what specific challenges group members are experiencing.</p> <p>Examine methods to ride "life's waves" e.g. "When hungry can you ride the wave of hunger and wait until dinner to eat, or do you need to eat that cookie right now?"</p> <p>When stressed can you take deep breaths, do relaxation exercises and allow the stress to decrease and/or pass?"</p> <p>Goals include identifying, changing and developing new coping strategies.</p>

Name of the technique:	The Five Senses
Materials:	Drawing paper, pastels, crayons, markers, variety of objects (listed below), basket or box.
Procedure:	<p>Fill a basket or box with a variety of objects, each of which should clearly represent all of the senses.</p> <p>An example would be a ridged potato chip. It has a distinct smell, you can feel the ridges, it has a salty taste, and it appears oval and somewhat wavy in design. It has a pale-yellow color. If you break it in half, you can hear a snap.</p> <p>Another example would be a dough ball. It is pale beige, it feels soft and squishy, it also sounds squishy when you squeeze it, it tastes doughy, and it has a distinctive smell.</p> <p>Ask each client to choose one of the objects and examine it for a few minutes. Then direct each individual to explore his or her object one sense at a time. After this is completed suggest that group members draw the object they chose, using color and shape.</p> <p>Suggest that they keep in mind the feelings they experienced during the exercise.</p>
Discussion/Goals:	<p>Each group member is given the opportunity to voice his/her thoughts about the exercise.</p> <p>They may be asked to share which sense they focused upon most and the reasons for their choice.</p> <p>Feelings and thoughts about centering on one object may be examined.</p> <p>Goals include learning how to be in the moment, how to let extraneous thoughts pass by, and how to focus on one thing at a time in order to decrease stress and lessen troublesome thoughts.</p>

Name of the technique:	Body Scan
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Lead group members in a full body scan. Have them close their eyes (if they are comfortable doing so) and suggest they relax their eyebrows, eyes, nose, mouth, jaw, neck, shoulders, arms, hands, chest, stomach, thighs, legs, feet and toes.</p> <p>Go through each body part slowly and in a soft, low voice. Soothing music may be playing as you do this.</p> <p>After the exercise ask group members to fold their paper in half.</p> <p>Suggest they draw how their body felt before the exercise, on one side of the paper, and how their body felt after the exercise, on the other side of the paper.</p>
Discussion/Goals:	<p>Discussion may focus on how the artwork reflects the relaxation experience and the changes that occurred during the exercise.</p> <p>Goals include learning how to self-soothe and de-stress in order to attain a peaceful state of being and to help ward off anxiety and panic attacks.</p>

Name of the technique:	Release
Materials:	Relaxing music, drawing paper, pastels, crayons, markers.
Procedure:	<p>Play soothing background music.</p> <p>Ask clients to relax and pay attention to their breath.</p> <p>Ask them to spend a few minutes breathing in and out slowly. If they feel comfortable have them close their eyes. Suggest that clients visualize what they are breathing out. Ask them to think about size, shape, color and texture.</p> <p>Next ask them to draw “what they breathed out.” Examples may include breathing out stress, anger, fear, etc. They may use any type of design to depict their thoughts.</p>
Discussion/Goals:	<p>Discussion focuses on the relaxation experience, the feeling of release when breathing out, and the emotions/feelings depicted in the artwork.</p> <p>Clients have the opportunity to gain a better understanding of their feelings by analyzing and observing the size, color and shape of their design. Goals include release of negative feelings and stress.</p>

Name of the technique:	Flower Study
Materials:	Paper, pastels, crayons, markers, a flower.
Procedure:	<p>Have clients take turns examining a rose or other flower.</p> <p>Encourage them to study it carefully, focusing on how it feels in their hands. Support them to explore its curves, texture, lines, design, shape, weight and scent.</p> <p>Direct group members to focus on the parts of the flower that are smooth and soft and the parts that are irregular or rough.</p> <p>Then suggest that clients draw the essence of the flower, the beauty of it, using line, shape and color.</p> <p>Suggest that the sketch does not need to be realistic. The picture might capture the mood, feel and splendor of the flower.</p>
Discussion/Goals:	<p>Discussion focuses on the appreciation of beauty and the importance of taking time to explore nature and our environment.</p> <p>Goals include awareness, learning to value being in the moment, and understanding the connection between being in the moment and feeling calm and relaxed.</p>

Name of the technique:	Movements
Materials:	Drawing paper, pastels, crayons, markers, soothing music.
Procedure:	<p>Place a sheet of 11"×14" drawing paper on a table in front of each group member and have them initial the sheet.</p> <p>Play very soft, soothing music and suggest clients walk slowly around the room, so slowly that each step is very deliberate and thought out.</p> <p>After every few steps have them stop and draw their feeling at that moment on the paper in front of them (somewhat like musical chairs).</p> <p>This may be done once or a number of times.</p> <p>When the clients get back to their original seat ask them to examine the designs/marks and scribbles on the paper in front of them and relate the designs created to their mood and their reaction to the exercise.</p> <p>Ask them to hold up the paper and have group members who contributed to the design share their thoughts about their contribution and/or the overall picture.</p>
Discussion/Goals:	<p>Discussion focuses on exploring patience, connections, and one's place in time and space. Clients may share how they felt about moving so slowly and the images the experience evoked.</p> <p>Goals include increased self-awareness and the power of being in the moment.</p>

Name of the technique:	Textures
Materials:	Bag full of items (see below), glue, drawing paper.
Procedure:	<p>Present a bag or box full of items that have distinct textures such as sand paper, soap pads, corduroy material, ridged potato chips or bristles on a small brush.</p> <p>Ask clients to choose a variety of items and take some time experiencing them (touching them, focusing on how they look, feel, smell, etc.).</p> <p>Suggest that clients glue the textured objects on a sheet of paper or cardboard in order to form a design.</p>
Discussion/Goals:	<p>Discussion focuses on the significance of touch in our relationships and in our environment.</p> <p>Clients may share how touch can affect mood and stress levels (for example, petting a cat or dog often relieves anxiety and lowers blood pressure).</p> <p>Being in the moment allows an individual to enjoy the experience fully and reap many rewards.</p>

Name of the technique:	Peer Drawing
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Ask group members to team up into pairs and listen very carefully to their partner speak about himself/herself.</p> <p>Suggest that clients focus on their partner's eyes, expressions, voice, tone, sighs, gasps, yawns, body language, etc.</p> <p>Ask them to pay attention to the whole person, all aspects of him/her.</p> <p>Now have the clients draw each other's "core" using color, line, design and shape.</p>
Discussion/Goals:	<p>Discussion focuses on mindful listening and being able to understand and reflect what is really being said.</p> <p>It emphasizes the importance of viewing individuals on many levels in order to develop empathy, and healthier and more satisfying relationships.</p> <p>Goals include socialization and self-awareness.</p>

Name of the technique:	Loving Breath
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Suggest that clients slowly breathe in and out, and imagine their breath is embracing them.</p> <p>Explain that they are being “bathed in peace, love and warmth.” Suggest they breathe in beauty and calmness, and breathe out comfort and solace.</p> <p>After this exercise ask clients to draw themselves being embraced by something or someone they love.</p>
Discussion/Goals:	<p>Discussion focuses on how clients felt during the exercise, and the way they designed their drawing.</p> <p>Encourage them to share how it feels to be embraced, and explore who or what embraced them in their picture.</p> <p>Goals include exploration of ways to achieve inner peace and feelings of comfort.</p>

Name of the technique:	Mindful Painting
Materials:	Acrylics, watercolors or tempera paints, brushes, pencils, paper.
Procedure:	<p>Suggest that clients experience the paint by brushing it on the paper without thought to design or quality of the artwork.</p> <p>Support the clients to focus on the feeling of the brush and paint on the paper.</p> <p>Support them to become one with the brush.</p> <p>Have participants observe the paint strokes, colors and shapes created.</p>
Discussion/Goals:	<p>Discussion focuses on how well the group members were able to observe the experience, feel the movement, and refrain from judgment.</p> <p>Goals include stress reduction, being in the moment, and creative expression.</p>

Name of the technique:	Mindful Mandala
Materials:	Paper plates, drawing paper, crayons, oil pastels, markers, pencils.
Procedure:	<p>Use the paper plate to create an outline of a circle.</p> <p>Ask clients to fill in the circle from the inside out in any way they desire.</p> <p>Suggest they let their ideas flow onto the paper without thought to a specific idea, figure or theme.</p>
Discussion/Goals:	<p>Discussion focuses on the clients' reactions to the artwork and symbols observed, as well as thoughts that may have occurred while drawing.</p> <p>Have them observe the colors and shapes designed within the circle.</p> <p>Goals include focusing, centering, healing and self-nurturing.</p>

Name of the technique:	Sand Experience
Materials:	Paper bowls, small items, mostly from nature, such as seeds, shells, pebbles, gravel, leaves, marbles, acorns, little pine cones.
Procedure:	<p>Each client is given a paper bowl filled with sand.</p> <p>Ask clients to experience the sand, feel it, and let it trickle through their fingers.</p> <p>Have them place their hands in it, smooth it out, and use their fingers to glide through it.</p> <p>Then ask them to choose from the materials offered and place some of the items in the sand to form a tactile design.</p> <p>Ask clients to close their eyes and experience their art with their eyes closed.</p>
Discussion/Goals:	<p>Discussion focuses on appreciation of "art for art's sake" (creating just for the pleasure and experience).</p> <p>Goals include tactile awareness, stress reduction, experiencing a different form of art, and focusing on the immediate experience.</p>

Name of the technique:	Aroma and Art
Materials:	A variety of gentle safe scents such as vanilla, cinnamon, lemon, coffee, etc., drawing paper, markers, oil pastels, crayons.
Procedure:	Ask clients to take turns sniffing the various scents and support them to spend a few minutes concentrating on the experience. After they have tried each scent ask them to draw something that they felt or thought of while they were engaged in the exercise.
Discussion/Goals:	Discussion focuses on the feelings and thoughts that arose while participating in the exercise, and the art that was created as a result of the experience. Goals include greater awareness and self-focus.

Drawing

Drawing allows the client the opportunity to communicate thoughts, feelings, concerns, problems, wishes, hopes, dreams and desires in a relatively non-threatening manner. It serves as a vehicle to express unconscious as well as conscious issues and beliefs. Creative expression provides the individual with the freedom to represent his inner and outer world in any way he chooses. It also gives him the chance to reconcile the two worlds with an artistic dialogue.

There are no judgments and the client is told that anyway he chooses to draw is perfectly acceptable. The individual is informed he may use stick figures, line, color, shape, abstractions or realism to portray his thoughts. A variety of drawing materials are usually available depending on the population and clientele participating in the session. We can easily provide two different sizes of paper (11"×14" and 9"×12"), markers, crayons, pastels and sometimes colored pencils if the group members ask for them, and the participants are not too rigid. In this way clients can make decisions as to the tools they want to create with; this translates into enhanced decision making in other areas of life as well.

Sometimes the groups are spontaneous and clients are instructed to draw anything that comes to mind, or they are asked to draw something related to what occurred in an earlier process group. Many times, however, the groups are more structured and a directive is offered. The directives provide structure, but the participant is free to follow or modify the directive. Clients are usually more willing to begin creating with a more structured approach. Seniors who are reluctant to draw will usually participate if there is some sort of organization to the paper, such as a pre-drawn circle on it. The exception to this is the individual who has an art background; they often prefer to create their own designs.

Taking time during the session to discuss the artwork allows the clients to observe, analyze and relate to representations and figures illustrated. It allows for group interaction and feedback from others. Group members are able to reflect on the symbols drawn, and thoughts may be conveyed that would otherwise not be shared verbally.

The drawings benefit the client in a variety of ways:

- ✓ they are concrete so the client is not able to deny representing a certain concept because it is right in front of him;
- ✓ they may be saved and referred back to during the course of therapy;
- ✓ and they serve as a compilation of feelings, problems, concerns and solutions that are exclusively the client's own.

Images serve as vehicles, which facilitate communication, growth and insight.

Name of the technique:	Questioning
Materials:	Markers, crayons, drawing paper.
Procedure:	The therapist draws a large question mark over a square or rectangle (Xeroxed copies are easier) and the paper is given to the clients. Clients are asked to fill in the square with something in their life they are pondering, questioning and/or are in doubt about.
Discussion/Goals:	Discussion focuses on exploring issues associated with the unknown, and examining methods to handle uncertainty about future events. Concerns and issues are further clarified.

Name of the technique:	People In Your Life
Materials:	Drawing paper, markers, crayons.
Procedure:	Ask clients to draw someone in their life with whom they want to improve their relationship.
Discussion/Goals:	Discussion may focus on problematic relationships, connections, unfinished life business, wants and needs. Healthy and effective methods of relating to others may be examined.

Name of the technique:	Personal Brochure
Materials:	Drawing paper, markers, crayons, pastels, brightly colored construction paper.
Procedure:	<p>Have clients fold the paper in threes (like a tri-fold brochure).</p> <p>Instruct clients to decorate the front flap with their name and a design that represents them in some way.</p> <p>Then have them open the brochure and on the inside (first third of the flap) have them draw a strength, in the middle inside of the brochure have them draw positive memories and/or experiences, and on the outer third of the inside of the brochure ask them to draw what they have to give to others (feelings, emotions, skills, personal things, etc.).</p> <p>On the back of the brochure suggest clients draw a goal for the future.</p> <p>This project may be divided into two or three sessions if more time is needed to draw and discuss the artwork.</p>
Discussion/Goals:	<p>Encourage clients to share their brochure with others as a way of connecting, and sharing positive characteristics, strengths and objectives.</p> <p>Goals include increased self-esteem, socialization and identification of feelings.</p>

Name of the technique:	Empty/Full
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	<p>Ask clients to fold their paper in half and draw themselves empty on one side of the paper and full on the other side of the paper.</p> <p>Encourage group members to interpret for themselves what it means to be empty and what it means to be full (e.g. it can be in terms of food, emotions, love, etc.).</p>
Discussion/Goals:	<p>Discussion focuses on how one views his/her life: Is it complete and fulfilling? Does it need improvement or does the client feel empty, hopeless and discontented?</p> <p>Procedures of finding meaning in life may be explored.</p>

Name of the technique:	Ideal Family
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	<p>Instruct clients to draw the ideal family.</p> <p>Encourage them to think about where they would live, how many children they would have, how old the family members would be, how they would interact, what they would look like, and what types of jobs they would have, etc.</p>
Discussion/Goals:	<p>Discussion focuses on the family created and the similarities and/or differences between the fictitious family and the client's family.</p> <p>Explore family relationships and communication within the family.</p> <p>Goals include increased awareness about one's role in the family and attitudes and behaviors that affect family dynamics.</p>

Name of the technique:	Change
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	<p>Ask clients to fold their paper in half. Have them draw things they can't change (e.g., their age, perhaps a physical disability) on one side of the paper and things they can change (e.g., attitude, mood) on the other side of the paper.</p>
Discussion/Goals:	<p>Individuals often focus on what they can't change and aren't in control of in their life.</p> <p>This exercise helps clients to observe the differences between what is and what is not changeable. It helps them refocus by becoming aware of self-defeating thoughts and behaviors, and then transforming negative behaviors into more positive ones.</p> <p>Clients begin to understand what to accept and what to challenge in their life.</p>

Name of the technique:	Life Essentials
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	<p>Direct clients to draw five things they “can’t live without.”</p> <p>Emphasize that they can be concepts such as love or happiness, persons, places and/or things.</p>
Discussion/Goals:	<p>Discussion focuses on the items chosen, the order of these items, and their importance.</p> <p>Evaluation of needs and desires, and examination of goals may be focused upon.</p> <p>Goals include self-awareness and self-assessment.</p>

Name of the technique:	Peer Drawing
Materials:	Drawing paper, markers, crayons, pastels.
Procedure:	<p>Clients are asked to draw the person sitting next to them using only color, lines and shapes.</p> <p>They are encouraged to be totally abstract (so as not to be too threatening).</p> <p>They are asked to think about the person’s attitude and personality when approaching this task.</p>
Discussion/Goals:	<p>Discussion focuses on the similarities and differences between how we see ourselves and how others see us.</p> <p>One’s attitude and self-esteem may be explored.</p> <p>Goals include exploration of self and connecting with peers.</p>

Name of the technique:	Relationships
Materials:	Pre-drawn figures, markers, crayons, pastels, pencils, pens, drawing paper.
Procedure:	<p>Group members are provided with a large stick figure (approximately 8"×10"). They are asked to complete the figure (add a face, hair, etc.).</p> <p>Then, on the same sheet of paper, clients are instructed to write down the characteristics that they look for in a person with whom they'd like to have a relationship.</p> <p>Lines may be drawn near the figure beforehand to make this easier (even easier if the figure and lines are created using the computer).</p>
Discussion/Goals:	<p>Discussion focuses on questions such as:</p> <ol style="list-style-type: none"> 1. What personality characteristics are important to you? 2. What physical characteristics are important? 3. What type of person do you usually find appealing? 4. What types of relationships have you had in the past? 5. How were you treated in your past relationship/s and how did you treat the other person? 6. Were the relationships to your satisfaction? 7. Discuss your ideal relationship. How realistic is such a relationship? Explore possible ways to achieve it. <p>Goals include gaining insight and learning to take responsibility for the success and/or failure of one's relationships.</p> <p>Exploring ways to improve relationships may be emphasized.</p>

Name of the technique:	Survivor
Materials:	Drawing paper, markers, crayons.
Procedure:	<p>Clients draw a person (preferably themselves) as a survivor.</p> <p>It could be the survivor of an accident, relationship, illness etc. The pictures, with permission from the artists, are dispersed so that everyone is given someone else's picture.</p> <p>Clients are then asked to write five reasons why the survivor in the picture should continue to strive to survive.</p> <p>In addition, the survivor's positive characteristics may be written under the picture, and then given back to the artist for examination and discussion.</p>
Discussion/Goals:	<p>Discussion focuses on independence, stamina and attitude.</p> <p>Group members are encouraged to examine their endurance, strengths and survival skills. Goals include awareness of individual power and courage, and examination of coping techniques.</p>

Name of the technique:	Mandalas: Emotions
Materials:	Paper plate, paper, markers, crayons, pastels, drawing paper, pencils.
Procedure:	<p>Group members trace the outline of a circle from a paper plate and discuss what a mandala may represent.</p> <p>Mandala is Sanskrit for circle and in the therapy group is used as a symbol for focusing and healing.</p> <p>Clients are asked to fill in the mandala with colors and shapes that represent various emotions they are experiencing or have experienced in the past.</p>
Discussion/Goals:	<p>Goals include healing, focusing, stress reduction, and expression of emotions that may be too difficult to discuss verbally.</p> <p>Boundaries and appropriate expression of feelings may be explored.</p>

Name of the technique:	A Brief Summary of the Decades of My Life
Materials:	Paper, pastels, crayons, markers, booklet (see below).
Procedure:	<p>Clients are given a stapled booklet (made from 9"×12" paper) that has the decades between 1940 and 2020 printed on top of each individual page.</p> <p>The decades included depend on the average ages of the clients.</p> <p>Group members are directed to draw symbols, people, places and things that are representative of their life during each decade.</p>
Discussion/Goals:	<p>Discussion focuses on important events in one's life.</p> <p>Explorations of experiences, both positive and negative, are examined.</p> <p>Conversation may focus on how to use past strengths and experiences to deal better with present and future challenges.</p> <p>Goals include reinforcement of one's identity, enhancement of self-esteem and realistic assessment of accomplishments.</p>

Name of the technique:	"Who Would I Be Without My Anxiety?"
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Instruct clients to fold their paper in thirds.</p> <p>Ask that they draw themselves holding on to their anxiety on the first third of the page, releasing their anxiety on the second third of the page, and on the last third of the page ask them to draw themselves anxiety free.</p>
Discussion/Goals:	<p>Discussion focuses on the role that anxiety plays in one's life. The use of anxiety as an excuse to avoid life's challenges may be examined.</p> <p>One's incentive to release anxiety and methods to let it go may be examined.</p> <p>Goals include learning to live and value oneself as an emotionally secure individual.</p>

Name of the technique:	Sky Diving
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Ask group members to draw themselves about to sky dive out of a plane.</p> <p>It is their first time doing this.</p> <p>The countdown is on... 5, 4, 3,2...</p> <p>Now ask participants to draw what happens next.</p>
Discussion/Goals:	<p>Discussion focuses on whether or not the person jumps, how it feels if she jumps (physical and emotional experiences in the air), and how the landing feels (does the parachute get caught in a tree, is it a bumpy or smooth landing?).</p> <p>The drawing and associations to it may be used to explore how clients take on new challenges.</p> <p>Coping skills are emphasized.</p>

Name of the technique:	Clouds I
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Draw a maze of clouds. Include what might be in and/or at the end of the maze.</p> <p>You may or may not include yourself in the picture.</p>
Discussion/Goals:	<p>Discussion focuses on how the clouds are drawn (size, shape, number of clouds, etc.) and the description of the clouds (are they soft and fluffy or thick and difficult to walk through, etc.).</p> <p>Participants will relate the cloud maze to their life maze.</p> <p>How they draw and relate to the cloud maze may reflect how they are approaching present issues.</p>

Name of the technique:	Clouds II
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Ask participants to visualize themselves in a plane high up in the air. The ride is pleasant and smooth; the sky is light blue. Gradually the clouds become prevalent and there is a thick mist.</p> <p>All of a sudden, they feel a jolt; there is much turbulence and the plane starts rocking and making strange noises. Now ask group members to draw what happens next.</p>
Discussion/Goals:	<p>Discussion focuses on how each individual handles the situation. Does he panic; does she hold on for dear life? Does the person jump out of the plane? Does he ignore the turbulence and continue reading his book? Does she hold on to the person next to her or console the person next to her?</p> <p>Group members will be asked to relate how they handle this problem to how they handle challenges and predicaments in their own life. Do they panic, take problems in stride, reach out to others, etc.?</p>

Name of the technique:	The Unknown
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Direct group members to fold their paper in half.</p> <p>Ask them to imagine themselves walking through a dark wooded area.</p> <p>Ask them to think about how they are feeling, what they are seeing, touching, hearing and experiencing.</p> <p>Suggest that they draw what is behind them on the first half of the paper and what is in front of them on the second half of the paper.</p> <p>Leave the suggestion vague so that they may include whatever they wish in the picture.</p>
Discussion/Goals:	<p>Discussion focuses on the figures/symbols clients chose to draw.</p> <p>For example, did the individual draw a bear behind him/her, or a pot of gold in front of him/her? Clients may be encouraged to relate what they sketched behind them to their past and what they sketched in front of them to their future.</p> <p>Discussion may include how clients have handled previous situations, are handling their present situation, and thoughts about the future.</p> <p>Coping skills will be explored.</p>

Name of the technique:	Lost and Found
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Ask group members to fold their paper in half. On one side of the paper ask clients to draw something in life they have lost. On the other side of the paper ask them to draw something in life they have found. Examples might include: losing a friend but finding a husband, losing a job but finding a new profession.
Discussion/Goals:	<p>“Life is a process where there will always be change, losses and gains.” Clients are supported to examine their gains and losses, and reflect on how they impacted their life.</p> <p>Group members are encouraged to explore the ways in which they react to life’s trials and tribulations, and to understand that their reactions are within their control.</p>

Name of the technique:	Who Am I?
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Ask clients to draw an answer to the question, “Who Am I?”</p> <p>Individuals may answer the question in any manner they please (realistically, abstractly, using stick figures, etc.).</p>
Discussion/Goals:	<p>Discussion focuses on exploring one’s interests, personality and unique characteristics.</p> <p>Goals include increasing self-awareness and self-esteem.</p>

Name of the technique:	Present and Future
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Suggest that clients draw life as it is on one side of the paper and life if “you felt well” on the other side of the paper.
Discussion/Goals:	<p>Discussion focuses on exploring the obstacles individuals encounter while struggling with depression, anxiety and other mental illness.</p> <p>Goals include increasing self-awareness by examining the differences between one’s present circumstances and his/her ideal circumstances. Implementing a plan of action toward recovery may be focused upon.</p>

Name of the technique:	Feelings
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Ask clients to fold their paper into thirds.</p> <p>On the first third suggest they draw someone they have felt positive about in the past and/or are feeling positive about right now, on the second third of the paper ask them to draw someone they have felt neutral toward in the past and/or feel neutral toward right now, and on the last third of the paper ask them to draw someone they feel negative toward right now and/or felt negative about in the past.</p>
Discussion/Goals:	<p>Discussion focuses on how attraction and/or aversion to various personality characteristics affect the clients’ relationships with family, friends, peers and associates.</p> <p>Characteristics such as rigidity, perfectionism and negativism may be explored.</p> <p>Goals include self-awareness and tolerance of others.</p>

Name of the technique:	Memories
Materials:	Eight-inch diameter doilies (or larger), pastels, crayons, markers.
Procedure:	Ask clients to fill the doily in with a beautiful memory. The lovely, intricate design of the doily lends itself to thoughts about births, marriages and other special occasions.
Discussion/Goals:	<p>Discussion focuses on joyful experiences and wonderful thoughts about the past.</p> <p>Clients are encouraged to focus on the positive and explore methods to attain happiness and fulfillment in their lives.</p>

Name of the technique:	Best and Worst Self
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Direct clients to fold their paper in half and draw themselves at their best on one side of the paper and at their worst on the other side of the paper.
Discussion/Goals:	<p>Discussion focuses on exploring one's mood, feelings and attitudes. Examining how the client sees himself/herself at the moment is a most important goal.</p> <p>Questions such as: "Are you presently you at your best, worst or somewhere in the middle?" and "When was the last time you were at your best/worst?" lend for much insight and conversation.</p>

Name of the technique:	Burdens
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Direct group members to draw themselves with their burdens piled on their shoulders. Suggest that the burdens may be physical and/or emotional; examples include financial problems, depression, taking care of a sick relative, etc. Emphasize that the burdens may be depicted realistically or abstractly using line, shape and color.
Discussion/Goals:	<p>Discussion focuses on the number of burdens and the effect the burdens have on each individual's life. The way in which the burdens and the shoulders are depicted will assist in assessing the strength of the burdens as well as the strength of the individual.</p> <p>Questions to ponder may include:</p> <ol style="list-style-type: none"> 1. the number of burdens represented 2. the size of the burdens versus the size of the shoulders 3. the size of the shoulders; strong shoulders, for example, might indicate a greater ability to carry a larger load than narrowly drawn shoulders. <p>Goals include exploring methods of dealing with one's problems and responsibilities.</p> <p>Frequently clients do not recognize their attributes.</p> <p>When they observe drawings of strong, large shoulders, for example, they often acknowledge that they have not been giving themselves credit for past achievements and strengths.</p> <p>Narrow shoulders, on the other hand, may help clients understand the need to increase their emotional strength and work toward acquiring better coping skills.</p>

Name of the technique:	Stress
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Direct clients to draw things that stress them.</p> <p>Suggest that they may include people, places and other physical and emotional stressors in their life.</p> <p>It would be beneficial if clients included at least two stressors in their artwork.</p>
Discussion/Goals:	<p>Discussion focuses on the way in which the stressors are depicted, the type of stressors, their size, shape, etc.</p> <p>The artwork allows clients to view and measure their stressors in terms of significance and achievability by observing many of these factors.</p> <p>Goals include examining challenges and exploring coping mechanisms.</p>

Name of the technique:	Summary of Your Life
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	<p>Suggest that clients draw a summary of their life on a large sheet of drawing paper.</p> <p>Ask them to include childhood, youth and later years (depending on the client's age).</p> <p>They may fold the paper in thirds, fourths or sixths and depict their life in an orderly manner or create an abstraction.</p> <p>When clients are finished, the person sitting next to them will be given the opportunity to interpret it for the group members.</p> <p>The artist will first give permission for this to be done and then correct the interpreter if needed and answer questions from participants.</p>
Discussion/Goals:	<p>Discussion focuses on the client's representation of his life, his achievements, pitfalls, problems and aspirations.</p> <p>Goals include self-awareness and socialization.</p> <p>Connections take place as group members interact closely with one another and assist in examining each other's life.</p>

Name of the technique:	Outer/Inner
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Ask group members to draw a circle. They may trace around a paper plate. Suggest they draw themselves engaging in an activity inside or outside of the circle.
Discussion/Goals:	<p>Discussion focuses on the activity depicted and whether the client chose to draw herself inside (dependence, comfort) or outside (independence, adventurousness) of the circle, and the significance of this.</p> <p>Goals include exploring energy levels and leisure skills, the need for comfort and security, and independence versus dependence.</p> <p><i>Upon examining her artwork, an older woman named Dana stated she represented a friend taking a picture of her. She drew this within the circle. When asked to observe her work more carefully, Dana noticed that she didn't include herself in the picture, just her friend. She was able to acknowledge that her self-esteem was very low and she was afraid to venture out into the world. She could not see herself artistically or realistically venturing forth into the world. She wanted to stay in the psychiatric program as long as possible.</i></p>

Name of the technique:	Swimming
Materials:	Drawing paper, pastels, crayons, markers.
Procedure:	Ask clients to draw themselves swimming.
Discussion/Goals:	<p>Discussion focuses on a series of questions that include:</p> <ol style="list-style-type: none"> 1. How are you swimming (are you sashaying through the water, sinking, floating, doing the dog paddle, the back stroke, holding on to an inner tube, struggling to keep your head above water, drowning, etc.)? 2. Are you relaxed or out of breath, swallowing water? 3. Are you in warm, wavy, cold, or smooth water? 4. Are you in an ocean, river, lake, pond or swimming pool? 5. Is the water dark and gray or clear green or blue? 6. Are you alone or with someone? 7. Are you content or tense, joyful or sad? 8. Are you drawn tiny, small or large, strong or weak? <p>Suggest that clients relate the body of water, the way they are swimming and the way they are feeling in the picture to the way they feel about their life and the way they are handling life's challenges.</p>

Name of the technique:	Draw a Doorway
Materials:	Drawing paper, markers, crayons and pastels.
Procedure:	Ask clients to draw a door.
Discussion/Goals:	<p>Discussion focuses on connections with others, attitudes and self-discovery.</p> <p>Questions to ponder include:</p> <ol style="list-style-type: none"> 1. Is the door standing alone or is it connected to walls and/or a house? 2. Where does the door lead? (What is in store for the future?) 3. Is the door opened, partially opened, or closed? What does this say about one's personality and attitude? 4. Is the door large or small; does it seem accessible? <p>The goals of the project include greater self-awareness and exploration of willingness and readiness to explore options and goals.</p>

Name of the technique:	Chapters of One's Life
Materials:	Drawing paper, markers, crayons and pastels.
Procedure:	<p>Ask clients to design a booklet consisting of the chapters of their life.</p> <p>Suggest they emphasize the chapter they are presently experiencing.</p> <p>They may fold about three or four sheets of 9"×12" or 8"×10" paper in half and staple the pages to create a booklet.</p>
Discussion/Goals:	<p>Discussion focuses on the booklet, but primarily on the chapter chosen.</p> <p>Encourage clients to describe this chapter and discuss their thoughts about it.</p> <p>Suggest they ponder whether they are satisfied with this chapter, would like to go back to a previous chapter or move on to a new chapter. If they want to move on ask them to describe in detail what the new chapter would include and exclude, and how it would make them feel. Goals include exploring experiences and achievements to increase self-esteem and the exploration of needs, desires and goals for greater self-awareness.</p>

Name of the technique:	Hairdos
Materials:	Drawing paper, markers, crayons and pastels.
Procedure:	<p>Ask clients to draw the various hairdos they wore during different stages of their life (for example, a ponytail as a youngster, pageboy as a teenager, beehive as a young woman).</p>
Discussion/Goals:	<p>Discussion focuses on connecting the hairdos to events that occurred during different stages of life. For example, the flip hairdo might remind a client of the prom, braids might elicit childhood memories.</p> <p>Goals include reminiscing and self-reflection.</p>

Name of the technique:	Real and Ideal Self
Materials:	Drawing paper, markers, crayons and pastels.
Procedure:	Suggest that clients fold their paper in half and draw their genuine self on one side of the paper and their ideal self on the other side of the paper.
Discussion/Goals:	<p>Discussion focuses on exploring similarities and differences between one's real and ideal self. Acknowledging one's strengths and accepting present vulnerabilities may be explored.</p> <p>Goals include self-awareness and examination of personal goals.</p>

Name of the technique:	Draw Your Anchor
Materials:	Drawing paper, markers, crayons and pastels.
Procedure:	Suggest that clients draw their anchor (what is keeping them from moving ahead in their life, what is weighing them down).
Discussion/Goals:	<p>Discussion focuses on how long the anchor has been a part of the client's life, the type of anchor, its size, color and weight. Ask group members to share specifically what the anchor is stopping them from accomplishing in their life. Some examples have been getting a divorce, getting over depression and moving to a new home.</p> <p><i>A client in her sixties drew a large black anchor on the bottom of the ocean floor surrounded by sharks and other fish. She stated that her anchor has been around for most of her life and keeps her from venturing out in the world and forming relationships. She related the anchor to depression and insecurity, the shark to her mother, and the fish to people who have rejected her throughout the years.</i></p> <p><i>This individual had been verbally abused by her mother. The negative statements that were made to her as a child, "stupid, lazy, messy, etc", have stuck with her throughout the years and have kept her from living a fulfilling life.</i></p>

Name of the technique:	Control
Materials:	Drawing paper, markers, crayons and pastels.
Procedure:	Suggest that clients fold their paper in half and draw what's in their control on one side of the paper and what's not in their control on the other side of the paper.
Discussion/Goals:	<p>Discussion focuses on:</p> <ol style="list-style-type: none"> 1. acceptance of what can't be changed 2. ways to live with one's present situation if it is unchangeable 3. procedures to attain realistic goals 4. the discrepancy between realistic and non-realistic desires and aspirations 5. goals include self-awareness and problem solving.

Name of the technique:	Draw Your Armor
Materials:	Paper, markers, crayons and pastels.
Procedure:	Discuss what armor is and how it has been used over the centuries. Then ask clients to draw their armor (what protects them from outside forces).
Discussion/Goals:	<p>Discussion focuses on how clients use defenses for specific purposes such as keeping people away, distancing themselves from feelings and getting back to their life. The type and amount of armor may be explored (is it large, heavy, bright, cumbersome, etc.).</p> <p>Goals include gaining increased awareness of defenses and exploring methods to break down one's barriers.</p> <p><i>In one session a client remarked that her armor was her bible and prayer. She stated she wakes up in the morning and "puts on her armor" in order to be able to get out of bed and dress for the day.</i></p> <p><i>A client named Luana said her armor was her depression because if she remained depressed, she didn't have to face going back to an unpleasant job and an ungrateful and sometimes verbally abusive husband.</i></p> <p><i>A client named Daniela represented her armor as her anger. She drew a large figure in bright red and gray (the closest color she could get to silver) armor. She stated that she often is sarcastic, mean and yells at people. This makes people afraid to approach her and then she doesn't have to socialize or deal with her fears, insecurity and low self-esteem. "If I keep them away, I don't have to worry about them rejecting me."</i></p>

Name of the technique:	Role in Group
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Ask group members to draw their role in the group. For example, are they a listener, a leader, the mother figure, the jokester, etc.</p> <p>They may draw themselves within the group setting (for instance seated in a circle) if they please.</p>
Discussion/Goals:	<p>Discussion focuses on the role portrayed in the drawing and how it relates to the client's role in other relationships.</p> <p>Questions such as: "Is it a satisfying role? How long have you been in this role?" and reasons for role placement may be examined.</p> <p>Goals include self-awareness and exploration of relationships.</p>

Name of the technique:	Counting Blessings
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Ask clients how often they focus on the pleasures in life instead of problems and frustrations.</p> <p>Direct clients to think about what is positive in their life and draw their blessings in any manner they please.</p>
Discussion/Goals:	<p>Examine the way in which group members chose to express their blessings and discuss how emphasizing one's blessings can help individuals cope with depression, problems and concerns.</p> <p>Explore how blessings often represent achievements in life such as children, a lovely home, good physical health, etc.</p> <p>The artwork provides patients with tangible pictures to observe and examine, and refer back to quickly and easily when needed for extra support and comfort.</p> <p>Goals include increased self-esteem and self-awareness.</p>

Name of the technique:	The Date
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Begin the session by asking clients, "How do you treat yourselves?"</p> <p>Explore which individuals will engage in luxuries such as buying flowers for oneself for no particular reason, finding time in the day for a bubble bath, reading a good book, and/or cooking oneself a healthy and delicious meal.</p> <p>Inform clients that they will be creating a piece of art with the theme "Taking Yourself on a Date."</p> <p>Encourage individuals to think about what they would do, where they would go, how they might feel, and the mood they would create on the date.</p>
Discussion/Goals:	<p>Support clients to discuss their date and feelings associated to it.</p> <p>Discuss if their date is reality or fantasy for them.</p> <p>Explore the importance of self-care and self-soothing.</p>

Name of the technique:	Dancing in the Rain
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Read out the following quote: "Life is not about waiting for the storm to pass, it's about dancing in the rain."</p> <p>Discuss the meaning of the quote and ask clients to draw their interpretation of it.</p>
Discussion/Goals:	<p>Discussion focuses on each client's artistic representation of the quote.</p> <p>Use the artwork to explore how clients deal with their problems.</p> <p>Do they dwell on the negative or focus on the positive? Are they able to make "lemonade out of lemons?" Are they enjoying life as much as they could be?</p> <p>Goals include self-assessment and exploration of coping mechanisms.</p>

Name of the technique:	Transformation
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Instruct clients to draw a negative picture and then transform it into a positive picture.</p> <p>They may add to the image in order to alter it, or create a new illustration next to it.</p>
Discussion/Goals:	<p>Discussion focuses on examining the artistic transformation and then relating it to healthy lifestyle transformations such as changing negative thoughts into positive thoughts and changing undesirable behaviors into more positive ones.</p> <p>Goals include problems solving and taking control of one's attitudes and actions.</p>

Name of the technique:	The Teardrop
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Instruct clients to draw a large teardrop that fills most of the page.</p> <p>Suggest they fill the teardrop with things in their life that bring sorrow and/or have brought unhappiness in the past.</p>
Discussion/Goals:	<p>Clients often have difficulty sharing their grief. This project helps them express troubling issues in a relatively non-threatening manner.</p> <p>Discussion focuses on examining specific issues and problems. Coping mechanisms are explored.</p>

Name of the technique:	Draw Your “Scar”
Materials:	Paper, markers, crayons and pastels.
Procedure:	Instruct clients to draw their scar. They may take the term literally or draw problems and/or experiences, that have left their “mark.”
Discussion/Goals:	Discuss the differences between visible and emotional scars. Support clients to relate their artwork to their experiences and feelings. Examine the benefits and negatives of having a scar. Questions to ask may include, “How long have you had the scar, how large is it, does it interfere with your life, and how long did it take to heal?” Goals include introspection and sharing “wounds.”

Name of the technique:	The Present
Materials:	Paper, markers, crayons and pastels.
Procedure:	Ask clients to draw the best present they ever received. Clarify that it could be a tangible item but it could also be special words, praise, etc.
Discussion/Goals:	Many clients focus on the negatives in their life. This exercise encourages clients to look at the positive aspects of their life. Goals include increased self-esteem and identifying positive feelings and thoughts.

Name of the technique:	Customs
Materials:	Paper, markers, crayons and pastels.
Procedure:	Read with clients about various customs and rituals that people have followed throughout history. Encourage group members to share and then illustrate customs they have followed in their own families and communities over the years.
Discussion/Goals:	Sharing rituals is an enjoyable experience, and provides most individuals with a feeling of belonging, and their own sense of history. Goals include increasing self-esteem and a sense of connection to family and friends, and society.

Name of the technique:	Draw Yourself as a Child
Materials:	Paper, markers, crayons and pastels.
Procedure:	Direct clients to draw themselves as a child doing something they enjoyed. Suggest they think about the feelings they experienced at that time.
Discussion/Goals:	Ask clients to observe their artwork, and compare and contrast how they felt as a child to how they feel now. Explore the importance of maintaining balance in one's life and keeping "the child within" alive. Examine methods to have fun and enjoy life such as going to the movies, laughing with friends, appreciating a silly joke, etc. Goals include exploring methods to attain similar pleasurable feelings that one experienced as a child and giving oneself permission to engage in healthy experimentation through humor, games, art, music, etc.

Ana, a 48-year-old woman suffering from depression, drew herself jumping a rope. She is seen jumping high up in the air with a large, wide smile on her face. She stated that she could still remember the freedom and joy she felt while jumping and the camaraderie she felt with her girlfriends. In contrast, Ana remarked that she feels "caged in her life now." She stated she is in a rut and enjoys little freedom in her tedious daily routine. She acknowledged that she needs to make friends, join groups and/or volunteer in the community. Ana looked longingly at her sketch and stated that she has lost the child within and needs to find her again.



Name of the technique:	Spirituality
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Ask clients to draw what spirituality means to them.</p> <p>Suggest that spirituality could include religion, meditation, different ways of thinking, appreciation of family, love, nature, etc.</p>
Discussion/Goals:	Discussion focuses on exploring how religion/spiritual thinking helps one cope with life's problems and provides hope for the future.


Name of the technique:	Best and Worst Day
Materials:	Paper, markers, crayons and pastels.
Procedure:	Ask clients to fold their paper in half and draw one of the best days they ever had on one side of the paper and one of the worst days they ever had on the other side.
Discussion/Goals:	<p>Discussion focuses on the depiction of the experiences and exploration of the thoughts, feelings and behaviors that occurred.</p> <p>Goals include awareness that life is characterized by change; it has its high points and low points.</p> <p>Group members are encouraged to examine how to balance and accept the good and the bad that they encounter.</p>

Name of the technique:	Time
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Read the following summary, briefly discuss it, and then direct clients to draw time as a shape or series of shapes and objects, or have them represent their thoughts about the passage of time.</p> <p><i>"Time goes by much too quickly. I can't believe that it's autumn already. Where did the summer go? I blink my eyes and a week goes by, a month goes by, year after year goes by. It is so remarkable that as we grow older time seems to zoom for most people. Why do you think this is so? Is it because there are fewer new experiences for many of us and less to learn? Perhaps it is because as we grow older, we are more aware of time and how precious it is. All I know is that it is essential to make the most of each day."</i></p>
Discussion/Goals:	<p>Discussion focuses on how group members represent time and how individuals view the importance of time in their lives.</p> <p>Questions such as, "Is time passing quickly or slowly?" may be asked to clarify clients' satisfaction or dissatisfaction with their life.</p> <p>Individuals may be asked how they spend their time and if they are spending it in a fulfilling and satisfying manner.</p> <p>For seniors this exercise may also be used to examine past and present experiences and thoughts about aging.</p>

Name of the technique:	Bridge to Happiness
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Direct clients to draw a bridge that leads to bliss.</p> <p>Ask group members to specify through their drawing what type of joy they would discover at the end of the bridge.</p>
Discussion/Goals:	<p>Discussion focuses on what type of bridge was drawn (plain, fancy, strong, weak, long, short, colorful, etc.) and the happiness found at the end of it.</p> <p>Explore how it would feel to cross the bridge, how long would it take, and how the client would cross it (by foot, bicycle, car, etc.?).</p> <p>Examine the steadiness of it; possible bumps, potholes on it, etc.</p> <p>Use this exercise to help individuals identify goals and sources of contentment.</p>

Name of the technique:	The Window
Materials:	Paper, markers, crayons and pastels.
Procedure:	Ask clients to draw a large window and to include what they ideally would like to see when they peer out of it.
Discussion/Goals:	Discussion focuses on what was drawn (e.g. scenery, objects, people, fantasy scenes, etc.) and the client's reaction to his/her illustration. Goals include exploration of wishes and goals.

Name of the technique:	Draw Your Opinion of Yourself
Materials:	Paper, markers, crayons and pastels.
Procedure:	Direct clients to draw their opinion of themselves. Tell them they may use shapes, abstract designs, lines, stick figures or life-like figures, etc.
Discussion/Goals:	Discussion focuses on the illustration and how it relates to self-esteem issues. Goals include attaining a realistic assessment of strengths and weaknesses. Clients often benefit from getting feedback from others because they frequently devalue themselves.

Name of the technique:	Addiction
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Instruct clients to fold their paper in half.</p> <p>On one side of the paper ask them to draw their “addictive personality” and on the other side have them draw their “normal or non-addictive personality.”</p>
Discussion/Goals:	<p>Discussion focuses on observing similarities and differences between the personalities.</p> <p>Clients are encouraged to identify symbols in their artwork that serve as triggers for addictive behavior. They are supported to explore healthier and more appropriate outlets to feel content, fulfilled and less stressed.</p> <p><i>A client named Kevin expressed conflict by drawing his “addictive personality” as the devil and his “normal personality” as a little boy with Jesus (represented by a cross) standing behind him. He stated that he doesn’t want to let the little boy go because then he would have to take on all the responsibility that goes with being an adult. He stated he didn’t want to work nine to five every day, and although he desired a family, he was terrified of such a major change in his lifestyle. He remarked that he doesn’t want to keep holding on to “the devil part of himself” but it is difficult to let go. Kevin blamed his addiction on his abusive childhood. He uses this as an excuse to continue drinking and spending money frivolously.</i></p> 

Name of the technique:	Draw Yourself as a Musical Instrument
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>List various instruments such as a guitar, piano, flute, drum, xylophone, cello, organ, trombone, saxophone, harp, violin, clarinet, etc.</p> <p>Instruct clients to choose the instrument that they relate to the most in terms of their personality characteristics and have them draw it in an abstract manner.</p> <p>Encourage the use of colors and shapes to reflect the personality of the client as it relates to the instrument.</p>
Discussion/Goals:	<p>Discussion focuses on personality traits.</p> <p>Goals include self-awareness and introspection.</p> <p>Soothing music playing in the background would be a pleasant accompaniment to this exercise.</p>


Name of the technique:	Design Your Own Island
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Instruct clients to create their own private island.</p> <p>Suggest they include what they would like on it, e.g. huts, fruit trees, animals, clear blue pools, a waterfall, etc.</p>
Discussion/Goals:	<p>Discussion focuses on the type of island drawn; its location, the mood of the island (is it a relaxing place for instance), and the benefits of living in such a place.</p> <p>Goals include exploration of one's dream environment and the similarities and differences between it and one's present living situation. Explore methods to attain a desired home environment.</p>

Name of the technique:	The Wizard of Oz
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Review the story of The Wizard of Oz with group members.</p> <p>Discuss that Dorothy and her friends were traveling the perilous yellow brick road to try to reach the wizard so that he could grant them their wishes. The tin man wanted a heart, the scarecrow wanted a brain, the lion wanted courage and Dorothy wanted to go back home to Kansas.</p> <p>Ask group members to draw their own unique version of the yellow brick road, what they would encounter on it, and what gift they would ask the wizard to grant them.</p>
Discussion/Goals:	<p>Discussion focuses on the road the client creates, his/her wishes and desires, and the amount of work clients will put into achieving their objectives.</p> <p>Goals include self-awareness and identifying values and needs.</p>

Name of the technique:	Draw a Part of the Body
Materials:	Paper, markers, crayons and pastels.
Procedure:	<p>Direct clients to draw one part of their body in which they feel physical or emotional pain.</p> <p>Next have them circle the illustration with the most healing and soothing color they can find.</p>
Discussion/Goals:	<p>Discussion focuses on the pain illustrated and how it affects one's emotional and physical state.</p> <p>Explore the ways in which the clients attempted to soothe their pain through the use of color.</p> <p>Explain how representing pain artistically provides a sense of control, and often lessens it; clients don't have to "own it" so much.</p> <p>Goals include exploring methods to cope with discomfort by using a variety of creative and cognitive methods.</p> <p><i>This client's husband died three years ago. She suffers from anxiety and depression, and has had a series of electroconvulsive therapy treatments to try to uplift her mood and help her function more appropriately. She draws a red heart with an arrow piercing it to represent "the sharp, terrible heart pain" she suffers daily because of her sorrow. She says it is a non-relenting stabbing pain. The patient says, "Nothing will help, but perhaps the red color will heal me some day."</i></p>



Name of the technique:	Colors and Personality
Materials:	Drawing paper, markers, crayons, pastels, paint.
Procedure:	<p>Have clients fill in ten squares (they may be provided or clients may draw them) with red, green, blue, yellow, brown, purple, orange, black, white and gray paint, crayon or marker.</p> <p>Ask group members to write a mood or feeling that each color evokes in them near the color square.</p> <p>Finally have them choose their favorite color and create a picture with it that depicts an aspect of their personality.</p>
Discussion/Goals:	<p>Discussion focuses on colors, related feelings and personality traits.</p> <p>Goals include exploring one's identity and characteristics.</p>

Name of the technique:	Protection
Materials:	Drawing paper, markers, pastels, crayons.
Procedure:	<p>Ask clients to illustrate the question “How could you protect yourself?”</p> <p>Give examples such as “staying away from unpleasant or ‘toxic’ people, pursuing hobbies and social groups so that you’re not bored and lonely, taking your medications, etc.”</p>
Discussion/Goals:	<p>Discussion focuses on the form of protection illustrated and exploration of how clients support and take care of themselves.</p> <p>Goals include encouraging independence and positive self-care.</p> <p><i>Julia, a 44-year-old woman, drew herself in a large bubble, stating she wishes the bubble would keep her “safe, secure, healthy and without depression.” She remarked, “Sometimes I would like to keep the outside world away, especially when I listen to all the awful news that is on television.” Julia stated that she wishes she could give a bubble to other group members so that they would feel better too. After further discussion she remarked, “Maybe the bubble isn’t the best idea because I didn’t draw a way out of the bubble.” Julia mentioned that perhaps it would increase her isolation and loneliness. She finally decided that a bubble with a zipper might be the answer. Julia stated she wants to feel safe, but she also wants to be with other people as much as possible; “They can also help protect me, especially my daughter.” The drawings helped Julia begin to express her thoughts, to examine ways to keep healthy and safe, and to reflect on her options.</i></p> 

Name of the technique:	Draw Something You Are “Chained To”
Materials:	Drawing paper, markers, pastels, crayons.
Procedure:	Ask clients to draw something or someone they are “chained to.”
Discussion/Goals:	<p>Discussion focuses on the size, length and strength of the chain, and who or what the client is attached to.</p> <p>Goals include exploration of connections in one’s life, boundaries, relationships and co-dependency issues.</p>

Name of the technique:	Change
Materials:	Drawing paper, markers, pastels, crayons.
Procedure:	<p>Have clients fold their paper in half.</p> <p>On one side of the paper ask them to draw something that has remained steady for a long period of time and on the other side have them draw something that has recently changed.</p>
Discussion/Goals:	<p>Explore themes of safety and risk, and how clients react and adjust to change in their life.</p> <p>Goals include helping individuals to understand and accept that change is inevitable and they have the ability to control their reaction and attitude towards it.</p>

Painting

Painting allows for spontaneity and freedom. It is a medium that gives clients the ability to experiment with color, style and movement. Paint is particularly useful with clients who need to break free from rigidity and structure. It allows for flexibility, and flow in artwork.

Watercolors may be easier to work with for some clients. Clients maintain artistic control because they determine how dark or light, thin or thick the paint will be by adding more or less water to the mixture. It is a type of paint that is generally not too messy, easier to clean up, and can be painted over a pre-drawn outline. The watercolors that come in cases are contained and straightforward to manipulate.

Acrylics take a little more skill, but the colors can more easily be blended and mixed to form new shades. Individuals may use these paints to create abstracts or their own creative designs. They are easier to use and quicker to dry than oil paints.

There are paints that come in thick marker-like pens that can be dabbed onto the paper. These are very non-threatening, fun and simple. They can be used to create a variety of designs, including dot abstracts. Finger paints can be used for clients who are ready to express themselves freely. Finger painting to music is a favorite exercise of many clients who are ready to be messy “for art’s sake.” It is a pleasurable and imaginative exercise that allows the client to express himself through movement and art, and allows him to change his mind as many times as he pleases.

Other painting techniques include sponge painting, painting with a mini roller, painting by blowing through a straw, marble painting, etc.

Best is using non-toxic and washable paints; clients can become upset if their clothes become dirty or if they have difficulty cleaning their hands. As with other mediums, it is important to determine if the population you are working with will benefit from and be focused enough to engage in this medium.

Name of the technique:	Individual Mood Scale
Materials:	Acrylic paints, brushes, water containers, paint cups, paper towels, 12”x18” paper, pencils.
Procedure:	<p>On the left side of the paper, ask group members to write the numbers 10 to 1 in descending order in a column (vertically).</p> <p>Then ask them to think of the numbers as a mood scale where their most positive mood is a 10 and their most negative mood is a 1.</p> <p>Direct clients to choose or mix a color which will correspond with the number on their mood scale, and place a small swatch of paint next to the number that corresponds to their particular need.</p> <p>On the remainder of the paper, suggest clients think about their present mood and create a piece of art using the colors and numbers that match how they feel.</p>
Discussion/Goals:	<p>Discussion focuses on examining how group members associate feelings to color and how various colors may relate to a wide range of moods.</p> <p>The manner in which clients use line, shape, color and design to represent mood may be examined.</p> <p>Goals include self-awareness, and expression of feelings.</p>

Name of the technique:	Fun with Flags
Materials:	<p>Rulers, pencils, acrylic paint, brushes, water containers, paint cups, paper towels.</p> <p>A reference book that contains the flags of the world may be utilized.</p>
Procedure:	<p>Focus on how flags may represent individuals who belong to a specific country, community or culture. Explore various cultures and traditions that patients feel connected with and include social/spiritual groups, special organizations, etc. Suggest that each client list the group/s that he/she feels associated with and any symbols associated with that particular group.</p> <p>Have patients combine some of these symbols to create a personal flag.</p>
Discussion/Goals:	<p>Discussion focuses on formulating a personal and community identity.</p> <p>Goals include self-awareness, enhancement of communication, tolerance among cultures, and increased self-esteem.</p>

Name of the technique:	Totem Pole
Materials:	<p>It may be helpful to research information about totem poles and totem animals, and provide a handout (if you feel your clients will benefit from examples).</p> <p>The Internet has many examples of totem poles to use as samples.</p> <p>Pencils, acrylic paints, brushes, paper towels, 9"×12" paper, card or construction paper in a variety of colors.</p>
Procedure:	<p>Describe a totem pole: "a wooden structure created by Native Americans (and other cultures) to act as a symbol of a clan, tribe, family and its members."</p> <p>Have clients share totem pole images they have seen in museums, on trips, or in books.</p> <p>Suggest they try to describe totem pole animals they may have observed.</p> <p>Ask clients to create a group totem pole by having each client create an image of an animal that they feel represents them in character.</p> <p>Support them to join the pieces of art together and give the totem pole a name agreed upon by everyone.</p>
Discussion/Goals:	<p>Discussion focuses on each member's contribution to the totem pole, the animal chosen to represent the client, and the totem pole as a whole.</p> <p>Group dynamics may be explored by examining the positioning of the animals from top to bottom. Goals include group cohesion and unity.</p>

Name of the technique:	Elements of a “Goodbye”
Materials:	Paints, 18”x24” paper, brushes, water containers, paper towels.
Procedure:	<p>Divide the group into pairs. Each pair of clients will share one sheet of paper.</p> <p>On the two outer sections of the paper, have each person paint lines, shapes and colors to represent the important elements of a goodbye.</p> <p>Then in the center section have each pair of clients create a more specific picture that depicts their thoughts.</p> <p>Ideally the two outer parts of the paper will be abstract, and the center part of the paper will contain a more structured illustration.</p>
Discussion/Goals:	<p>When a client is planning to leave a personal development or a psychiatric program, is moving, or bidding farewell to friends, associates and/or family members it is helpful to explore the feelings that arise.</p> <p>This project helps clients better understand and deal with their troublesome and sometimes conflicting feelings.</p> <p>Goals include exploring satisfying, healthy and appropriate methods of ending relationships, and making connections with others.</p>

Name of the technique:	Art and Medications
Materials:	Watercolor paints, acrylic paints, water containers, brushes, paint cups, paper towels.
Procedure:	<p>Ask group members to create a painting that represents their attitude toward taking medications. Encourage clients to visualize the size, color and shape of their medications. Suggest they incorporate into the artwork:</p> <ol style="list-style-type: none"> 1. the way the medications make them feel (relaxed, anxious, angry, tired, etc.) 2. how the medications look and feel (large pills, tiny, smooth, coarse, chalky) 3. the way in which they take the medicine (does someone give it to them, do they take it at meals, first thing in the morning, with a lot of water, etc.) 4. the benefits and side effects of the medications. <p>When the painting is complete direct clients to title their work.</p>
Discussion/Goals:	<p>Some clients from support groups may be prescribed a variety of medications that manage psychological, emotional and physical symptoms.</p> <p>A strong negative response may be elicited when clients are instructed to take these medications.</p> <p>Painting helps clients express, accept and deal with their conflicting and negative feelings about taking medications.</p>

Name of the technique:	Color Mood Pyramid
Materials:	Paper, assorted paints.
Procedure:	<p>The therapist provides a large triangle (pyramid) on a sheet of paper and asks clients to fill the pyramid in with colors that represent their various moods.</p> <p>Clients are asked to begin at the bottom of the pyramid and build their color repertoire up, progressing from colors that represent sad or negative moods to colors that represent more positive moods.</p> <p>The top of the pyramid will contain the most positive color and brightest mood.</p> <p>A second sheet of paper with a pyramid on it should be distributed when clients are finished painting, and before the discussion takes place.</p>
Discussion/Goals:	<p>Discussion focuses on the various moods and colors associated with them.</p> <p>Explore behaviors and actions which may be connected to one's moods.</p> <p>Explore whether clients want to keep their mood pyramid in the order they were asked to draw it or if they choose to change the order.</p> <p>Have another pyramid outline available for possible changes. For instance, a client may feel that his positive feelings should be at the bottom of the pyramid, not the top.</p> <p>Goals include self-awareness and exploration of attitudes, feelings and personality characteristics.</p>

Collages

Collage work allows clients to express themselves freely using a variety of resources. They are able to experiment with texture and touch, and to manipulate materials such as paper, photos, magazine pictures, fabric, foam shapes, felt, wood pieces, construction paper, pipe cleaners, cotton, etc. Collages may be presented in numerous ways. A theme may be presented, specific materials may be used, and the collage might be structured or non-structured. A structured approach might include having group members create a themed magazine collage such as an emotions collage by cutting out pictures of faces; a more non-structured approach might include having clients use a variety of materials such as wool and beads to represent inner feelings.

Individuals are often more willing to participate artistically when asked to design a magazine collage. This is partly because the pictures are easily accessible, there is not a right or wrong way to do this, and the photos just need to be torn or cut out. Clients have an array of ideas right in front of them. They can find

photos representing their feelings, family members, hobbies, likes and dislikes, and just glue them on the paper in any way they please.

The collages are non-threatening ways of representing thoughts, concerns, attitudes and feelings. Clients usually feel free to share symbols represented in the collages. It is noteworthy to observe how the clients create their collages, whether they are full or empty, organized or disorganized, glued neatly or haphazardly. The therapist can observe fine motor skills by the way in which the client cuts and glues his pictures on the paper. The therapist gains knowledge about the way in which an individual approaches different types of creative clay work.

Name of the technique:	Self-Esteem
Materials:	Paper, pastels, crayons, markers, pencils, pens, construction paper, scissors.
Procedure:	<p>The leader draws a wide variety of circular shapes on a sheet of white paper and Xeroxes it.</p> <p>Each group member receives a sheet and is asked to write a positive statement about himself/herself in at least four of the circles.</p> <p>Then clients are asked to decorate the circles, cut them out and paste them on a piece of construction paper (any color they wish) in order to create a pleasing design.</p>
Discussion/Goals:	<p>Discussion focuses on each individual's positive traits and the arrangement of the collage (e.g. Are there many circles included or only a few? Are the circles placed far apart? Do they overlap? Did the individual choose small circles or large ones? Are the circles drab or colorful? etc.). The ease and/or difficulty of sharing positive characteristics may be examined. Procedures to enhance self-esteem will be focused upon.</p>

Name of the technique:	Ideal Home
Materials:	Magazines, scissors, glue, paper, markers.
Procedure:	Direct clients to choose a variety of photos that represent their ideal home (dream home). Ask them to cut the photos out and glue them on the paper in any way they wish. Suggest they think about what makes a home special (people, pets, special belongings, etc.).
Discussion/Goals:	<p>The relationship between one's home and one's personality may be discussed. Questions such as, "In what way does your home represent you?" can be asked.</p> <p>Suggest the client think about his/her home environment, belongings, color scheme, furniture or lack of it, degree of tidiness, etc. when pondering this question.</p> <p>Goals include exploration of methods to attain a more desirable home life, living space and environment.</p>

Name of the technique:	Laughter
Materials:	Magazines, scissors, glue, paper, markers.
Procedure:	Ask the group members to create a collage with the specific theme of laughter. The collage can be created by choosing magazine pictures of individuals laughing, and/or pictures that clients find humorous. Suggest that clients title their collage.
Discussion/Goals:	<p>Creatively working with photos of people laughing offers clients a chance to reconnect with positive feelings. Group members may concentrate on how the face and mouth move when an individual laughs. Discussion focuses on how humor and laughter is beneficial to people physically and emotionally. Clients may be asked questions such as:</p> <ol style="list-style-type: none"> 1. What makes you laugh? 2. When was the last time you laughed? 3. How do you feel when you laugh? 4. What was the last movie or television show that made you laugh? 5. Who in your life makes you laugh? 6. Explore how laughter lowers stress and anxiety and increases feelings of well-being.

Name of the technique:	My History
Materials:	Markers, crayons, pastels, drawing paper, magazines, glue, scissors.
Procedure:	<p>Instruct clients to utilize photos from magazines and personal photos, if desired, to create a grouping of pictures that reflect various aspects of their life from youth to adulthood.</p> <p>They may also add words and illustrations.</p>
Discussion/Goals:	<p>Discussion focuses on life experiences and the role past experiences and relationships have on one's present mood, behavior and feelings.</p> <p>Goals include reminiscing and self-awareness.</p>

Name of the technique:	Healing Collage
Materials:	Markers, crayons, pastels, drawing paper, magazines, glue, scissors, assorted small items such as Band-Aids, smiling face stickers, a packet of hot chocolate, etc., that aid in healing and comfort.
Procedure:	<p>Tell clients that they will be creating a healing collage, and they will begin to prepare for it.</p> <ul style="list-style-type: none"> ▫ Direct them to write a variety of affirmations and positive statements on a sheet of paper, using large lettering and spaced far apart, so that the sentences may be cut out. ▫ Then ask group members to trace their hands, and write their name on the hand outlines. They may create a design on the outlines if they choose. ▫ The therapist will then make enough copies of the sayings and the outlined hands so that each client will have the opportunity to cut around the outlines and use them in his collage if he desires. ▫ Place the affirmations and handprints in the center of the table. ▫ Next tell clients they may use magazine pictures, the affirmations, the hand outlines, and assorted items presented or brought from home to create a healing collage. Magazine photos might include items such as people hugging or laughing, baby pictures, hot chicken soup, anything that the client views as a healing symbol. In addition, they may glue other images and items on the collage, such as personal photos, a tea bag (representing comfort), the assorted positive sayings, and the outline of another group member's hand (comfort).
Discussion/Goals:	<p>Discussion focuses on the reasons specific collage materials were utilized and the clients' feelings about the completed artwork.</p> <p>Goals include identification of needs, and exploration of ways to gain support, heal and become more content and functional.</p>

Name of the technique:	Self-Care
Materials:	Markers, crayons, pastels, drawing paper, magazines, glue, scissors.
Procedure:	<p>Instruct clients to search for photos that represent ways in which individuals take care of themselves, and then glue them onto a sheet of construction paper in an appealing manner.</p> <p>Suggest they may look for photos of food, people exercising, eating in a healthy manner, bicycle riding, cooking, etc.</p>
Discussion/Goals:	<p>Discussion focuses on the design of the collage and the ways in which the clients relate to the photos chosen.</p> <p>Goals include exploring ways to maintain positive physical and emotional health, and identifying healthy lifestyles.</p>

Name of the technique:	Stress
Materials:	Construction paper, markers, scissors, glue, magazines, various decorative pipe cleaners, felt, foam, feathers, buttons, assorted collage materials.
Procedure:	<p>Group members choose two sheets of colored paper that most closely represent stress to them (red and black are often chosen).</p> <p>One of the sheets is placed on the table and the other sheet is held.</p> <p>Suggest that participants tear the sheet of paper they are holding according to how much stress they are presently feeling.</p> <p>If they are not stressed, they won't tear it; if they are a little stressed, they will tear it in half; as the stress worsens, they will tear the paper in more and more pieces.</p> <p>Clients may also crumble the paper if they wish to do so.</p> <p>After the sheets are torn and/or crumbled ask clients to glue them on the other sheet of paper in order to create a stress design.</p> <p>Tell them they may add the other materials provided.</p>
Discussion/Goals:	<p>Discussion focuses on the meaning of the collage and the focal point, which is the original pieces of torn paper.</p> <p>Explore how many times the paper was torn or crumbled, and what that means for the client.</p> <p>Goals include identification and expression of stress and anxiety, and exploration of coping mechanisms.</p>

Clay

Clay work promotes expression of mood and feeling. It allows the clients to experiment with texture and touch by molding, shaping and manipulating the clay. Pounding and kneading the clay offers a healthy way to exert excess energy. Gently molding, stroking and smoothing it lessens stress and anxiety.

Clay provides a way to turn an amorphous shape into something specific. In a few minutes a ball can be transformed into a tiny pinch pot by placing and then pressing one's thumb in the center of it. There are numerous projects that can be designed. Some of these include pots, trays, figures, animals, abstract designs, family sculptures and masks. The ease or difficulty of the projects will depend on the population one is working with.

There are many different types of clay that may be used. Clay affords the client the opportunity of working three dimensionally, seeing things from more than one perspective. The individual becomes the master of the clay; he is in control of it. Utilizing clay allows clients to mold behaviors, attitudes and self-image. Participants gain insights and develop new methods of coping and problem solving.

Name of the technique:	Identity
Materials:	Various types of clay.
Procedure:	<p>Direct clients to create an object/figure (realistic or abstract) that "can represent you as a whole."</p> <p>The clients may be given a time frame depending on the session length.</p> <p>Once this task is completed, ask each group member to consider how he or she thinks mental illness (or other symptoms) affects him or her.</p> <p>Next suggest that group members choose another piece of clay and create a symbol from it that represents their mental health symptoms.</p> <p>Finally, ask them to incorporate the second sculpture (mental health symptoms) into the first sculpture (self-representative object) so that the two pieces of clay form one sculpture.</p>
Discussion/Goals:	<p>Discussion focuses on identifying and discussing how group members view themselves, and exploring the ways in which stigma affects clients.</p> <p>Group members are supported to share their perspectives of mental illness and how it impacts identity.</p> <p>The idea that it does not have to take over identity is emphasized.</p> <p>Goals include increasing self-esteem and self-awareness.</p>

Name of the technique:	Clay Mandala
Materials:	<p>Many types of clay work well for this project.</p> <p>Other materials needed include a rolling pin, water or spray bottle, waxed paper, a round cookie cutter, popsicle sticks, shells, beads, stampers, buttons, beads, small wood pieces, sequins, pipe cleaners and any items that can be pushed into the clay to leave an impression.</p>
Procedure:	<p>“A different approach to mandala making.” Introduce mandalas (circles used for focusing and healing) to the group. Discuss the aspects of a circular pattern, wholeness, unity, etc.</p> <ol style="list-style-type: none"> 1. Clients are asked to experiment with the clay by molding, kneading and manipulating it. 2. Demonstrate how to create a flat circular cutout from the clay on a square of waxed paper: wedge clay and then roll it out using a rolling pin to ½ inch in thickness. 3. Depress the round cookie cutter into the clay. 4. Remove excess and save in a plastic bag. 5. Once each patient has a clay circle, they can choose how they would like to complete their mandala using other materials provided.
Discussion/Goals:	<p>Ask clients to share how they felt creating the mandala and have them describe their design and/or pattern.</p> <p>Suggest they share the meaning of their work.</p> <p>Discuss whether there are any themes common among members of the group.</p> <p>Question how the creation of the mandala relates to focusing inward, and/or wholeness.</p> <p>Goals include self-awareness, focusing and expression of mood and feeling.</p>

Name of the technique:	Brick Wall
Materials:	Clay (modeling clay or air-drying is preferable, water will be needed for air-drying clay). Task can be done with re-usable modeling clay or with air-drying clay.
Procedure:	<p>Ask clients to describe what a brick wall can represent metaphorically or as a symbol.</p> <p>Offer each client a piece of clay and waxed paper to work on.</p> <p>Direct group members to create a brick wall by making blocks from the clay and then stacking them in some way.</p> <p>Next, ask clients to imagine what might be on the other side of the wall and have them create an object or symbol of what they visualize in clay.</p>
Discussion/Goals:	<p>Prompt a discussion about the relationship between the wall and the object/symbol that each client placed behind the wall.</p> <p>This task can be helpful in identifying what the client perceives as an obstacle (the wall) and what they desire on the other side. The task can also be used to prompt discussion of the wall as a necessary boundary to control their impulses or separate them from their past. The task can help the client share fears and aversions.</p> <p>It may be helpful to prompt a discussion about what types of brick walls were built.</p> <p>Questions may include:</p> <ul style="list-style-type: none"> ○ What shape, height/width, etc. is the wall? ○ Is it solid, or are there holes and gaps? ○ Were large or small blocks used to create the wall? What is the significance of these features? ○ How long has the wall been up? ○ What is the size and strength of the wall? <p>Goals include becoming aware of and dealing with barriers to recovery.</p>

Name of the technique:	The Mask and Behind the Mask
Materials:	Clay, water or a spray bottle, waxed paper; clay tools can be offered, but are not necessary.
Procedure:	<p>This task often takes on more meaning for clients when using clay than with pre-shaped masks, because they have more flexibility with the expressions and shapes of their masks.</p> <p>Clients can mold a head and face from clay and then mold and fit a mask to fit their face.</p> <p>Provide patients with clay and waxed paper to work on.</p> <p>Ask them to split their clay in half and use one half to create a head in any manner they would like.</p> <p>With the second half ask them to consider what type of mask may be appropriate for the head they created and to attempt to create this mask.</p>
Discussion/Goals:	<p>Discussion focuses on the head and mask created. Generally, the client will relate the mask to the way he/she masks his/her feelings and the head to his/her true self.</p> <p>Discussion focuses on how masking feelings helps and/or hurts one's ability to share in therapy, acknowledge problems, strengths and weaknesses and relate to others.</p> <p>Questions to ask clients include:</p> <ul style="list-style-type: none"> ○ Is the head and/or mask self-representative? ○ What feeling do you get when you look at your head/mask? ○ Is the head/mask pleasing, frightening, sad, joyful, etc.? ○ Is the mask similar or different to the head? ○ Did you choose to place the mask on the head/face or leave it next to the head/face? <p>Goals include exploring identity and barriers to interacting with others.</p>

Name of the technique:	Leaving the Past
Materials:	Air-drying clay, rolling pins, a variety of beads, sequins, tiles, or any small objects that can be pressed into the clay.
Procedure:	<p>Suggest that group members create a small clay mosaic that represents feelings and/or things in their past they would like to leave behind.</p> <p>Have the group wedge and then roll out their clay with the rolling pin (about ½ an inch in thickness seems to work well).</p> <p>Ask clients to choose a few of the small objects presented and press them into the clay to embed them.</p>
Discussion/Goals:	<p>Discussion focuses on the experience of embedding objects in clay, and the feelings related to leaving unpleasant thoughts and parts of one's past behind.</p> <p>Discuss what type of experiences and/or thoughts clients are burying.</p> <p>Question such as, "Is it wise? Is it effective to bury feelings and things from the past?" may be explored.</p> <p>Goals include self-awareness, relief of tension and feeling a sense of control by symbolically burying feelings, issues and unpleasant memories.</p>

Puppets and Masks

Designing puppets and masks enables clients to project their thoughts and feelings onto objects that can be viewed as self-representative. It is often easier and less threatening to express feelings when using a puppet or mask as a prop.

Role-play is a significant benefit to engaging in these types of projective tasks. Clients may use the puppets and masks to speak for them; they may hide behind them in order to feel safer when sharing.

There are a large variety of puppets and masks that may be created. Masks may be made from materials such as clay, cardboard, foam, papier mache, aluminum foil, paper bags, paper plates, etc. Puppets can be designed from items such as clothespins, milk cartons, cardboard rolls, flowerpots, wool, newspaper, Styrofoam cups and burlap. The projects may be as complicated as marionette making or as simple as creating a puppet from the finger of a woolen glove. It depends on the population one is working with and the therapist's goal for the group session.

Regardless of the complexity or simplicity of the project, play-acting with puppets and masks is an enjoyable creative experience that allows clients to explore inner feelings and outer experiences.

Name of the technique:	Wooden Spoon Puppets
Materials:	Wooden spoon, paint, feathers (for hair), wiggly eyes, glue, material, felt, etc. A glue gun would be helpful but not necessary.
Procedure:	Instruct clients to paint the spoon. The top of the spoon (the head) may be painted a different color, if desired, from the handle. When the spoon is dry have clients decorate it and transform it into a person. They may leave the handle as is or they may wrap material or felt around the handle and decorate it to create clothes.
Discussion/Goals:	Discussion focuses on the figure created and the meaning it has to the client. This type of puppet can be held by the handle (the body) so group members may manipulate it while they engage in role-play. They may ask the puppet questions, tell the puppet thoughts, and/or have the puppet speak to them. Goals include expression of thoughts and feelings, and sharing of issues and concerns.

Name of the technique:	Finger Puppets
Materials:	Old gloves, feathers (for hair), wiggly eyes, ribbon, foam, scissors, yarn, material, felt, buttons, glue, etc. A glue gun would be helpful but not necessary.
Procedure:	Cut the fingers off the gloves and sew the base of the holes to prevent unraveling. Glue is fine to use too. Use wiggly eyes, ribbon, felt or tiny foam pieces for eyes; add a nose, a mouth and hair. The puppets may be dressed with fabric, felt, etc. Tiny felt hats might be designed, as well as tiny bows, scarves, etc.
Discussion/Goals:	Discussion focuses on the design of the puppets and role-play (if the clients are ready and willing for this exercise). Encourage clients to speak through the puppets and share thoughts and feelings. Clients may introduce themselves or share something about themselves they haven't shared before using the puppets as their props.

Name of the technique:	Cardboard Roll Puppets
Materials:	<p>Paper towel rolls, or toilet paper rolls, small Styrofoam balls, craft sticks, glue, scissors, construction paper, feathers (for hair), wiggly eyes, material, felt, glue, etc.</p> <p>A glue gun would be helpful but not necessary.</p>
Procedure:	<p>Suggest to clients that they may create one or more puppets that will represent family members in some way.</p> <p>Instruct them to glue the Styrofoam ball on the paper holder with a strong glue or glue gun, and let dry.</p> <p>Direct them to paint the roll and, if desired, also to paint the Styrofoam ball.</p> <p>Tell them to add various decorations to create a face, hair and clothes.</p> <p>Pipe cleaners may be attached with the glue gun to create arms and legs.</p>
Discussion/Goals:	<p>Discussion focuses on the family members represented and the relationship the client has with them.</p> <p>Goals include exploration of family relationships and the client's role in his/her family.</p>

Combining Modalities

Combining modalities such as poetry, music, movement, creative story writing and art provides a rich environment for creative expression and sharing of thoughts, ideas and feelings. Clients are given a variety of ways to communicate with others and share attitudes toward life, relationships and recovery. Poetry and art helps clients focus on problem solving and abstract thinking, while movement and art assists clients to get in touch with their bodily sensations and observe how their movements communicate emotional and physical issues.

Creative writing and the use of metaphors afford individuals the opportunity to be mindful, to examine philosophies, and to find various ways to look at life, love and relationships. After reading a passage group members are asked to interpret and illustrate the meaning of what was written. The combination of the modalities adds excitement and energy to therapy groups. Clients gain greater insight and increase their abstract thinking. Black and white thinking (rigidity) transforms into colorful thinking (more flexible viewpoints).

Name of the technique:	The Trapeze
Materials:	Paper, pastels, crayons, markers.
Procedure:	<p>Read group members the following essay, and then ask them to draw themselves on a trapeze going from one bar to another.</p> <p><i>Sometimes I feel that my life is a series of trapeze swings. I'm either hanging on to a trapeze bar swinging alone, or for a few moments, I'm hurtling across space in between bars. Most of the time I'm hanging on for dear life to my trapeze bar of the moment. It carries me along at a certain steady rate of swing and I have the feeling that I'm in control of my life. I know most of the right questions and even some of the right answers. But once in a while as I'm merrily swinging along, I look ahead of me into the distance and I see another bar swinging towards me. It's empty and I know, in that place in me that knows, that this new trapeze bar has my name on it.</i></p> <p><i>It is my next step, my growth, my aliveness coming to get me. In my heart-of-hearts I know that for me to grow, I must release my grip on the present, well-known bar to move to the new one.</i></p> <p><i>Each time it happens, I hope and pray that I won't have to grab the new trapeze bar. But in my knowing place I realize that I must totally release my grasp on my old bar and for some time I must hurtle across space before I can grab onto the new bar. Each time I am filled with terror. It doesn't matter that in all my previous hurtles across the void of unknowing, I have always made it. Each time I am afraid I will miss—that I will be crushed on unseen rocks in the bottomless chasm between the bars. But I do it anyway. Perhaps this is the essence of what the mystics call the faith experience. No guarantees, no net, no insurance policy, but you do it anyway because, somehow, to keep hanging onto that old bar is no longer an alternative. And so for an eternity that can last a microsecond or a thousand lifetimes, I soar across the dark void of "the past is gone, the future is not yet here." It's called transition. I have come to believe that it is the only place that real change occurs. I have noticed that, in our culture, this transition zone is looked upon as nothing—a no-place between places. Surely the old trapeze bar was real and the new one coming towards me; I hope that's real too. But the void in between? That's just a scary, confusing, disorienting "nowhere," that must be gotten through as fast and as unconsciously as possible. What a waste! I have a sneaking suspicion that the</i></p>

	<p><i>transition zone is the only real thing, and that the bars are illusions we dream up to avoid the void where the real change, the real growth, occurs for us. Whether or not my hunch is true, it remains that the transition zones in our lives are incredibly rich places. They should be honored—even savored. Even with all the pain and fear and feelings of being out-of-control that can accompany transitions, they are still the most alive, most growth filled, most passionate, most expansive moments in our lives. And so, transformation of fear may have nothing to do with making fear go away, but rather with giving ourselves permission to “hang out” in the transition between trapeze bars. Transforming our need to grab that new bar...any bar...is allowing ourselves to dwell in the only place where change really happens. It can be terrifying. It can also be enlightening in the true sense of the word. Hurtling through the void—we just may learn how to fly.</i></p>
Discussion/Goals:	<p>Discussion focuses on how life is like a trapeze and how we experience going from one bar (one stage of life) to another bar (another stage of life). The way in which we approach challenges and change will be explored.</p>

Name of the technique:	My Favorite Things
Materials:	Paper, pastels, crayons, markers, the song, "My Favorite Things," sung by Julie Andrews.
Procedure:	<p>Discuss what types of things help clients feel better when they are anxious and/or depressed, e.g. a warm bath, a cup of hot cocoa, a shopping spree, reading a good book.</p> <p>Play the song "My Favorite Things," from the movie The Sound of Music.</p> <p>Encourage clients to sing along with the music (perhaps the words can be printed for them).</p> <p>Then ask clients to draw their favorite things (what helps them when they are feeling blue?).</p>
Discussion/Goals:	Discussion focuses on self-soothing and exploring ways to cope with unpleasant situations and uncomfortable feelings.

Name of the technique:	Words and Pictures
Materials:	<p>Approximately 36 sheets of drawing paper, markers or colored pencils, about 40–50 index cards with various words written on them such flower, automobile, monkey, etc.</p> <p>The words include objects, places, people and things.</p>
Procedure:	<p>Mix the cards up and place them face down on the table. The first player picks a card and attempts to draw what is written on the card. He has one minute to draw.</p> <p>After one minute he holds up his paper and shows group members what has been drawn.</p> <p>Group members have to guess what it is.</p> <p>If someone guesses correctly, both the artist and the correct guesser get one point. If no one guesses, the artist has one more minute to finish the drawing and players have the chance to guess again. If no one guesses this time the artist doesn't receive a point and the next person has a chance.</p> <p>The winner is the person with the most points at the end of the game.</p>
Discussion/Goals:	Goals include creative expression, cooperation, focusing and problem solving.

Name of the technique:	Group Story
Materials:	Paper, pastels, crayons, markers, pens, pencils.
Procedure:	<p>Group members decide on a theme for a story, and then each client adds a few lines to the story until everyone decides it is completed.</p> <p>The therapist or a group member writes the story on paper so that clients can refer back to it.</p> <p>When the narrative is finished, participants are asked to draw either the part of it they liked best, their contribution to it, and/or a summary of the entire story.</p>
Discussion/Goals:	<p>Discussion focuses on the group members' reactions to the story, their contribution to it, and any significance the story has for them.</p> <p>Goals include socialization, making connections and increased self-esteem, which comes from working together as a group.</p>

Name of the technique:	Famous Artists
Materials:	Books of famous artists, paper, pastels, crayons, markers.
Procedure:	<p>Review the works of famous artists such as Georgia O'Keeffe, Vincent Van Gogh, or Picasso.</p> <p>Then have clients create a piece of artwork with some similarities to the artist, but using their own unique style. For instance, after they view the work of Georgia O'Keeffe have them draw the most unique flower they can think of, or have them create an abstract design that is very unusual after looking at Picasso's work.</p>
Discussion/Goals:	<p>Discussion focuses on everyone's unique qualities and recognition of the distinct designs that each individual creates.</p> <p>Goals include acquiring knowledge about major artists and appreciating one's own special style.</p>

Name of the technique:	Happiness
Materials:	Paper, pastels, crayons, markers, the song “Don’t Worry, be Happy,” by Bobby McFerrin.
Procedure:	<p>Play the song “Don’tWorry, Be Happy” by Bobby McFerrin.</p> <p>After listening to the song ask clients to fold their paper in half and draw their worries on one side of the paper and things they are happy about on the other side of the paper.</p>
Discussion/Goals:	<p>Explore what makes clients feel joyful and what makes them worry. Examine methods to help control their worries. Discuss the “benefits” of worry and the difficulties many people encounter when trying to change behavior and attitudes.</p> <p>Cognitive distortions such as making mountains out of molehills, feeling shame, generalizing and catastrophizing, etc., may be explored.</p>

Name of the technique:	Shared Affirmation Cards
Materials:	Sturdy index cards, acrylic or watercolor paints, paint cups, brushes, water, paper towels, pencils, pens (if you feel it would be beneficial for your group, you can print a list of affirmation examples, see below).
Procedure:	<p>Affirmations help clients change negative self-talk into something more positive. Creating a tangible piece of art that reflects the feeling of the chosen affirmation can enhance its effectiveness and increase self-esteem.</p> <p>Discuss what affirmations are and explore how they can be used to help people think more optimistically and develop self-worth. Ask clients to offer examples of positive statements that reflect their strengths and values. Inform clients they will be designing affirmation cards that can be kept in their purse, pocket or wallet as a reminder to stay positive.</p> <p>Ask each client to create two affirmation cards, one that they will keep for themselves and one that they will make specifically for the group. Suggest that the affirmation be written on one side of the card, and an abstract design that reflects the affirmation be created on the other side of the card.</p> <p>When completed, each group member shares both cards.</p> <p>One card will be kept by the group member and the other card will be placed in the center of room.</p> <p>The group cards in the center of the room may then be distributed so that each group member receives another affirmation to keep.</p> <p><u><i>Affirmations</i></u></p> <p><i>I will enjoy life</i></p> <p><i>I will value myself</i></p> <p><i>I will think positively</i></p> <p><i>I will do my best</i></p> <p><i>I am worthy of love</i></p> <p><i>I am a valuable person</i></p> <p><i>I won't give up</i></p> <p><i>I will believe in myself</i></p> <p><i>I will move forward</i></p> <p><i>I will take one step at a time</i></p> <p><i>I will be mindful</i></p>

	<p><i>I will think positively</i></p> <p><i>I will transform negative thoughts into positive ones</i></p> <p><i>I decide my self-worth</i></p> <p><i>I have inner strength</i></p> <p><i>I will focus on my achievements</i></p> <p><i>I will count my blessings each day</i></p> <p><i>I will make new friends</i></p> <p><i>I will help others</i></p> <p><i>I will focus on what is in my control and not dwell on what is out of my control</i></p> <p><i>I will look towards the future and not dwell on the past</i></p> <p><i>I will accept life's challenges</i></p> <p><i>I will not give up</i></p> <p><i>I will treat myself as well as I treat others</i></p> <p><i>I will do what I have to do</i></p> <p><i>I will pat myself on the back for a job well done</i></p> <p><i>I will regard today as a present.</i></p>
Discussion/Goals:	<p>Discussion focuses on the affirmations and exploration of how they can increase self-esteem, help change one's outlook, and decrease anxiety. This project provides clients' tangible support; the positive statements can be repeated or written out in times of stress. The cards may serve as transitional objects that connect clients to the group and give them a sense of comfort and belonging.</p>

MODULE PLAN

Title	Colour therapy techniques and applications for adults
Duration	30 hours

General objective	Provide health specialists with knowledge about improving the quality of life of people suffering from PTSD, by using specific art therapy techniques.
Specific objectives	<ul style="list-style-type: none"> - Learning about the connection between therapy and art - Learning different art-therapy techniques - Learning about the specific applications of some art-therapy techniques
<p>Learning outcomes (at least 1 of each):</p> <p>Knowledge, Skills, Responsibility and Autonomy</p> <p>(see Bloom's Taxonomy Action Verbs- Annex)</p>	<p>Knowledge:</p> <ol style="list-style-type: none"> 4) Describe the benefits for mental health of linking therapy and art 5) Define what colour therapy is used for 6) List main techniques of colour therapy 7) Identify main applications of colour therapy techniques <p>Skills:</p> <ol style="list-style-type: none"> 4) Prepare a session of art colour therapy for a specific vulnerable group 5) Design the structure of an art-therapy individual or group session 6) Create the perfect mixt between art-therapy techniques, suitable for the client <p>Responsibility and Autonomy:</p> <ol style="list-style-type: none"> 4) Illustrate how Warm-ups exercises work on each art-therapy session 5) Apply Mindfulness, Drawing and Painting techniques for helping clients suffering from PTSD 6) Demonstrate the benefits of the Collages, Clay, Puppets and Masks techniques in PTSD 7) Use efficiently Combining modalities techniques when working with clients suffering from PTSD

Module summary (abstract – half a page)

Art therapy involves the use of different art media through which a patient can express and work through the issues and concerns that have brought him or her into therapy. The therapist and client are in partnership in trying to understand the art process and product of the session. For many clients it is easier to relate to the therapist through the art object which, as a personal statement, provides a

focus for discussion, analysis and self-evaluation. As it is concrete, it acts as a record of the therapeutic process that cannot be denied, erased or forgotten and offers possibilities for reflection in the future.

Within prevention and promotion, colour therapy arts can:

- affect the social determinants of health
- support child development
- encourage health-promoting behaviours
- help to prevent ill health
- support caregiving

Within management and treatment, colour therapy arts can:

- help people experiencing mental illness;
- support care for people with acute conditions;
- help to support people with neurodevelopmental and neurological disorders;
- assist with the management of noncommunicable diseases; and
- support end-of-life care.

In relation to health research, engagement with the arts has been proposed as consisting of five broad categories:

- performing arts (e.g. activities in the genre of music, dance, theatre, singing and film);
- visual arts, design and craft (e.g. crafts, design, painting, photography, sculpture and textiles);
- literature (e.g. writing, reading and attending literary festivals);
- culture (e.g. going to museums, galleries, art exhibitions, concerts, the theatre, community events, cultural festivals and fairs); and
- online, digital and electronic arts (e.g. animations, film-making and computer graphics).

The techniques and applications for helping clients suffering from PTSD that we will learn about in this module are:

- 1) Warm-ups
- 2) Mindfulness
- 3) Drawing
- 4) Painting
- 5) Collages
- 6) Clay
- 7) Puppets and Masks
- 8) Combining modalities

List of resources, tools and methods³

The card explaining the application of each technique.

³ Example: videos; ppt; exercises; check list; case study; etc

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CURRICULUM SYNTHESIS

Modules	Duration per module	Activities	Techniques	Resources, Tools and Methods	Duration per activity	Content focus	Learning outcomes
3.Colour therapy techniques and applications for adults - 30h (GESEME_ES)	30 hours	Warm-ups	<ul style="list-style-type: none"> o The Finish Line o Moods Warm-Up o Positive /Negative o Stop Sign o The Heart o Draw Conflict o Draw Your Energy (Zest) o Fatigue o Welcome Mat o The Thought o Clay Shape o Initials o Smile o Draw Your Motivation to Change o The Web o Egg Drawing o Drawing With Two Hands o The Tea Kettle o Question Mark/ Problem o Draw a Halo o Movement o Inanimate Object Drawing o Group Mood 	The cards explaining the application of each technique and the materials from the training course	3 hours	communication characteristics of post traumatic disorders	knowledge on the main art therapy techniques that can be used when working with adults in therapy
		Mindfulness	<ul style="list-style-type: none"> o Around you o The Wave o The Five Senses o Body Scan o Release o Flower Study o Movements o Textures o Peer Drawing o Loving Breath o Mindful Painting o Mindful Mandala o Sand Experience o Aroma and Art 	The cards explaining the application of each technique and the materials from the training course	4 hours	communication characteristics of post traumatic disorders	knowledge on the main Mindfulness techniques that can be used when working with adults in therapy
		Drawing	<ul style="list-style-type: none"> o Questioning o People In Your Life o Personal Brochure 	The cards explaining the application of each	6 hours	communication characteristics of	knowledge on the main Drawing techniques that can

		<ul style="list-style-type: none"> ○ Empty/Full ○ Ideal Family ○ Change ○ Life Essentials ○ Peer Drawing ○ Relationships ○ Survivor ○ Mandalas: Emotions ○ A Brief Summary of the Decades of My Life ○ "Who Would I Be Without My Anxiety?" ○ Sky Diving ○ Clouds I ○ Clouds II ○ The Unknown ○ Lost and Found ○ Who Am I? ○ Present and Future ○ Feelings ○ Memories ○ Best and Worst Self ○ Burdens ○ Stress ○ Summary of Your Life ○ Outer/Inner ○ Swimming ○ Draw a Doorway ○ Chapters of One's Life ○ Hairdos ○ Real and Ideal Self ○ Draw Your Ancho ○ Control ○ Draw Your Armor ○ Role in Group ○ Counting Blessing ○ The Date ○ Dancing in the Ra ○ Transformation ○ The Teardrop ○ Draw Your "Scar" ○ The Present ○ Customs ○ Draw Yourself as a Child ○ Spirituality ○ Best and Worst Day ○ Time ○ Bridge to Happiness 	technique and the materials from the training course		post traumatic disorders	be used when working with adults in therapy
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		<ul style="list-style-type: none"> o The Window o Draw Your Opinion of Yourself o Addiction o Draw Yourself as a Musical Instrument o Design Your Own Island o The Wizard of Oz o Draw a Part of the Body o Colors and Personality o Protection o Draw Something You Are “Chained To” Change 				
	Painting	<ul style="list-style-type: none"> o Individual Mood Scale o Fun with Flags o Totem Pole o Elements of a “Goodbye” o Art and Medications o Color Mood Pyramid 	The cards explaining the application of each technique and the materials from the training course	4 hours	communication characteristics of post traumatic disorders	knowledge on the main Painting techniques that can be used when working with adults in therapy
	Collages	<ul style="list-style-type: none"> o Self-Esteem o Ideal Home o Laughter o My History o Healing Collage o Self-Care o Stress 	The cards explaining the application of each technique and the materials from the training course	4 hours	communication characteristics of post traumatic disorders	knowledge on the main Collages techniques that can be used when working with adults in therapy
	Clay	<ul style="list-style-type: none"> o Identity o Clay Mandala o Brick Wall o The Mask and Behind the Mask o Leaving the Past 	The cards explaining the application of each technique and the materials from the training course	3 hours	communication characteristics of post traumatic disorders	knowledge on the main Clay techniques that can be used when working with adults in therapy
	Puppets and Masks	<ul style="list-style-type: none"> o Wooden Spoon Puppets o Finger Puppets o Cardboard Roll Puppets 	The cards explaining the application of each technique and the materials from the training course	3 hours	communication characteristics of post traumatic disorders	knowledge on the main Puppets and Masks techniques that can be used when working with adults in therapy
	Combining modalities	<ul style="list-style-type: none"> o The Trapeze o My Favorite Thing o Words and Pictures o Group Story o Famous Artists o Happiness o Shared Affirmation Cards 	The cards explaining the application of each technique and the materials from the training course	3 hours	communication characteristics of post traumatic disorders	knowledge on the main Combining modalities techniques that can be used when working with adults in therapy



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TREAT POST-TRAUMATIC DISORDER THROUGH ART

#ArtTherapy
#MentalHealth

01 ONLINE COLOUR THERAPY VET TRAINER CURRICULUM BOX

MODULE 4. WORKING WITH CHILDREN IN COLOUR THERAPY

Co-funded by the
Erasmus+ Programme
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CHAPTER 4- WORKING WITH CHILDREN IN COLOUR THERAPY.

Introduction

"Creativity takes courage" – Henri Matisse

Creativity is essential in our lives and arts can be a liberating force. Whether acting in a play, singing a song, performing a dance, drawing a picture or writing a poem, the arts allow people to express themselves and their ideas without having to put them in to words. This is just one of the many reasons why colour therapy has become popular, particularly for children. "But it's just arts and crafts!" is a common query and response when it comes to colour therapy. Colour therapy is not just "arts and crafts" or even a relative of this, the ubiquitous colouring book, is more than mere colouring. Colour therapy is the use of colour and artistic means to treat psychological illnesses and improve mental wellness.

The most liberating form of self-expression is creativity. Nothing is more pleasant and fulfilling for youngsters than being able to freely express themselves without fear of being judged. Empowering children's emotional well-being can be as simple as letting them express themselves via art or writing about their feelings and experiences. Children's early life experiences have the potential to make a substantial contribution to their creativity later in life. To be truly creative, children require nothing more than the opportunity to fully commit to the task at hand and to personalize whatever activity they choose to participate in. The process of self-expression is crucial in every creative endeavour.

Children can benefit from creative experiences that allow them to express and cope with their emotions. Parents and teachers can find more about what a child is thinking or feeling through a child's creative work. Creativity also promotes brain development in kids by allowing them to try out new ideas, as well as new methods of thinking and problem-solving. We may acknowledge and appreciate the individuality of each kid by engaging in creative activities, and these activities provide good opportunity for parents to customize instruction and put an emphasis on each individual child.

Creative play and creative thinking are essential for children's development.

Colour therapy is a method based on the belief that creative expression can help people heal and feel better. Creations developed in the context of a therapeutic relationship, like colour therapy, is not only meant to assist young clients in self-exploration, but it also incorporate purposeful meaning-creation through specialized art production.

Colour therapy was first employed in the domains of psychiatry, psychology, and clinical psychology as a strategy for treating mental disease, psychological trauma, and other mental disorders. Colour therapy has incorporated elements from a wide range of disciplines, including painting, music, and traditional art. While each of these techniques has its own theory and methodology, what they all have in common is that they all include the creation of art, which is subsequently utilized to describe persons' current circumstances or mental states in ways that transcend beyond typical expository language. Colour therapy is often undertaken in this manner, with artworks created in a range of scenarios, to assess patients' mental states and study their condition in order to comprehend their current status and prescribe the necessary treatment. Colour therapy, on the other hand, is now being employed for a wider range of purposes.

For thousands of years, people have relied on the arts for communication, self-expression, and healing. However, it wasn't until the 20th century that colour therapy became a structured curriculum. Doctors noticed that people suffering from mental illness frequently communicated themselves via drawings and other artworks, prompting many to consider using colour as a healing technique. Colour has now become an essential aspect of the therapeutic area, with some diagnostic and therapy procedures using it.

During the twentieth century, as colour therapy became more popular, a rising number of therapists began urging clients to do more than just talk about their feelings. Patients are leaving their couches in droves and rushing to art studios to temporarily forgo awkward verbalizations to sculpt, mould, paint, sketch, collage, and sculpt their innermost struggles and feelings. Colour therapists feel that the creative process has a positive impact on people's lives allowing feelings and emotions to surface in the same way that free association does, but also embracing the advantages of both conversation therapy and dream interpretation. However, in colour therapy, the majority of the attention is on the creation of an image instead of fictitious portrayal of reality. Nonrepresentational visual art has therapeutic effects.

Ganim (1999) proposed a theory on left-brain-right-brain phenomena in *Art and Healing* that explains why the unconscious is communicated through visuals and how this relates to mental health. The left brain, which communicates verbally, is analytical and critical, and it can only tell us what we believe we are feeling. The right hemisphere of the brain, which communicates through images, is symbolic and emotional, and it may tell us how we really feel. When we talk about our feelings, we give our left brain permission to interpret them through a linguistic, critical filter that is clogged with all kinds of baggage (e.g., cultural expectations, limitations of words). Because something is lost in the translation, conflict frequently persists. "We try to talk it out, yell it out, get it off our chest," Ganim said of the ineffectiveness of verbalizing emotions: "But in the end, the sensations remain the same". This battle between the heart and the head, or the right and left brain,

results in emotional and mental discontent. According to Ganim (1999), the purpose of therapy is to synchronize these two components of our personality.

In truth, a lot is known about colour and its effects on humans, yet this knowledge has rarely been shared, yet is applied to colour therapy in much detail. Colour may provide a crucial depth to creative expression. For two reasons, traditional colour therapy is ineffective. For starters, colour has been shown to have a positive impact. A powerful effect on the mind and body. Second, it lends itself to a variety of uses. Nonrepresentational art, which may be able to fill up some of the therapeutic voids that have been left by use of representational art.

Following brief descriptions of colour therapy and colour psychology, the essence of both is exploited to offer a new therapeutic function for colour therapy for children. In a nonrepresentational kind of expressive therapy, colour is used. New types of colour therapy are being developed with the goals of "staring into one's own psyche" and "self-healing," which individuals can do without the assistance of an art therapist (Yoshida, 2009 and 2005). As a result, colour therapy is evolving from a method for treating mental illness to a source of recreation, and it is currently being utilized to achieve a number of aims, including self-development and self-awareness. Kawata et al.(2012, p.28) indicated in the same study that different methods of colour therapy can be broadly classified into four groups: "psychotherapy," "self-development," "rehabilitation," and "expression."

The purpose of colour therapy is to use the creative process to help people explore self-expression and, as a result, build new coping abilities and gain personal understanding. Colour is used to help people explore emotions, develop self-awareness, cope with stress, raise self-esteem, and improve social skills through creating or appreciating it. The following are some of the techniques that can be utilized in art therapy: Collage, Colouring, scribbling and doodling, Painting with your fingers, photography, Sculpting, clay creations.

Colour therapy is a type of therapy that uses creative materials to help children examine their thoughts and feelings. It is performed by an art therapist who is trained in both art and psychology. As they work through these obstacles, colour therapy allows children to absorb what has happened to them and helps to alleviate tension and anxiety. Colour therapy has been demonstrated to help a child's mental, emotional, and physical well-being by giving them a secure place to express their negative feelings and emotions. Colour therapy includes activities such as painting drawings, colouring and manipulating clay. These can take place in both solo and group therapy sessions, giving children the opportunity to practice their social communication skills.

For a variety of reasons, children's art therapy is frequently mixed up with play therapy. When appropriate, play therapists incorporate various colour-based activities into their work with children; similarly, colour therapists who work with children enhance colour therapy with play activities [toys, puppets, props, and games] to stimulate children's creative expression. Art creating in the context of therapy, on the other hand, is a slightly different experience than play because it usually involves the creation of a concrete result. Art therapists work with children to help them visually express and document their experiences, perceptions, feelings, and imagination. They use their extensive understanding of art media and arts-based approaches to assist young clients communicate more effectively through creative expression.

Children's' diverse and ever-changing needs have not been effectively met by therapy services in schools. The ability of art creating to restore healthy functioning and bring mastery in the midst of feelings of powerlessness greatly benefits children. Because kids are given an outlet to put their anxiety and aggressiveness into the art creation process, colour therapy is an excellent way to address these difficulties. Children can express sentiments and ideas about psychological difficulties and life events that are too emotionally charged for spoken communication through the symbolic images that are formed. When these concerns are investigated in the early stages of treatment, there are frequently more serious issues lurking behind the manifestations seen in the school setting. Children are frequently found dealing silently with anxiety, sadness, social issues, and low self-esteem. Children can use colour to help them arrange the chaos of their internal worlds and their frequently unfavourable circumstances.

Kids can still change their behaviour pretty simply since they are in a deeper level of thinking beyond the 'us versus them' mentality and even their trauma. This deeper level, can be accessed through the creation of art. This is where colour therapy's effectiveness comes into play. When kids paint difficult feelings (anger, envy, fear, etc.), they may look at their psychological situation from a deeper, creative level of thinking, which can comfort them so that those sentiments no longer have as much hold over their life. As a result, colour therapy allows kids to be more themselves. Colour therapy and the creative process might help kids become more sensitive and move away from the "us versus them" mentality. They become more engaged, calm, and concentrated as a result.

Reminder of what Art Therapy is

THE PRINCIPLES OF ART THERAPY

1. Visual image making is an important aspect of the human learning process;

2. Art made in the presence of an art therapist may enable a child to express feelings that are difficult to express in words

Art therapy is a method of nonverbal communication of thoughts and feelings that is founded on the belief that the creative process of making art is healing and life enhancing (American Art Therapy Association, 1996). It is utilized in a number of contexts with children, adults, families, and groups to foster personal growth, increase self-understanding, and assist in emotional reparation, just like other forms of psychotherapy and counselling. Using this method, people of all ages can gain purpose and insight, find release from overwhelming emotions or trauma, settle conflicts and challenges, improve their daily lives, and reach a greater feeling of well-being, among other things (Malchiodi, 1998). All people have the ability to express themselves creatively, according to art therapy, which holds that the end result is less significant than the therapeutic process itself. The therapist's focus is on the person's therapeutic needs to express rather than on the aesthetic virtues of art creating. That is, what matters is the person's participation in the work, the selection and facilitation of art activities that are beneficial to the person, assisting the person in finding meaning in the creative process, and facilitating the sharing of the image-making experience with the therapist.

Drawing development research (e.g., Dubowski, 1989; Matthews, 1999, 2003, 2004) complements the psychoanalytic approach, which is still heavily inspired by Winnicott and the British object-relations school. With the exception of Robin Tipple's (2003) research, which began with a questioning of the nature of assessment in a paediatric disability setting, few art therapists working with children have included contributions from art historians/art theorists such as Baxandall (1985). Tipple investigates the relationship between the subjects and the artwork that the youngster creates using an ethological methodology. He inquires as to how theory influences both our practice and our interpretation of it, which appears to be a critical question when trying to figure out how art therapy might help a child's view on the world and behaviour in various situations. Art therapists are increasingly looking to attachment theory to investigate early childhood interactions and their impact on later behaviour, as well as family systems theory, which focuses on changing how family members interact rather than focusing on the child or children with 'the problem.' These theories will be especially useful in understanding how a child's social environment affects their emotional state and behaviour, and they can be applied to a variety of disruptions or learning difficulties, such as autism and Asperger's syndrome.

In reality, because it is broad in scope and includes a variety of modalities, Art therapy is particularly adaptable to children's various personalities and hence capable of activating their various coping skills.

Researchers conducted a study on the role of art therapy in helping children with learning disabilities adjust to everyday life. The results showed that art therapy had a better success in terms of adjustment and that both conditions made similar improvement in terms of academic achievement. Bonding was solely related with outcomes in the therapy condition, despite the fact that children in the control group scored better on process factors (bonding and impression of therapy).

To achieve the therapeutic goal, art therapy modalities might be mixed. Specific art therapy modalities increase the activity of the right side of the brain, stimulating imagination and creative symbolization, and improving children's ability to focus on pleasant thoughts. This stimulation allows the young patient to unwind and lessen anxiety, both of which can lead to corporeal hypersensitivity.

Art therapy in treating children's conditions

Art therapy has been especially helpful in treating children with the following conditions:

- autism spectrum disorder
- aging-related problems or issues
- anxiety, depression, or both
- cancer
- eating disorders
- emotional problems
- family problems
- medical conditions
- post-traumatic stress disorder
- stress
- substance abuse

Art therapy is effective in compensating for the child's lack of control while in the hospital by promoting decision-making among materials and techniques while improving the child's quality of life. The youngster enters a place of closeness through imagination, and he is in command of playing different "roles" than just being the patient. This skill safeguards his future psycho-emotional well-being and helps him to continue developing an inner identity. Illness and hospitalization are a time of crisis for both parents and children. Because they feel helpless, useless, and often guilty, their sense of despair can reach new heights. The

intensity of intimacy between the kid and the caregiver is put to the test during hospitalization. The strength or weakness of the parent's emotional condition has a significant impact on the child's attitude toward hospitalization and therapy. In contrast to inaction and painful passivity, parents can engage in a lively dynamic engagement through creativity, overcoming a sense of worry and frustration at having no control or authority over their child's well-being.

Furthermore children's reactions to grief are influenced by personal variances. Bereaved children might range from strong and robust to those who experience "complex sorrow," characterized by long-term, severe loss, numbness, and a sense of emptiness. Individual grief responses are taken into account in a best practice approach to helping children suffering from loss. It has been proposed to modify narrative-based techniques to include art therapy, a focus on meaning-making approaches is taken. Art therapy can help the bereaved because it promotes the investigation and expression of emotions that occur during the mourning process. Drawing is one of the most popular games among youngsters, and it serves two purposes: it serves as a release mechanism, in which the child actively reproduces a terrible experience, and it allows the anguish to be externalized. As a result, the youngsters are able to express their feelings through the creation of a fantasy world in which every want can be fulfilled, generating a form of symbolic play. In most cases, drawings and other handicrafts assist us in comprehending and appreciating the improvement in the child's feelings that results from the environment, from the psychosocial support closely linked to the achieved results, and from the Department's overall help strategy for the entire family. Because of this, it serves as a significant therapeutic tool. It encourages the therapeutic partnership and allows the child to express his or her anger, dissatisfaction, and anxiety through a "catharsis." It allows the patient to speak freely and brings to light a concealed contradictory reality that is at the root of the child's individual neurotic or psychotic problem.

According to some therapists, drawing provides a unique window into a child's inner world. An important part of the therapeutic process is that it leaves a place for children's expression, which the therapist can later use to understand and use their own unconscious messages. The youngster can create an imaginative scenario in which he is always aware of his or her genuine needs, perceptions or anxieties, wants, aspirations, memories, and personal experience in the drawing (as a projection design). Children draw an inner reality, not just a visual one, and the real object ends up serving only as a stimulus. "The child casts over all amazing things that he/she carries within," the child projects into the design. In this way, the youngsters project their self-image in space, and the design becomes the "narrative" they tell. The art therapy method provides a secure venue for the therapist and the kid to build a therapeutic bond. The kid can express experiences, memories, and feelings via artistic endeavours, establishing a shared language through which the child and

therapist can connect. As a result, it is a valuable therapeutic tool. It promotes the therapeutic partnership and allows the child to express themselves as a "catharsis" of rage, dissatisfaction, fear, etc. It allows the patient to speak freely and brings to light buried contradictory realities that are at the root of the child's individual neurotic or psychotic disorder.

The condition of a suffering body and the threat of death are catastrophic experiences from a psychological standpoint, especially if they occur during the evolutionary phase in which, according to dynamic theories, the infant lived in the registry of its own omnipotence. These feelings might be compounded by the child's sense of helplessness in the face of the sickness, as a result of the pain, anxiety, physical symptoms, and unfavourable treatment side effects. The ability to communicate the pain, on the other hand, varies greatly from patient to patient. In dealing with life's difficulties, people of all ages employ various personal methods based on their temperaments. According to clinical psychodynamic observations, children, particularly in latency, are able to maintain a sort of double track in understanding their disease: on the one hand, they must organize their defence mechanisms away from the field of conscious, moving fears, and pain; on the other hand, they must organize their defence mechanisms away from the field of conscious, moving fears, and pain. On the other hand, youngsters do not need to be alone in the face of anxiety and feelings that parents or medical personnel (physicians and nurses) can understand and help them cope with. Defences built around being a "good patient," which in fact reassures all adults, might be viewed as systematically denied anguish, which may emerge in following periods as anxiety upset or as a psychopathological symptom, according to a dynamic perspective. Art therapy has the potential to be a strong tool for encouraging youngsters in hospitals. Observing unwell children while they play and sketch is something that has just recently become relevant.

Children can learn how to cope with challenging emotions like fear and rage through art therapy, and they can acquire coping skills through visual imagery, especially if they have difficulty verbalizing these events. In such a difficult situation, a child utilizes verbal communication with caution, and he or she may feel dread and humiliation around strangers and even his or her own parents, particularly when conversing with health care experts. Furthermore, due of the anxiety that comes with a new experience, a child feels like a stranger within a hospital. In order to form any type of alliance, effective communication is required. This encompasses both the therapeutic alliance and the mutually satisfying agreement between patients and caregivers. It is critical to learn how to interact with each child in order to provide effective and safe health care. Nonetheless, because there is still a need to communicate, body language or other kinds of expression are used, resulting in a graphic and pictorial type of communication. Their thirst for truth manifests itself in the form of aesthetic

signs. Children's art therapy is the preferred and optimal mode of communication. The use of art as a shared language may aid in the formation of a relationship with the therapist. In order to develop a positive therapeutic relationship with the carers, nonverbal techniques such as games, drawings, and other handicraft activities can be used to attain this purpose.

Children's language is simple and straightforward. They use drawings to express themselves, using them as a theatre to dramatize their wants, wishes, concerns, and joys. They also employ symbols and visuals to symbolize elements in situations they are attempting to comprehend. Through a self-healing mechanism, the ability to express oneself through drawings allows unwell youngsters to become their own therapeutic agent. The disease's perception, as well as worries and hopes, arise. We can gain a better understanding of the painter's meaning and feelings by reading the comments written by each adolescent and school-aged child, or by the play worker. Because each child creates numerous paintings over the course of the year, in various physical and emotional states such as disease onset, remission, off-treatment, and relapse, longitudinal studies may yield some very fascinating data. In most cases, drawings and other handicrafts assist us in comprehending and appreciating the improvement in the child's feelings that results from the environment, from the psychosocial support closely linked to the achieved results, and from the Department's overall help strategy for the entire family. They require a family-centered approach to assure adjustment and coping, as well as to avoid post-traumatic stress and the start of side effects associated to an unknown internal psychological discomfort. Handiwork, according to Jung, is a faster way to achieve consciousness than intellect.

Squiggle Game Intervention

Winnicott devised a "squiggle game" intervention that attempted to provide a space where the baby mind's playful potential might be expressed. When this happens, the child completely opens up and develops a thick, full, and confident relationship with the therapist. Psychotherapy occurs at the intersection of two realms of play: the patient's and the therapist's. Two people are playing together in psychotherapy. The corollary of this is that if playing is not possible, the therapist's work is focused on getting the patient from a state of not being able to play to one of being able to play. (Adapted from 1971's "Playing: Its Theoretical Status in the Clinical Situation").

In general, the game is the preferred method of communication with children, and it is especially beneficial with sick children. They can go through the sickness experience without succumbing or experiencing the

terrible position of incommunicability by playing and painting. The ability to play and draw, according to psychoanalytic interpretations, might be a valuable predictor of a child's level of psychological discomfort. Cancer diagnosis can be a distressing experience that disrupts daily living owing to the requirement for frequent hospitalizations. In other circumstances, this entails leaving familiar surroundings to be closer to a hospital, which means leaving behind familiar belongings, school, and peers. The sick child may sense his or her parents' anxiety, which is linked to the diagnosis, prognosis, and uncertainty about how effective therapy will be

Colour Therapy

Colour therapy, often known as chromotherapy, is a type of therapy that employs the use of color and light to treat a variety of mental and physical ailments. We can trace the origins of this type of therapy all the way back to the ancient Egyptians. For therapeutic purposes, they used sun-filled rooms with coloured glasses. However, despite the fact that colour therapy has gained considerable popularity over the years, it is still not widely acknowledged as a legitimate type of treatment in Western medicine. Many medical specialists believe it is still experimental. Mainstream periodicals, online magazines, and Internet websites are all good places to learn about colour psychology and colour therapy in popular culture. These resources frequently include data on the psychological, biological, and behavioural consequences of colour. The internet search engine Google presently allows access to 365,000 webpages for information relating to 'colour psychology,' and 284,000 websites for information relating to 'colour therapy,' according to the most recent available data.

Color therapy is based on the idea that different colors elicit different reactions in different people. Colors are soothing or energizing for certain people. Color, according to proponents of this theory, can have a positive effect on humans in a variety of ways and aid in the treatment of a variety of ailments. We've all been exposed to the basic notion of color therapy at some point in our lives. Some people find that seeing green in nature on their daily run instantly improves their mood, while others find that donning a beloved yellow outfit instantly improves their mood. In addition, the practice of color therapy can be traced back to its Indian origins. According to Indian philosophy, the seven primary colors on the color wheel help to balance and strengthen the chakras in our bodies.

A holistic non-invasive and powerful therapy that stretches back thousands of years, Colour Therapy employs the energy associated with each of the seven spectrum colours. These colours and their associated energies resonate with the energy of each of the body's seven major chakras. By applying the appropriate colour to the body, colour therapy can assist in rebalancing and/or stimulating the chakras. It is critical for health and well-being that the energy in each of the body's chakras is balanced.

In addition to providing a wealth of material on colour psychology and colour healing, websites such as www.about.com and www.colorthrapyhealing.com also provide a wealth of information on colour therapy and colour healing workshops, with the latter website providing fairly thorough information on the use of colour as a therapeutic aid as well as a variety of colour therapy workshops. Similarly, the website www.colour-affects.co.uk includes thorough information about the psychological qualities of colour as well as a synopsis of four personality types that are associated with specific colours. Colour psychology and colour therapy are also covered in print and online periodicals such as Conscious Living Magazine (www.consciousliving.net.au) and WellBeing Magazine (www.wellbeing.com.au).

It is possible to find knowledge from popular culture sources that ranges from broad, generalist pieces to deep pseudo-scientific talks and conversations. It is possible that such publications and debates will contain generalizations, clichés, and maternal claims, such as "Colors are the mother tongue of the subconscious" and a remark such as "Color heals." This article by Campbell, which appeared in the online magazine Conscious Living, is an excellent illustration of this.

Academic papers cover a diverse range of studies that address the impacts of light, as well as the influence of coloured light-waves on human response in a variety of settings. While human vision is a complex and not yet fully understood process, it has been discovered that the receptor system for detecting light is distinct from that involved with the circadian cycle. Light energy has an effect on every living cell (as we all know, without light all living things are affected). When used correctly, these various light and colour frequencies can have a significant and healing effect on both humans and animals. Light has also been discovered to have an effect on the human neuroendocrine system, and it has been suggested that it can both suppress melatonin production and increase cortisol production, both of which may have detrimental consequences. As an added bonus, a number of recent studies have revealed that specific wavelengths of light may have distinct effects. Different coloured lenses may help with reading challenges such as dyslexia, and the human circadian clock may be particularly sensitive to short wavelength light, among other things. It is a well-established scientific truth that everything has a vibration, which means that everything, including us, has its own vibration/frequency.

It is possible to employ Colour Therapy to treat any type of ailment ranging from physical to mental to spiritual, as well as an all-encompassing relaxing therapy. Colour Therapy may be used safely and effectively for adults, children, babies, and non-human animals of all ages. It can be used alone or in conjunction with any other therapy, whether complementary or orthodox medicine, and is suitable for everyone. However, no complementary therapy should ever be viewed as a substitute for seeking medical advice from a licensed

physician. When it comes to our healing process, colour energy can act as a catalyst, encouraging the body to function in a normal and healthy way. Furthermore, there are numerous research that demonstrate that colour can influence a variety of psychological, physiological, and behavioural responses, including a study of 30 studies undertaken by Mikellides in 1996 (Mikellides B. Emotional and behavioural reactions to colour. In: Sivik L, editor. Color and Psychology: AIC Interim Meeting. Gothenburg, Sweden: Scandinavian Colour Institute AB; 1996)

If you look at the colour red, for example, it has been argued that it has a greater potential for arousal than the colour blue; however, findings from a more recent study suggest that there is no statistically significant difference between these two colours in terms of physiological arousal and that it may be colour hue rather than colour saturation (intensity) that has an impact. Furthermore, recent research has discovered that colour responses differ depending on age, gender, culture, and preference.

Even while many contemporary research on psychological, physiological, and behavioural responses to colour are scientifically rigorous, the findings are frequently based on an incredibly limited range of colour samples and/or a small sample group, which is crucial to keep in mind. Furthermore, while there may be correlations between certain colours and a variety of different human responses, this does not necessarily imply that such colours may be employed effectively in therapy or other similar uses, as some sources in popular media have claimed in the past.

Colour Therapy is a completely non-invasive, holistic therapy that can be used by anyone, including adults, children, new-borns, and animals. Our lives can be transformed if we raise our awareness of the energy of colour, which is all that is required. Rather of being something we encounter for an hour or two with a therapist, colour should become a part of our everyday lives. Colour may be found everywhere and in everything. It is not by chance that this great planet includes in all aspects and forms all of the beautiful colours of the rainbow. Nothing in nature, including its colours, is merely there by chance; everything in nature has a specific function. Colour isn't an exception to this rule.

It is believed by experts that children's psyches are particularly sensitive to their environment, and that their vision is extremely sensitive to the range of colours and tints that they see. As a result, for a baby up to the age of two years, the room should be decorated in exceptionally light and serene tones. It's only when a child is a little older that it fully understands vivid colours and the boldest ideas.

[Encourage Learning](#)

In simple terms, colour therapy is a method of assisting children in coping with difficult emotions and expressing their thoughts and feelings. As they work through these obstacles, colour therapy allows children to absorb what has happened to them and helps to alleviate tension and anxiety. Colour therapy can enhance a child's mental, emotional, and physical well-being by giving them a secure place to express their negative feelings and emotions.

Colour therapy for children can be used to assist a child cope with a big life event such as a serious medical illness, parental separation, relocation, bereavement, or bullying. Colour therapy has also been demonstrated to help children with behavioural disorders and developmental delays including autism and ADHD, as well as youngsters with poor self-esteem, anxiety, depression, and learning challenges.

Numerous studies have demonstrated the positive impact that colours can have on children's learning, moods, focus, and overall behaviour. While a colour therapist employs a diverse skill set of colour knowledge, colour psychology, colour therapy, and psychotherapy when dealing with clients and students, they are always satisfied with the obtained results. Creating and making with colour will keep their attention on the activity at hand and keep them engaged. Children absorb colour naturally and enjoy working with colour in a creative way.

Colour therapy can include activities such as painting drawings, writing stories, choreographing dances, and creating and presenting dramas, in addition to coloring. It offers a platform for children to express suppressed feelings that they may not be aware of. It may be difficult for children to communicate their feelings in words at times, but they can do it through any of these creative outlets.

Advantages of Colour Therapy

The following are some of the advantages of colour therapy for children:

- Allows for the expression of suppressed emotions.
- Increases their self-awareness
- Stress, anxiety, and sadness can all be reduced.
- Assists a child in dealing with the emotions that come with illness, trauma, and grief.

- Allows kids to perceive things from a different perspective, which boosts self-esteem.
- Improves their problem-solving abilities.

Professionals should enable formal colour therapy, but the ideas and practices can be applied at home. Encouraging kids to express themselves artistically and creatively by doing craft projects with their siblings or putting up a song to sing to the rest of the family can be very beneficial for them. In the course of taking these steps, make certain that children feel and understand that there will be no judgment - simply encouragement.

When it comes to children's growth, the arts are a must, especially if there are mental or behavioural issues. However, if children develop behavioural problems or psychiatric disorders as adolescents, alternative forms of therapy or treatment may be preferable.

Monochrome

We all enjoy colour, and youngsters especially appreciate colour, so thank heavens we don't live in a monochromatic world; how boring, soul-destroying, and drab life would be if we did. Colouring our lives and putting a spring in our step can make us feel better and more secure, but it also helps us to stay healthy and safe by leading us to the freshest items to eat. In a black and white world, we would never notice the green on meat, or in reality, mould on bread, or brown stains visible on fruit that has passed its sell by date.

Young children like playing with brightly coloured toys, while older children use colour to express themselves in a variety of ways. When colour psychology techniques are implemented in a child's environment, they will bring out the best in them personally while also supporting their emotional and physical development. When it comes to colour arrangement and selection, a colour psychologist can assist one several things.

First colour associations are formed in the womb, when we are surrounded by warm caring tones of soft coral and peach, which are made by the sun shining through the mother's skin and reflecting off her skin. Colour may be used quite effectively to enhance cerebral growth in children as young as two years old. Babies flourish in a relaxing coloured environment for the first several months after birth, since they have a lot of adjusting to accomplish. To prevent hyperactivity and sleepless nights, avoid busy patterns and strong colours in their bedroom at first. Infants and toddlers are more comfortable in short bursting of brightly coloured environments; nonetheless, intense colours will overwhelm their senses, thereby generating dissatisfaction and restlessness.

There are numerous tints and colours that elicit various emotions and moods, altering the ambiance in the space. Red, orange, and yellow are regarded to be 'magnetic' colours, meaning they are hot to warm in the colour spectrum. They have a significant influence and are energizing and uplifting in nature. Colours such as sky blue, indigo, and violet are known as 'electrical' colours because they are cool, soothing, and tranquil. In the colour spectrum, green occupies a midway position, and because it is neither hot nor cold, it helps to maintain equilibrium. Many of us seek refuge in the lush greenery of nature when we need space, quiet, and a sense of belonging. It will be easier to achieve a sense of harmony and balance if you use light green in your interior design. A comprehensive colour assessment from a certified colour psychologist is recommended for particular colour psychology recommendations in order to achieve the desired effect.

Maintain a relaxing pastel colour scheme in their bedroom to complement their primary-coloured toys, equipment, and soft furnishings. As toys and equipment are introduced into their bedrooms, encourage the use of the entire colour spectrum. Playthings and equipment in bright colours can be simply relocated or packed away in order to create a more pleasant environment for quiet time activities. Painting the ceiling is a beautiful and simple method to integrate the soft coral and peach colour scheme into babies' and toddlers' rooms to relax and pacify, as well as to encourage a sleep schedule. Just before going to sleep, the infant or toddler will spend some time lying in their crib staring upwards and interacting with the colour. In addition, the use of a specific soft coral/peach colour on the ceiling provides an impression of security and comfort.

Children love Colour. Do not undervalue the importance of colour in drawing and painting; it is a pleasurable activity for both mother and child, with additional benefits for emotional development as a side effect. Colour therapy is very useful thus for relaxation purposes.

Expressive Art Therapy

Expressive arts can include any combination of dance, written expression, visual arts, theatre, music or other forms of artistic expression. These methods are used in expressive arts therapy to support individual development and progress. The correct combination can help you feel better overall by reducing anxiety and stress, increasing self-awareness and self-esteem, building relationships, regulating habits, and enhancing social skills.

Additionally, it has been demonstrated that this sort of therapy can assist children – and adults – in coping with bad events, disabilities, and trauma. Art therapy helps people release and express sentiments they would not be able to express otherwise through rehabilitation, education, and communication.

Furthermore, expressive arts have a beneficial effect on function, mood, cognition, and behaviour. This is especially true for children with unique needs, such as autism, speech impairments, post-traumatic stress disorder (PTSD), developmental disabilities, ADD/ADHD, or other mental and behavioural health disorders. Colour therapy enables young children to experience a sense of normalcy without fear of criticism, while also allowing them to express their unique personalities and draw attention to their strengths.

Art's Developmental Benefits

Emotional Development

Children of all ages, both with and without special needs, may lack the language abilities necessary to express themselves, yet they retain a voice. Expressive arts stimulate a child's imagination and creativity, assisting him in discovering his identity and ways to engage his senses. They also have a calming effect on the body and have a favourable impact on one's thinking, perception of the environment, and emotional state. The act of writing a poem, singing it to another person, or painting gives youngsters a safe outlet for bad emotions through a pleasurable activity, which speeds up the healing and growing process. However, expressive arts are not only beneficial for coping; they also have a positive impact on a child's regular developmental process as well.

For a child's development to proceed on a regular basis, social skills must be established at a young age. As adults, children who are at ease in social situations perform considerably better because they develop connections, communication, and empathy. It has been shown that expressive art therapy can help children develop social skills by giving them with encouragement and support without passing judgment from their peers, parents and the therapist. When children are exposed to diversity, they learn to understand and embrace the unique perspectives of each individual.

Several of the arts can be practiced in groups, in which children must cooperate and learn to share while also accepting responsibility for the consequences of their actions. Social skills can be developed even in the privacy of one's own home, thanks to interactions with the therapist or even one's own parents.

Experiential learning in the arts is inextricably linked to academic learning. Children are forced to learn fundamental things like colours and forms, as well as experience lessons like cause and effect, choices and consequences, problem solving and experimentation, and how to make decisions, whether they are painting,

writing a play, or choreographing a dance. Additionally, they can learn how to deduce meaning from imagery and communicate with them.

Art appears to have an effect on the brain's neuronal connections, which act as the wiring for learning, on a deeper level. Regardless of the art genre, the senses must be engaged, and profound thinking is required. As a result, skills like detecting the difference between abstract and reality, understanding patterns, making observations about the world, and building mental representations of what is real or imagined are developed. Overall, the expressive arts assist youngsters in developing complete thinking abilities by allowing complicated brain processes to interact.

Apart from providing an outlet for children's emotions, expressive arts therapy can really assist them in developing and better understanding their sentiments. While being angry or wounded is not always simple to express verbally, a child can express these emotions through a picture, poem, or dance, making them more understandable to themselves and others. As a result, it serves as a beginning point for discourse, which can lead to more free expression of feelings and thoughts. During this time, either the therapist or a parent or the child may be able to access feelings that the child was previously unaware of.

Participation in creative activities also helps children to gain self-confidence. It's a technique to start a conversation regarding situations that may be difficult to cope with or communicate. Allowing one's emotions to be expressed in a creative manner can be both therapeutic and educational.

Physical Development

The psychological benefits of expressive art therapy are well-known and significant; nevertheless, there are also physical changes that can occur as a result of this practice. Art can help children improve their motor skills and control, as well as their hand-eye coordination and muscle growth.

Dance and theatre, for example, not only stimulate the imagination, but they also get the body moving. This engages children's numerous senses and educates them to be more aware of their physical presence and usage of space. Even though it doesn't necessitate as much movement, drawing and writing can help kids improve their motor skills by teaching them to manage the little muscles in their hands. Whichever action is taken, these activities assist youngsters in coordinating their thoughts and movements, a critical developmental stage.

Mindfulness for Children

Mindfulness, the simple discipline of bringing a kind, welcoming attitude to the present moment, can help children of all ages. It can also benefit parents and caregivers by increasing happiness and decreasing stress. We provide fundamental advice for kids and people of all ages, as well as a variety of activities that promote compassion, focus, curiosity, and empathy. Also, keep in mind that mindfulness can be enjoyable.

What Does It Do?

From the minute we are born, we are confronted with adversity. Infants experience hunger and exhaustion. Toddlers struggle with self-control and language. Life becomes increasingly challenging as youngsters progress through adolescence to become teens. Growing up entails forming relationships, managing school, and exercising independence, all of which naturally produce stressful situations for children.

Mindfulness can be a beneficial skill for reducing anxiety and fostering happiness at any developmental stage. In recent decades, mindfulness — a simple approach that stresses paying attention to the present moment in a nonjudgmental, welcoming manner — has become a popular mainstream practice. It is taught to corporate leaders, athletes in the locker room, and, increasingly, children at home and in school.

Developing Early Habits

Mindfulness training is especially beneficial for children because of their developing brains and attention spans. We have the opportunity to teach our children the habit of being peaceful, loving, and welcoming via the practice of mindfulness.

"Mindfulness may provide respite for children from any issues they may be facing in life," said Annaka Harris, a mindfulness instructor for children. "It also allows children to appreciate the beauty of being in the moment." The way the brain develops explains why mindfulness is particularly useful for kids. Connections in the prefrontal circuits are formed at their quickest pace throughout childhood, while our brains are still developing. To help children develop abilities like self-regulation, judgment, and patience, mindfulness increases skills that are controlled in the prefrontal cortex, such as focus and cognitive control.

Mindfulness as a Model

It's impossible to outsource mindfulness. The greatest method for parents and caregivers to teach their children to be aware is to model the practice themselves. Susan Kaiser Greenland, a mindfulness instructor

who works with children, explained, "Learning mindfulness isn't like learning piano lessons, where you can have someone else teach it to your children." "You'll have to figure it out on your own." However, being a parent may be quite stressful in and of itself. Practicing mindfulness activities — and, ideally, practicing mindfulness meditation for even a few minutes a day — can be extremely useful for parents, helping them to not just pass on the skills of pleasure and acceptance to their children, but also to take better care of themselves.

Activities

Name of the technique:	Session 1: Bottle of Positive Affirmations (any age group)
Materials:	<ul style="list-style-type: none"> plastic bottle few pom poms glitter food colouring paint glue
Procedure:	<p>You'll need a plastic bottle, a few pom poms, glitter, and food colouring to complete this project (regular paint will also work). Allow the youngster to pick which pom poms to use. Maybe consider the use of a combination of standard soft poms and glitter or tinsel poms. It's beneficial to have a range of items because some sink while others float. Fill the bottle halfway with water after placing all of the crafting materials in it. Per pom pom that is added to the bottle, encourage the child to tell one nice thing about himself or herself to the other children. Fill with water, a drop of food colouring, and a bit of glitter (if desired) before supergluing the lid on.</p> <p>This activity is appropriate for children, teenagers, and adults. A fairly simple activity, it can assist children who are coping with worry and low self-esteem. The truth is that most children and teenagers enjoy glitter bottles. Therapists have noticed that some youngsters with sensory difficulties find this more relaxing, possibly because the pom poms move more slowly than the glitter.</p>

	During their night-time routine, the youngster can offer positive affirmations, things for which they are grateful, or things that made them happy. A variety of hues, such as green, can symbolize good aspects of the day, while pink and yellow can indicate aspects of the child's self-worth. These are beneficial for depressed symptoms as well as boosting self-esteem.
Discussion/Goals:	This activity is appropriate for children, teenagers, and adults. A fairly simple activity, it can assist children who are coping with worry and low self-esteem. The truth is that most children and teenagers enjoy glitter bottles. Therapists have noticed that some youngsters with sensory difficulties find this more relaxing, possibly because the pom poms move more slowly than the glitter.

Name of the technique:	Session 2: Mandala Art
Materials:	Paper Pencils / markers/ pens / crayons
Procedure:	<ol style="list-style-type: none"> 1. Print out a selection of mandalas and let kids choose which one to colour. 2. Have kids write a list of their normal sensations below or above the mandala, with a little circle next to each feeling. 3. Ask kids to choose a colour for each emotion and fill in the circles with the colours as a reminder of which colours correspond to which emotions. 4. Have kids colour the mandala with the emotions' colours to illustrate how often they experience them. "Now you can begin colouring," for example. If there is a sensation you have a lot of in your life, use that hue to fill in more of the picture. If you have a feeling you don't notice much of, only colour a little portion of the picture with that colour."

	<p>As kids begin to colour, you'll be shocked at how much you'll learn about them! "I notice you just have a small bit of green in your photo, and that is your happy hue," for example, might be a great way to start a conversation. What can we do to make your life happier?" "I notice a lot of red in your photo, and that is your angry colour,". Thank you for sharing your emotions so openly in this exercise! I'm curious as to what some of the things in your life cause you so much rage... "How do you feel?"</p> <p>Print more intricate mandalas for older kids s and teens, and allow for more than one meeting if necessary. If they choose to give significance to the colours in this way, older children and teens can even rate the intensity of sentiments by how light or dark the colour is when using coloured pencils. These are also fantastic for comparing data across time!</p>
<p>Discussion/ Goals:</p>	<p>This is a basic intervention for kids to explore their emotions It is beneficial to draw figures with repetitive patterns, such as mandalas, in order to regulate emotions and the nervous system. It can assist children in concentrating their attention and regaining their composure. They can colour them in after they have drawn them!</p> <p>The mandala, which means "sacred circle" n Sanskrit, serves as the backdrop for this relaxing approach, which entails kids drawing and colouring their own mandala. Drawing and colouring in circular shapes, as well as the variety of creative expressions available, can help to create a relaxed, meditative environment that can be used as a safe location to explore emotions. If the children engaged in this activity are old enough, they can create their own mandalas, or you can purchase pre-printed mandala colouring books. This can be quite relaxing for youngsters and aid in the alleviation of tension and anxiety. This activity, which makes use of mandalas and therapeutic prompts, allows youngsters to explore their inner worlds via the use of creative mandala activities. Mandalas have been used in various religious and spiritual traditions for ages. They are now commonly employed in counselling as a technique of self-discovery and connection to the larger world.</p>

	<p>This mandala activity allows kids to explore their emotions and thoughts in a secure environment. It also provides an opportunity for them to gain personal insight and self-awareness. Self-awareness allows children to have a better knowledge of why they feel the way they do, act the way they do, and believe the things they believe.</p> <p>Individual counselling and whole-class lessons can both benefit from these mandala activities. These exercises can be used by teachers, parents, social workers, counsellors, and psychologists to encourage children to be more open and self-reflective.</p> <p>Possible forms of Mandala:</p> <p>Feelings Mandal</p> <p>I Am... Mandala</p> <p>Reflection Mandala</p> <p>Perfect Day Mandala</p> <p>Before and After Mandala</p>
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Name of the technique:	Session 3: Mask Making
Materials:	<p>Have a variety of art supplies on hand. A wonderful place to start is with pencils, pens, and crayons. Include some old magazines to help clients who aren't as confident in their artistic abilities to create collages.</p> <p>Mask</p> <p>Pencils / markers/ pens / crayons</p> <p>Magazines / Newspapers</p> <p>Mod Podge</p> <p>Tissue paper</p> <p>Scissors</p> <p>Sequins</p>

	<p>Feathers</p> <p>Glue</p>
Procedure:	<p>Request that kids use the front of the mask to depict how they believe others perceive them using drawings, symbols, and words. Ask them to draw how they see themselves on the back of the mask, especially in ways that contrast from the front. Alternatively, get creative with this stage and think of a new way to use the masks.</p> <p>Use the following simple instructions:</p> <p>Decorate the mask's exterior to reflect how you believe others or the outside world see you.</p> <p>Decorate the inside of the mask to reflect your personality (the inner you)</p> <p>There is no right or wrong way to go about this. You can also choose from a wide range of materials.</p> <p><u>Reflective Writing:</u></p> <p>Make a list of their answers to the following questions:</p> <p>Describe the similarities and differences between the interior and outer sections of the mask.</p> <p>What is the relationship between your outward and internal selves?</p> <p>What have you discovered about yourself as a result of the mask project?</p> <p>If the questions are difficult simplify them. Allow kids to discuss and share their masks. Some kids will be hesitant to share their artwork, but you can always urge them to talk about the topic instead of exhibiting it.</p>
Discussion/ Goals:	<p>Making a mask from scratch or embellishing a pre-made mask is a common way to explore one's persona in art therapy. Persona is a Latin word that means "mask," but it usually refers to the practical and successful personality that we utilize in the business and in our social relationships. It's similar to a veneer that we construct as children in order to gain approval for specific behaviors. At the same time, we learn to hide and repress those behaviors and traits that aren't acceptable, such as wrath, greed, envy, and jealousy. If we are not praised or</p>

confirmed for other traits, such as creativity or self-confidence, we may suppress them as well.

Masks are worn for a variety of purposes, including performance, amusement, disguise, hiding, and defense. They've been employed in ritual, storytelling, and dramatic enactment since the beginning of time. Making a mask allows you to investigate the identity you expose or hide from the outside world. Masks, are all about communication via the worn image of a face. They are employed in enactment and ritual in art and drama for their expressive possibilities. Masks are a worldwide art form that, for both the wearer and the audience, inspires power, magic, and mystery.

Carl Gustav Jung wrote a lot about the concept of persona and how it manifests in many ways. He also postulated that the personality had a dark side, which is known in the world of psychology as the shadow. It encompasses repressed, innate feelings as well as unrealized possibilities. The shadow could be considered not only the "bad" opponent of persona, but also imagination and creativity left behind or forgotten as a result of sensible or decent behaviour. Since it touches on many of Jung's notions, such as persona and shadow, mask making is a common art therapy activity. Masks have the ability to bring to consciousness how we see ourselves or what we want we could be. As a mask has an outer and an inner layer, it is advised to be used to show "how people see you" on the outside and "how you truly feel inside" on the reverse side. Working with a therapist to explore persona and shadow in this way is a fascinating, enlightening, and often profoundly liberating experience for those with addictions or a history of physical or sexual abuse.

Finally, mask making is a wonderful example of an art therapy intervention that encourages the use of expressive therapies—the use of the arts [visual art, theatre, dance, and music] throughout the healing process. It helps to launch an imagination-driven investigation of the self through role-play, dramatic enactment, movement, or narrative when facilitated by a qualified therapist. Best of all, it's a strategy that brings together all of the arts in one area, making it both a cool and effective intervention. There is no right or wrong way to go about this.

You can also choose from a wide range of materials. Masks can be used in a variety of ways, not just to examine identity, but also to explore sentiments, anxieties, strengths, resilience, and so on.

Using a mask as a metaphor for studying various elements of ourselves is ideal. There's something about masks that draws us in, elicits emotions, and has a lengthy history in many civilizations. It's a strong symbol that allows us to share our shared humanity. The mask-making activity allows children to experiment with different personas. You may ask the youngster to make a mask that reflects how they view themselves to the rest of the world and another that depicts how they genuinely feel inside, a part that others don't understand or one that they don't display to the rest of the world. Allowing the youngster to make a mask allows them to explore secret elements of themselves that they may have suppressed due to fear of judgment or a lack of acceptance. Allow them to express themselves in whichever way they want without judging their work. Ask them to only talk about their masks if they want to, and assure them that you will always be there to support them.

This craft, which uses collage materials such as tissue paper and magazine cut-outs, is quite easy to get immersed in; and time usually flies by because we're so focused on the process! It is suitable for practically any age group. Making this mask allows us to express ourselves in ways we haven't been able to previously. It encourages us to consider who we are, what "mask" we wear on the outside, and how it differs from who we are on the inside. Let's talk about our real-life experiences. This project assumes that we all wear masks, revealing different sides of ourselves to the outside world. It's fine to have these feelings, and this process simply aids us in better understanding ourselves and accepting our many qualities. We simply increase our awareness of this and practice embracing all aspects of ourselves.

Name of the technique:	
Materials:	<p>Scissors</p> <p>Paper</p> <p>Pencils / markers/ pens / crayons</p> <p>Glue</p>
Procedure:	<p>We invite participating children to think of a person or incident that has made them frustrated, upset, or pleased at the start of the activity. The kids are asked to design a postcard using a blank template and incorporating their aesthetic interests and inspiration into the design. Kids write a brief note to someone they miss, someone with whom they are frustrated, or with whom they wish to communicate something. The kids can use artwork to reflect their sentiments or a message on the back of the paper.</p> <p>Alternative for older children (12+):</p> <p>The back of the postcard is left blank for sketching, while the front has lines. All they have to do is remember an unpleasant experience from the past and meditate on it. Examine the occurrence in detail, as well as their thoughts and feelings about it, and the leading conduct.</p> <p>On the blank side of the postcard, they are meant to sketch your sentiments in that situation, while on the line page, they are supposed to write something about that incident if they wish to. The therapist will next examine the postcard, discover the individual child's concerns, and work with them to resolve these conflicts.</p>
Discussion/ Goals:	<p>Recently, many kids have expressed an interest in making postcards to friends they have missed during COVID-19 lockdown. While this activity is based on the idea of sending a postcard they would never send, they can be used as a visual tool and be actually sent off. However, instead of sending a postcard to a friend, we invite them to submit a postcard from their future selves! The practice helps children to consider who they want to be in the future, whether it's in five, ten, or fifty years. We can then talk about how the adolescent wants to get there and develop some goals to help them get there. This exercise attempts to instill in</p>

our teenagers a sense of hope and aspiration for the future. This postcard activity is a fun and engaging practice that assists children in their quest for self-awareness.

This exercise aims to create a safe environment for children to express their feelings and thoughts about a person or circumstance that has caused them distress. When you do this activity, you offer the child a blank postcard and ask them to draw a picture that represents how they feel on the front of the card and write what they would say to that person about the issue if they could on the back of the postcard. When a kid participates in this exercise, they can gain self-awareness about what they are feeling, as well as help them release the anguish they are holding onto without having to worry about being humiliated.

The activity allows people to admit what they would say to other people if they didn't have to face them in the first place. This activity can be done individually or in a group setting. We must either print the postcard or they can develop their own postcard. The back of the postcard is left blank for sketching, while the front has lines.

Name of the technique:	Session 5: Worry Group Activity: Controlled Breathing Waves
Materials:	large pieces of butcher paper or extra large sketch pad paper Paint of choice Paint brushes Paper plate (for paint)

	Water to rinse brushes
Procedure:	<p>Step 1. Controlled Breathing</p> <p>Steps to follow when teaching kids about controlled breathing:</p> <p>The first steps are important. Find a peaceful, relaxing spot to sit or lie down. Ask them to take a regular breath first. Then ask them to take a deep breath in through their nose, allowing their chest and lower belly to rise as their lungs fill. Explain to them how to allow their abdomen to fully expand. Now ask them to slowly exhale through their mouth (or through their nose, if that feels more natural). In practice, ask them to concentrate on their breathing. After they have completed the steps above, they can begin practicing controlled breathing.</p> <p>If they are familiar with controlled breathing then ask children how to breathe slowly and deliberately. Instruct them to breathe in slowly via their lips, until their lungs are totally filled and their chests and bellies have expanded. Then they will slowly exhale through their mouths, taking a few more seconds to do so. Remember to teach children how to count breaths (count to 5 as they inhale and 7 as they exhale) or how to control their breathing.</p> <p>Step 2: Art activity</p> <p>Blending deep breathing with beneficial imagery and even a focus word or phrase that helps kids relax while they sit comfortably with their eyes closed. For this kids will paint their breaths after learning regulated breathing. They can paint an ocean and then add waves with their breaths, or they can just paint the rhythm of breathing. As they inhale and fill their lungs, they will move their brushes up, and as they gently exhale and release the air, they will move their brushes down. Children will be able to visualize the breathing rhythm by painting the waves, observing that the exhale is longer than the inhale.</p>
Discussion/ Goals:	<p>Deep breathing is unnatural for many of us. This is due to a number of factors. Shallow "chest breathing" appears normal, increasing stress and anxiety. The diaphragm's range of motion is limited by shallow breathing. The bottom half of the lungs does not receive enough oxygenated air. You may feel out of breath and worried as a result of this.</p>

	<p>Full oxygen exchange, or the beneficial exchange of entering oxygen for exiting carbon dioxide, is aided by deep abdominal breathing. It can, predictably, reduce or stabilize blood pressure while also slowing the heartbeat. Practicing breath focus helps on concentrating on slow, deep breathing and aids in disengaging from distracting thoughts and sensations.</p>
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Name of the technique:	Session 6: <i>Words to live by collage</i>
Materials:	<p>Old magazines, newspapers, picture books, and scrap paper</p> <p>Markers and coloured pencils</p> <p>Scissors and glue</p> <p>Cardboard or thick paper for the base of the collage</p>
Procedure:	<p>Invite participants to take a mindful minute once they have a strong sense of their beliefs. Begin by urging them to close their eyes and concentrate on their breathing. Now ask them to let the words that represent their values freely flow through their minds. What do these terms mean? What images, colours, and shapes come to mind when you think of these words?</p> <p>Invite teens to begin selecting images, words, phrases, or colors from the magazines and newspapers when they are ready. They'll utilize these to create a collage that they believe reflects their life motto. It doesn't matter if it's based on an image or is completely abstract; it's all about how their words make them feel.</p> <p>Save some time at the conclusion of the session for them to present their collages and discuss with the group what they've done and what it means to them, if they're comfortable doing so.</p> <p>Participating pre-teens and teens are asked to think on their primary principles for a few moments. You might wish to discuss what we mean by values with younger teens by asking them about some of the things they care about. What</p>

	makes them happy when they engage in specific actions or witness others doing so?
Discussion/Goals:	<p>Pre-teens and teens are susceptible to harsh, judgmental surroundings in which they do not feel free to be themselves. To avoid ridicule from their classmates, they may hide their true nature; this is why it's critical for teenagers to establish their core beliefs and who they believe they are. When working with teenagers, it's critical to develop coping methods that they can use again and again, and to let them realize that their beliefs, feelings, and values will change as they gain experience. This activity can be done in a group setting or one-on-one.</p> <p>A collage is a type of mixed-media art in which many elements are arranged to portray a concept or theme. Cut-outs from magazines, newspapers, photographs, or even other artwork can be used, as well as materials including cloth, wood, metal, and natural objects. Collages are popular among children of all ages, and for good reason! Collage art is open-ended and allows for unrestricted material exploration. There is no "wrong" way to combine various elements, which can be extremely liberating for young artists. For teenagers, making an art collage is an enjoyable hobby. Collage art allows them to express themselves creatively, and it's a fun method to add another dimension to their studies. Use a collage to explore the topics of a novel or poem, or use your artwork to highlight a historical period. Collage art can be done in a variety of ways.</p> <p>The Words to Live By activity uses creative collage to help youngsters visualize their essential values.</p>

Name of the technique:	Session 7: Body Tracing Affirmation Exercise
Materials:	butcher paper markers

Procedure:

Children ages 7-12:

Begin this project by having a brief discussion with our children about what they considered to be an encouraging or positive term or phrase, and then providing them with some examples. Try and reduce the chances of one child writing something unpleasant on the sheet of another child.

It is normally best for you to lie on the butcher paper first to reduce the child's fear about this activity. The child can then trace around your body using a marker. When you have finished tracing your body, stand up off the page and have everyone who's helping you write positive words in the contour of your body. You must also take part in this section and write positive things about yourself. One of the most difficult aspects of this activity is writing good comments about oneself, but it's critical to model this behaviour for the children involved.

Then it is time for the child to lie down on the butcher paper. With some children, you can make light-hearted jokes while tracing their ticklish spots. However, if the child has a history of abuse, you should trace a larger circle around them so that the marker does not come into contact with any portion of their body. Keep an eye out for opportunities to make eye contact and encourage them while you are tracing them. They can also trace one other. Ask them to write as they did before on your diagram.

Children ages 12+

On butcher paper, have participants trace each other's bodies, or give each client a sheet of paper with a general sketch of a body. Have older children (ages 11+) write down any negative external signals they receive about their bodies on the opposite side of the paper, then turn it over. Have children contribute attributes to their body parts using collage materials, colours, texts, and drawings that emphasize on what those body parts perform well and how they are and have been valuable.

Encourage children to use functional words such as strength, motion, and instances. Remind them not to concentrate on their or others' perceptions of what defines beauty or perfection; those ideas and words should be written on the opposite side of the page.

	<p>When the artwork is finished, have each individual pick one portion of their body that they find the most difficult to accept in terms of self-acceptance and discuss the downsides and positives on the art piece. Take note of the group's similarities and distinctions.</p>
<p>Discussion/Goals:</p>	<p>Making physical contact with children can be a wonderful way to strengthen their relationships. This body tracing activity is especially good for children who have experienced trauma, have trouble connecting with their family or siblings, or who have self-image concerns. This body tracing treatment activity gives children positive reinforcement while also allowing them to practice encouraging others and seeing themselves in a more positive light. Eye contact can be frightening for children with autism and bonding disorders as a result of adoption. In an enjoyable and relaxing approach, this exercise fosters eye contact and safe physical interaction.</p> <p>Many art therapists employ a body tracing practice with their clients. If you're working with a group of children that do not want their bodies traced or is not interested in the procedure, you can give them an outline of a body to work with on a huge sheet of paper.</p> <p>Pre-teens and teens will be able to address body image and eating disorders issues since this activity provides rich opportunities to discuss the power that printed/visual media has over self-esteem and body acceptance. In addition, this therapeutic directive helps the client remember and or discover that her body has more value in the world than just looking a certain way. Nurturing a true self-love for a body's abilities rather than perceived liabilities is a vital step towards living a physically and emotionally healthy lifestyle.</p>

<p>Name of the technique:</p>	<p>Session 8: Picture Frame Art Project</p>
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Materials:	butcher paper markers
Procedure:	<p>Children ages 7-12:</p> <p>Begin this project by having a brief discussion with our children about what they considered to be an encouraging or positive term or phrase, and then providing them with some examples. Try and reduce the chances of one child writing something unpleasant on the sheet of another child.</p> <p>Consider a former experience or event that continues to have a negative impact on your life now. It could be something significant or insignificant, current or distant. Consider what happened, how the event(s) unfolded, and how it currently affects you. If you like, you can jot down your thoughts. Consider what you'd like to alter about yourself as a result of that traumatic incident. It could be a change in your self-esteem, self-confidence, mental/emotional state, or something else. Having all these in mind try to simplify these ideas for children.</p> <p>Try focus on putting your creative juices to work now that you've thought about your prior experience, how it has influenced you today, and how you want to change. Try and explain them to0 children and introduce them to the idea that they will be creating a self-portrait. This will, however, be a little different from standard self-portrait. They will be creating a transforming self-portrait mural for this art therapy exercise. This can be a painting, a drawing, a collage, or anything else. They are free to use any materials in any combination.</p> <p>Step 1:</p> <p>The first section of their transformational self-portrait, based on the notion they devised above, will be cantered on the experience that negatively influenced their life and generated a negative transformation or life change to their "self." Remember that they are making a self-portrait, thus this initial piece will be a self-portrait based on how they were before the encounter. Consider when their unfavourable experience occurred and how they felt at the time. They can make a self-portrait based on the details of the experience/event, or something based on one part of the experience that may be the root of the bad impact, or they can make the first piece an overall reflection of their "self" at the time.</p>

	<p>Step 2:</p> <p>The second artwork they will make be another self-portrait, but this one will be more traditional in the sense that it will reflect their "self" as it is right now. The caveat here is that it should reflect how they are now as a result of the aforementioned terrible experience.</p> <p>Step 3:</p> <p>The third and last piece of their transformational self-portrait is the piece that looks forward. This exercise, like the prior "Future Self Portrait" activity, does not have to be a representation of the near future or any precise date. For this, they have to get as far away from themselves as possible and consider how they WANT to be, how they WANT to modify their "self" as a result of their terrible experience. Consider how they envision their "selves" in the future after they have changed. They should make a portrait of themselves as their ideal future self.</p> <p>Step 4:</p> <p>Ask children to take a look at their three pieces and put them together to see what they have come up with. Examine their work to see if there are any components that reflect the transition that has occurred and the transformation that they desire to occur. And now that they have formed a mental image of their ideal future self, they may work toward achieving that image. Sure, it's easier said than done, but maybe this serves as a solid starting point and a reminder to work on their future metamorphosis!</p>
<p>Discussion/Goals:</p>	<p>This exercise is based on the concepts of transformational therapy and art therapy to help people change their lives. People go through a lot of changes and transitions in their lives. These changes can be wide-ranging, but it's crucial to reflect on our experiences and how they affect our self-esteem or self-image, self-confidence or self-doubt, mental and emotional health, and so on.</p>

Name of the technique:	Session 9: Anger Iceberg & Zentangle drawing
Materials:	<p>Paper worksheet</p> <p>Pencils / markers/ pens/ crayons</p> <p>For the zentangle:</p> <p>Markers and coloured pencils</p> <p>Plain paper</p>
Procedure:	<p>For the Anger Iceberg:</p> <p>Make a worksheet that has an empty iceberg, most of it below the water surface and its tip outside of the water surface. The tip should write in it Anger, whereas the space that is under the water surface should be empty. The worksheet Anger Iceberg can be utilized in a variety of ways. It can be used as a starting point for a group conversation or as an activity in which clients recognize and circle their own hidden emotions. To get started, consider the following discussion topics:</p> <p>Consider a circumstance in which a friend is confronted with one of your own anger triggers. Other than rage, what feelings do you suppose they might be experiencing?</p> <p>What emotions do people openly express in your family or in the community you grew up in? What feelings do they keep hidden from others?</p> <p>Consider someone who is able to skilfully deal with difficult emotions like grief, fear, or hurt. How do they express their feelings? What strategies do they employ to deal with them?</p> <p>Anger is frequently used to conceal feelings of vulnerability, such as hurt or humiliation. Can you recall a time when you used anger to mask another emotion you were experiencing?</p> <p>For the Zentangle Drawing:</p> <p>Instruct participating children to express thanks for the resources and the opportunity to create something beautiful by taking a moment to feel grateful. Remind them that the activity is not about artistic ability or who can draw the</p>

	<p>best. There are no right or incorrect answers when it comes to completing this activity.</p> <p>Give each child a piece of paper and a selection of markers or pencils. So that the page is no longer blank and daunting, have them draw four dots, one in each corner.</p> <p>After that, tell them to join the dots by drawing a light border around the corners of the paper to make a square.</p> <p>They can draw lines within that square to split the paper into multiple portions. They are free to do this in any way they choose, and to make as many different shapes as they want.</p> <p>Ask them to choose one shape and continue filling it up with more distinct shapes, strokes, dashes, lines, or dots, staying inside the pre-drawn border. Tell them to fill in each shape with its own set of forms, lines, and strokes as they progress around the paper. With this, they may be as creative as they want, spinning the paper to fit their free-flowing inventiveness.</p> <p>Assure children that this is their unique creation and that they are free to shade in various ways and use various hues if they so like. Children continue until the page is completely filled.</p>
<p>Discussion/Goals:</p>	<p>The Anger Iceberg symbolizes the idea that, while anger is visible on the surface, other emotions may be hidden behind it. Other emotions, such as grief, fear, or guilt, may make a person feel vulnerable, or they may lack the abilities to appropriately manage them.</p> <p>Children can acquire insight into their anger, as well as alternative therapy options, by looking beneath the surface. A child who understands their anger is fuelled by envy, for example, may benefit from communication skills, whereas a child who learns their anger is fuelled by stress may benefit from building self-care practices</p> <p>Zentagle drawing:</p>

Drawing patterns that allows children's brains to achieve a tranquil flow state helps to reduce anxiety and generate a sense of peace by slowing time and allowing them to focus on the present moment. Anyone can draw Zentangle, even if they do not think they can draw well enough to create something beautiful. Zentangle drawing gives children a sense of accomplishment and allows them to pass the time in a thoughtful, soothing way.

Session 10: Family Sculpture

During this session we introduce the 'family sculpture'

Background

Psychotherapist Virginia Satir, author of the book *Peoplemaking*, had each family member "shape" the other in a similar fashion. Satir believed that rather than just talking about their problems, families should be able to perceive them clearly. Drama therapists and dance/movement therapists, who frequently use expressive ways to improve interpersonal contact, would undoubtedly agree with her assessment.

Satir's family sculpture technique incorporates Gregory Bateson and Murray Bowen's theories on systems theory at the time, and family therapy as a movement and unique field sprang from this concept. Unlike psychoanalysis, family therapy focuses on how people interact within systems such as organizations, communities, and cultures. In essence, family therapists see change through the prism of family systems of interactions, and they believe that connections are critical to psychological well-being.

When we think about family counselling, we envision our family sitting in a room with a counsellor, discussing our problems. Although most family meetings are conducted in a typical 'conversation' format, family therapy can take many different interesting forms. Family sculpture, for example, is a technique that uses nonverbal expression to reveal family dynamics. Afterward, counsellors can assist the family in talking through their concerns, although much of the work can be done without saying anything.

Family sculpting is a style of therapy that must be performed by a therapist who has been trained in the method. Deep concerns occur that require the attention of someone who is well-versed in family moulding.

1. What is the definition of family sculpting?

The definitions below may assist you in comprehending this beneficial therapy method. In family therapy, family sculpting is a sort of psychodrama. One of the child-centered therapies that can be employed in a group environment is family sculpting. A family member is picked to be a sculptor (s). The sculptor's task is to arrange the family in a situation that accurately portrays each individual's position, attitude, and role within the group.

Psychodrama is a sort of treatment that involves portraying past events in a dramatic manner. To put it another way, the members of the group act out memories. Although there may not be much movement involved, the sculptor of a family sculpting session is in some ways the director of this play.

Child-centered therapy, as the name implies, is focused on the child. Adults may be included in the child or children in question under this definition. When adults join the group, the focus of therapy is on their inner child. Child-centered family therapy is appropriate for a variety of families, as well as individuals who grew up in dysfunctional households. The sculptor is usually a member of the family. It might be an adult or a child, as long as they are old enough to follow the simple sculpting instructions. The sculptor is the one who puts the family together.

In family therapy, the term "identified client" is employed. The identified client is a family member who is blamed for the family's difficulties by other family members. In family sculpture, the recognized client frequently becomes the artist. The term "identified client" is debatable since it implies that the individual who bears the brunt of the blame is the one who is disturbed, rather than the entire family. However, this word is still used by some therapists who utilize family sculpting. Family therapists have received special training in order to comprehend the complexities of family dysfunction. Mental health experts recognize that no single person is to blame for all difficulties.

When you know a little about what to expect, new encounters can be less terrifying or uncomfortable. While family sculpting should be done under the guidance of a counsellor, learning more about it before you start might make you feel more calm and optimistic. Before you begin, your therapist will describe what will happen. Selecting a Sculptor: The first step in creating a family sculpture is to find a sculptor. Typically, the therapist will just ask who wants to do it. The counsellor may inquire as to whether or not the family member is emotionally prepared to take on this duty. If more than one individual wishes to be a sculptor, the counsellor may ask further questions to help them decide or enable them to work together as lead sculptors.

2. The Sculpting Technique

Typically, the therapist will begin with a specific prompt. They may request that the sculptor place the family in the order in which he imagined them when she or he was a certain age. Alternatively, the therapist may request that the sculptor arrange the family as she or he saw them before, during, or after an occurrence. The sculptor then follows the instructions. He or she may group some persons together more closely than others. It's possible that two people are holding hands or pushing each other. To suggest that the individual feels superior, the sculptor may add elements such as tilting one of their heads up so their nose is in the air. All of the placements and details are determined by the sculptor.

3. Interventions by Therapists

During the sculpting process, the therapist may need to intervene. If a disagreement emerges, the therapist can assist the family in working out a solution together. Psychodrama can sometimes reveal long-buried feelings that are so powerful that the sculptor is unable to continue working. When these emotions arise, the therapist can assist the sculptor in processing them. Even family members who are simply standing where the sculptor directed them may become aware of overpowering sensations, ideas, and issues. The qualified therapist enters to assist the family in better understanding their predicament, expressing their feelings, and starting the healing process.

4. De-Roling

A brief conversation session follows the sculpting of the family. They talk about what they've uncovered. The counsellor assists them in letting go of the roles that the sculptor assigned to them and reclaiming their sense of self.

Your therapist uses the information gathered during an initial family sculpting session to assess your family's issues so that the best remedies can be provided. Later sessions may be used to examine how you are doing individually and as a group at various stages of your family treatment. This informs them as to whether they need to alter the treatment plan or if your family has met all of the therapy's objectives.

Techniques of Treatment

It's not just for evaluations that family sculpture is used. It's a means for families to connect with their inner children, emotions, and one another. It is a type of therapy that can assist a family in resolving issues and being emotionally healthier and more functioning.

The Benefits of Family Sculpting

Whether your therapist employs family sculpting alone or in conjunction with other therapeutic modalities, it can be beneficial for a variety of reasons. It offers benefits that few other types of therapy can match.

Experiential: It's possible that doing a family sculpt is more intense than simply talking about your family issues. You are stroking, arranging, and posing each family member while you play the role of sculptor. You may feel the pressure of the sculptor's hands moving you as you take the function the artist assigns to you. Family sculpting is a physical activity that you can feel.

Concrete: Family sculpture is a tangible and visible technique. The family dynamics become so evident, at least to the sculptor that not only the therapist understands, but the family members may benefit from what they see. Aside from the sculpt itself, the verbal and nonverbal interactions between family members throughout the sculpt are also noticeable. Family members might reason their actions and intellectualize their concerns through talk therapy. When everyone is watching, it's harder to deny what happens in therapy.

Immediate: Family sculpture is sometimes the quickest approach to get to the root of a family's problems. You can easily tell how the sculptor has put you and others when you see how they feel. Or, if you're a sculptor, you may quickly communicate your views regarding the family structure. Family sculpting is a simple way to learn about your family's history.

Emotional: During talk therapy, some people feel highly emotional. Many others, on the other hand, merely say the phrases that make them look better or appear the sanest. Family sculpting brings up feelings that family members may not even be aware of. They not only get the opportunity to experience their sentiments, but they also have the opportunity to express them in the family group.

Name of the technique:	Session 10: Family Sculpture
Materials:	Clay some fabric other decorative items
Procedure:	Depending on their age, means and access to therapeutic help, children are instructed to use the clay to create family members such as their mother, father, siblings, and other relatives such as grandparents in this exercise. Individual clay

	sculptures aid in the exploration of family dynamics, emotional dynamics, and individual roles in their families.
Discussion/Goals:	The practice of creating a family sculpture is a fun and engaging way for people to examine their feelings. Clay, some fabric, and other decorative items are necessary for this exercise. This practice is a nonverbal method in which a family member is invited to physically put other family members in relation to one another, creating a three-dimensional, and in-person arrangement.

Name of the technique:	Session 11: Coping Strategies Wheel
Materials:	paper pens/pencils/ crayons scissors
Procedure:	<p>Children and young people will identify their top coping techniques, cut them out, and paste them onto their coping strategies wheel to create an entirely unique reminder of their coping skills. This activity provides children and young adults with over 30 diverse coping methods to select from.</p> <p>Children will choose their top five coping methods from a list of coping strategies. Their coping methods wheel will be filled out with strategies that they have discovered, printed, and saved. For a completely customized coping techniques resource, students will colour, cut out, and place their wheels together on a construction paper mat. Children can also choose from pre-made coping strategies wheels that have already been assembled.</p>

Allow kids to explore coping methods by having them play with their wheels in groups or pairs. If possible, encourage children to study and even practice each other's coping skills, if they're appropriate for the situation. Working in small groups to explore ideas and discover what works best for each individual student is an excellent use of this activity.

Children can also keep their Coping Strategies Wheel for future reference if they require additional assistance. When they are anxious, stressed, unhappy, or angry, they might utilize it to assist them choose a coping technique.

1. Start by drawing a circle. This will serve as the wheel's foundation. Make fractions out of the wheel. It's entirely up to you to decide on a number. To give youngsters a variety of options and ideas for controlling emotions, I prefer to have roughly five coping methods. Make a circle out of the paper.
2. Fill in each quarter of the wheel with coping strategies. You can have students contribute their own unique strategies to the mix. To come up with suggestions for each pupil, use this free list of coping strategies.
3. Draw another circle of the same size as the top of the wheel, but leave a portion of it blank. As a result, the bottom component will be able to illustrate one coping approach at a time. Allow kids to create the wheel's top. Encourage them to colour it and add the words "My Coping Strategies" on the top.
4. Remove the wheel's top section.
5. Bring the top and bottom of the wheel together. Make sure it's aligned so that just one coping approach is displayed at a time.
6. Thread a fastener into the centre of the wheel to allow it to spin freely.
7. Encourage children to spin their wheel to practice methods and talk about them as they go. Keep in mind that youngsters will need to spend a lot of time practicing their coping skills while they are already calm in order to apply them effectively when they are upset. That implies you'll have to set aside time to practice those tactics. It's important to understand that it's not a waste of time. Instead, it's an investment in learning and social emotional health.

	Children's coping strategies wheels may be stored in their school binder, desk, or quiet space. Make it a habit to utilize their wheel when they're upset so they can pick a technique that works for them.
Discussion/Goals:	<p>Any action that can assist calm emotions and stress is referred to as a coping strategy. Children and adolescents frequently experience distressing emotions but lack the necessary coping mechanisms to deal with them. Listening to music, taking a stroll, colouring, deep breathing, hyperfocusing on an object, using positive self-talk, doing yoga, counting to ten, chatting to a friend, and many more coping tactics are explored and practiced inside this resource. Teach and practice coping strategies and skills for anxiety, anger, stress, depression, and other intense emotions with this activity.</p> <p>A coping strategies wheel is a spinning craft that exposes a variety of coping skills from which children can choose. Kids can also create their own personalized wheel with tactics tailored to their needs. This encourages children to “buy in” to coping strategies by allowing them to choose which ones they wish to attempt. Children can spin and practice the strategies after completing the craft. When the kid or young adult is angry later, they can use the wheel to remind them of which coping skills to employ to help them regain their composure.</p>

Session 12 Show Me How You Feel Today

Background:

Once someone first comes upon a painting, sculpture, or photograph, is very likely to connect with it emotionally. Although a piece of art may or may not have significance or symbolism, it usually elicits an emotional response from the viewer. Even if a child was never taken an art class or learned to draw, it's likely that if they are handed a pencil and asked to draw spontaneously on a piece of paper, their image would represent movement, gesture, shape, and/or action—all of which are visual characteristics of emotion.

Children are regularly asked to sketch, paint, or sculpt "how they feel" by art therapists, who have a long history of prescribing image-making to promote expression of feelings. It is one of the core approaches in the

discipline that sets art therapy apart from verbal tactics that just urge people to talk about their feelings. Imagery, according to author Erica Jong, is a type of emotional shorthand. While we can express an emotional experience in words, visuals allow us to communicate quickly and immediately. Art therapy is based on the idea that when it comes to communicating feelings, making images gets right to the point.

The idea of "how do you feel right now" has since been modified by art therapists, psychologists, and counsellors in a number of ways. To help children describe their emotional experiences to the therapist, they might be instructed to sketch faces expressing "angry, glad, sad, and terrified." Another popular variation is the "body scan," which involves using an outline of a body as a platform for depicting where emotions are felt in the body through sketching, collage, or paint. It's a technique that's proving to be very helpful for persons suffering from posttraumatic stress disorder (PTSD) since it allows them to visually recognize distressing body sensations associated with trauma reactions. While there are additional guidelines, many art therapists, like myself, use a more free-form approach and simply urge clients to express feelings using colour, forms, lines, or images when relevant to the therapeutic aims.

Jayne Rhyne, an art therapist and Gestalt practitioner, introduced me to the idea of encouraging clients to describe emotions using art materials as a beginning point for self-expression and dialogue. In the 1960s, Rhyne studied Gestalt with Gestalt icon Fritz Perls at Esalen Institute, and she adopted his theory of keeping clients in the "now and now" throughout sessions. She advised her customers to utilize image-making to convey what they were feeling at the time, which was in line with Perls' ideas. She also invited people to investigate how their moods were tied to body sensations decades before somatic approaches to treatment became fashionable, in other words, using what's going on with your muscles, breathing, and posture as the basis for artistic expression. Art, dance, theatre, and other creative approaches to treatment, notably for mood disorders, stress reduction, and trauma and bereavement, are becoming commonplace in expressive arts therapy.

Rhyne studied people's drawings of feeling states including calm, furious, depressed, and other emotions in order to do research on what she called "emotional constructions." Adults were simply asked to draw abstract representations of various emotionally charged mental states. Surprisingly, Rhyne's findings revealed considerable similarity in visual features within the different emotional groups. For example, the words "sad" and "melancholy" were usually depicted with downward curving lines, whereas "happy," "joyous," and "cheerful" were expressed with curvilinear and upward movement. "Excited" included less restricted, more outward-reaching lines and shapes, and "depressed" included downward movement.

However, lest you believe that painting your emotions is merely a means of decoding your emotional state, this is not the purpose of exploring how you feel with pencils, paint, or clay. Drawing the words "happy" or "joyous" will not instantly make you feel better. Exploring both positive and negative sensations through image-making, supplemented by some effective conversation therapy, can reorient your emotional viewpoint in a manner comparable to cognitive-behavioural therapy [CBT] since art-making is a sensory experience that can actually lead to changes in mind and body. It's also a process worth repeating over time.

Name of the technique:	Session 12: Show Me How You Feel Today
Materials:	<p>Sketchbook or paper</p> <p>Drawing material of your choice (coloured pencils, markers, oil pastels, etc.)</p> <p>If you are going to paint, the materials you need are:</p> <p>Watercolour paint</p> <p>Watercolour paper</p> <p>Brushes</p> <p>Cup with water</p>
Procedure:	<p>Tell children:</p> <p>Keep an eye on how you're feeling. What is the emotion that you are experiencing right now?</p> <p>Close your eyes and imagine what this emotion would be like if it had a colour, shape, form, weight, warmth, or texture.</p> <p>Draw that using colours, shapes, and lines on paper.</p> <p>You don't have to know what it looks like or imagine how it feels all of the time.</p> <p>All you have to do now is be open to working with this sensation.</p> <p>Follow your instincts and gut feelings. Ask yourself, what color corresponds to or feels appropriate for this emotion? What size, shape, or form is appropriate?</p> <p>We've all had some sort of artistic experience, but we rarely use it to fully convey our sentiments. As a result, doing so can be challenging at first.</p>

	<p>We have a tendency to overuse our thinking minds, but when we let go and trust our intuition, we can access those feelings and communicate them readily on paper.</p> <p>We wish to convey ourselves through drawing or painting because words have a limit.</p> <p>We express ourselves because we have to, but we also want to be heard, validated, and listened to. It can be difficult to achieve that at times, which is why we have art.</p> <p>We can hear ourselves and see our feelings in front of us, which is quite reassuring since we are empathizing with ourselves.</p> <p>Simplify the sentences for younger children.</p> <p>when they're upset so they can pick a technique that works for them.</p>
<p>Discussion/Goals:</p>	<p>Any action that can assist calm emotions and stress is referred to as a coping strategy. Children and adolescents frequently experience distressing emotions but lack the necessary coping mechanisms to deal with them. Listening to music, taking a stroll, colouring, deep breathing, hyperfocusing on an object, using positive self-talk, doing yoga, counting to ten, chatting to a friend, and many more coping tactics are explored and practiced inside this resource. Teach and practice coping strategies and skills for anxiety, anger, stress, depression, and other intense emotions with this activity.</p> <p>A coping strategies wheel is a spinning craft that exposes a variety of coping skills from which children can choose. Kids can also create their own personalized wheel with tactics tailored to their needs. This encourages children to “buy in” to coping strategies by allowing them to choose which ones they wish to attempt. Children can spin and practice the strategies after completing the craft. When the kid or young adult is angry later, they can use the wheel to remind them of which coping skills to employ to help them regain their composure.</p>

Name of the technique:	Session 13: Worry Wand
Materials:	Any art and crafts materials, such as a straw/chop stick/skewer, paper, textiles, glue, glitter – can be used to create a unique and personalized wand.
Procedure:	Ask children to imagine their own wand. Think of its history and discuss stories and civilizations that have historically used wands. Craft your own wands by using something narrow and tall and decorating it. When ready take time to reflect
Discussion/Goals:	<p>Coronavirus is all over the news these days. Every day, whether it's through television advertisements, individuals wearing masks, or not being able to do our normal activities, we are reminded. Worries, fear, and anxiety may result as a result of this. We may find ourselves acting and feeling differently as adults and parents. Fear of the unknown, dread about catching it, and uncertainty about what's going on are just a few examples of what our children will be going through.</p> <p>The goal of this activity is to name and acknowledge the concern or dread that you as well as children are experiencing. Naming and admitting something, whether it's done verbally or mentally, can be a powerful tool. Then it's a matter of letting go of the anxiety or fear. This can be accomplished by making and employing a worry wand.</p> <p>This can be done in groups or individually. The aim is for children to design their own wand and customize it to their preferences. Ask them to think about what they are afraid about when they are constructing the wand. They might want to talk about it, or they might just want to remember it. Whatever path they choose is the best one for them. Children could use the imagination to cast their concern</p>

	away after they have constructed their wand. They might want to write their own spell!
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Alternative Sessions:

Name of the technique:	Session 13.a): Worry Doll
Materials:	Any art and crafts materials, textiles, buttons, glue, glitter – can be used to create a unique and personalized doll.
Procedure:	Ask children to imagine their own worry doll. Think of its history and discuss stories and civilizations that have historically used wands. Craft your own dolls by using fabric, filling, buttons, crafts materials.
Discussion/Goals:	Before going to bed, Guatemalan children speak their worries into dolls. Before going to bed, they place the doll under their pillow. The dolls then take away the children's concerns while they sleep, and they wake up with their problems gone. Ask children to give it a shot; perhaps they could make their own doll or dolls?

Name of the technique:	Session 13.b): Box of worry
Materials:	any kind of box or container, such as an old shoe or tissue box, a wooden box, a jar or a tupperware box things to decorate the box with, such as pens, paints, glue, wrapping or tissue paper, stickers or glitter paper a pen

	if you have them, sellotape, scissors and string (but you can make the box without these)
Procedure:	<p>Tell kids that we all worry from time to time, but that worrying too much might make it difficult to accomplish or think about other things.</p> <p>Tell them they are going to construct a box for them to store their worries in so they do not have to carry them around with them. You may explain that you'll put their problems in a 'worry box,' which will hold them until your child is ready to let them go. Assure them that you'll create the worry box jointly and use it together. You'll be there for them when they have worries, and you'll be able to help them talk things out.</p> <p>If they are using a cardboard box, use sellotape to secure the lid, then use scissors to cut a slit in the top large enough to let paper slips through — making it a post-box. Make sure they can open and close the lid if they are using a wooden box or jar. The kids may want to tie the lid shut with a piece of twine (but make sure they can easily remove it!).</p> <p>If possible, let the child take the lead on the decoration. Felt tips, colours, wrapping or tissue paper, stickers, and glitter are all options. Write 'worry box' anywhere on the container to identify it. Do not hesitate to inquire about whether or not a certain location resonates with kid(s). On the slips of paper, have them write or draw whatever they're worried about (you can write for them if necessary).</p> <p>Request that each child shares each concern with you, and then take a moment to acknowledge it together. You can demonstrate that you've heard them by repeating their concern and quickly considering any solutions that might assist your child cope with the issue in the future. After that, have kids fold the piece of paper and place it in the box.</p> <p>Replace the lid and/or tie the box closed with the string if the box does not have a sealed lid. Then return the box to the agreed-upon storage location.</p>

Discussion/Goals:	<p>Children will need to make their own box and decorate it however they choose. If they are too young or do not want to do it on your own, this might be a fun exercise to undertake with an adult. Then, on paper, ask them to write out concerns and place them in their box. Their anxieties have vanished and are safely stored in their box. They may wish to read them again at a later time to see how they feel.</p>
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Name of the technique:	Session 14: Raising Leaders Self-Esteem Activity for Kids
Materials:	<p>Canvas</p> <p>Letter Stickers</p> <p>Paint (I recommend paint that matches where it will be hanging)</p> <p>Brushes</p>
Procedure:	<ol style="list-style-type: none"> 1. Ask the children to come up with positive adjectives that define them or things that they excel at. They may want assistance or prompting, but you might be surprised at how highly they regard themselves. 2. Use the stickers to spell out the text on their canvas. Place them all over the place, in no particular order. 3. Allow the children to paint whatever they wish over the stickers on the canvas. I recommend that they look for paint that matches their room. 4. When they're through painting, let it dry completely before peeling off the stickers. You'll have a beautiful art piece with positive affirmations about how you and your child see yourself. 5. Hang their photo in their room or somewhere else they'll view it frequently. It is hoped that it will remind them of their unique abilities and inspire them to grow into the next generation's leaders.

Discussion/Goals:

Self-concept and self-esteem are two notions that are closely related. Self-concept is the image of ourselves that we create by evaluating our abilities in various areas of our lives (interpersonal, sports, work, etc.). Simply put, self-concept is how we perceive ourselves.

Self-esteem grows in lockstep with self-concept. Self-esteem refers to how we feel about ourselves and can range from low to high ("I'm worthless" to "I'm deserving"). How we feel about ourselves and our personal features is referred to as self-esteem. It is highly influenced by our assessment of the various parts that make up our self-concept.

It is critical for a child's and adolescent's development to build healthy self-esteem and confidence. It enables individuals to become more emotionally resilient and better cope with stress and other life obstacles. However, how can we instill confidence in children?

Self-esteem exercises for children can assist us in this endeavor. However, before you can figure out how to help your child/teen (or student), you must first understand what self-esteem is.

Name of the technique:	Session 15: Softness project
Materials:	Fabrics of many types, textured materials, and soft textiles For the base, use cardboard or thick paper. Scissors and glue
Procedure:	Participating children should be asked about their sense of touch at the beginning of the session. Invite them to talk about what makes them feel good, what makes them feel bad, and why. What are some of the items they like to handle? What are the materials that they find reassuring and nurturing?

	<p>Demonstrate that touch is a vital sensory experience that may be used to make objects that provide us with comfort and a sense of serenity. Make it easy for children to sift through the many contents in the box and choose what they like best.</p> <p>Following that, children would be able to make a soft collage by gluing, stitching, or tying the fabric pieces together on a cardboard or thick paper substrate. Encourage them to think carefully about the materials they choose and to pile as much as they want on top of the collage to make a pillow-like sculpture.</p> <p>In case you are working with an older group of children, you may provide more specific directions, such as utilizing the materials to show a terrible incident, a person with whom they have a difficult disagreement, or a feature of themselves that they dislike. Through the process of collage, participating children are given a new perspective on difficult situations.</p> <p>It is recommended to use things like glue sticks and having pre-cut pieces of material on hand while working with a group of young children.</p>
Discussion/Goals:	<p>It's no secret that we're all tactile creatures, but it's especially true for children who are eager to explore, touch, and feel the world around them. Touch is a means for kids to learn about the world while also providing comfort.</p> <p>The exercise below is a type of art therapy that emphasizes the use of soothing textures while allowing for a manageable exploration of difficult emotions. It's a particularly good exercise for younger kids.</p>

Session 16: Mindfulness bead making

Background: Please refer to earlier chapter about mindfulness

Name of the technique:	Session 16: Mindfulness bead making
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Materials:	Get a variety of beads. Take apart some old jewellery you have at home or at a thrift store. To produce the beads, use ordinary oven-bake modelling clay. To add the beads to the process, you'll need some string or leather strands.
Procedure:	<p>Introduce to children the notion of mindfulness, explain it to them and lead them through a brief mindfulness exercise. Close their eyes and ask them to concentrate on their breathing, feeling each breath as they inhale and exhale slowly.</p> <p>Then, describe how mindfulness beads work and how you'll be making them. During times of worry, mindfulness beads can be used to redirect the mind and create a distraction from anxious thoughts while practicing mindfulness.</p> <p>Provide the children with the option you've chosen for making their own beads. When they're attempting to focus on something else, ask them to consider what colours they like best and what textures they'd like to feel. They can make a keychain, bracelet, or necklace out of the beads and string, depending on what they think would be most useful.</p> <p>When they are done, tell them they can either reflect on the overall appearance and feel of the beads, or they can touch and focus on one bead at a time, assigning meaning and utilizing each bead as a meditation cue.</p>
Discussion/Goals:	Mindfulness beads, like a worry stone or a fidget cube, can be a simple, inexpensive coping mechanism that is both enjoyable to make and convenient to carry around. Throughout history, people have worn jewellery as a form of protection or as a sign of their beliefs.

Name of the technique:	Session 17: Mind Body Connection
Materials:	Large Paper, markers

Procedure:	<p>In this practice, have the child sketch a body outline with a pencil or pen. Ask the child to take a moment to concentrate on physical feelings in their own body right now before drawing the body outline. Ask them if their body is experiencing any stress, pain, or discomfort in any regions.</p> <p>When creating the body contour, ask the child with simple and clear words to include their understanding of these bodily sensations.</p>
Discussion/Goals:	<p>The mind and body are inextricably linked and can influence one another in a feedback loop in which the mind causes tension in the body, and the body's heightened feelings cause the mind to overthink</p>

Name of the technique:	Session 18: Creating a Jungle Animal Collage
Materials:	<p>Chicken wire</p> <p>Paper</p> <p>Glue</p> <p>Cardboard</p> <p>Paint, pencils, pens</p> <p>Styrofoam cups</p> <p>Textiles – Fabric, wool, ribbon etc</p> <p>Feathers</p> <p>Clay</p>

	<p>Foil</p> <p>Paper plates</p> <p>Clothespins (wood)</p> <p>Socks</p> <p>Buttons</p> <p>Paint and Pens for finger puppets (washable)</p> <p>Glovers for finger puppets</p> <p>Cardboard containers, rolls, and boxes</p> <p>Fishing line</p> <p>Dowel</p> <p>Sequins</p> <p>Pipe cleaners</p> <p>Googly eyes</p>
Procedure:	<p>Step 1: Find Materials. Begin by finding your materials</p> <p>Step 2: Create a Template and Cut Out Your Foam</p> <p>Step 3: Stitch the Skin/ Add the Nose</p> <p>Step 4: Finish Up the Face Parts</p> <p>Step 5: Time for Hair</p> <p>Step 6: Begin the Body</p> <p>Step 7: Hands</p> <p>Step 8: Finish Up.</p>
Discussion/Goals:	<p>Children can employ puppets to represent various people in a circumstance that they may have directly encountered. As a result, they may assign puppets to be good or bad, according to good or terrible persons in their child's personal life. However, with the puppets' assigned personalities, the concept of good and bad may not always be evident. Instead, the youngster can use puppets to express their own feelings of bewilderment and insecurity about a circumstance they may have encountered.</p> <p>Puppets may frequently be made more human by giving them a personality or specific peculiarities.</p>

The following are the main objectives for employing puppets making in art therapy:

Telling a story

Making use of metaphors

a way of communicating

Future-oriented role-playing

Reenacting previous events

Creating a persona as a coping strategy

Using a puppet or a disguise to express the client's actual emotions

Using a puppet or mask as a projection tool for framing 'negative' ideas and thoughts

Providing a sense of control to the client

Using puppets/masks to keep clients at a safe distance from unpleasant experiences.

Serving as a transitional object for the client's terrible experiences

Adding a sense of levity to otherwise severe situations (eg. illness or death)

Non-verbal or disabled clients' ways of expressing themselves

Puppets and masks offer a unique way to express creativity and tell a story.

Puppet and mask making can contain a variety of elements, such as:

Creating the puppets, including the clothing and props that go with them

Creating a script for each puppet using creative writing

The puppets' performance

Making a stage for the puppets to perform in

Assigning the puppet various forms, such as human, animal, and fantasy

Session 19: Creating Puppets

Background

Puppets are one of the most popular methods for making three-dimensional art in art therapy. These items can add a new dimension to a client's ability to express themselves. Puppets can offer a tangible presence to these artefacts with dimension by adding a quality of magnitude through form, texture, and weight.

When children make puppets or masks, they are participating in the creative process of creating a character and a story, as well as providing the character's presence physical weight, which may generate a stronger connection than a flat 2D product.

For young children who have already made connections with other puppets through television, puppets provide a powerful connection. Puppets for television are frequently created with the goal of teaching children about numbers, vocabulary, and social structures such as family, friends, and degrees of 'good' and 'bad' behaviour. Puppets may already symbolize a high level of confidence for a young child in this arena.

Puppets should only be used at the discretion of the therapist. Puppets may be perceived positively by children in the context of play and amusement; nevertheless, puppets and masks may appear juvenile and immature to adults. Teenagers may become resistant as a result of this. Using puppets and masks in a group environment for teens, where there is a more collegial atmosphere, is generally more beneficial. Resistant teens can learn from more lively adult players in this atmosphere to inspire hesitant clients. Art therapists, may have various puppets and masks on show in their room, which may entice reticent teens to make their own mask or puppet.

Puppets give creative creations a three-dimensional feel. If a child is frustrated with flat creative works, they might be more interested in dimensional works with textures and movement that can be easily incorporated into masks and puppets. Puppets are very helpful for children who have been through trauma or are under a lot of stress. Puppets can assist a youngster in projecting his or her emotional experiences through the puppet's voice.

Puppets are also beneficial for nonverbal individuals who can exert control over a puppet's behaviour. Additionally, employing puppets can benefit children with impairments or brain traumas because they don't have to rely on verbal communication and can convey their bodily frustrations and feelings through their puppets.

Puppets and masks can also be used in family therapy sessions to help parents/caregivers and children in the family unit communicate more effectively. Because the puppets and masks are a shared feature among all family members, these amusing tools assist to put everyone on an equal footing. Everyone can have a similar-sized puppet, which can help children cope with the fear that large adults can cause.

If each family member may take different responsibilities within the family through their puppet, puppets can also help each family member gain perspective on other family roles

Conclusions

Studies have shown that Art Therapy can be a positive coping mechanism for children who have experienced trauma, as well as a way for them to express themselves and the world around them. In addition to the conscious mind, art is a means of expressing the unconscious mind as well.

A work of art can express something that a youngster may not even be aware is obstructing them. Children express their trauma via their artwork. Children who were afraid to tell anyone what had happened for fear of getting in trouble or injuring someone else have, through time, expressed their secrets through art expression. Art has a lot of power. It tells a narrative in a way that words can't. It conveys not only the child's inner feelings, but also his or her vision of the world.

Among art therapy's greatest virtues is its ability to draw attention to a patient's unique talents and abilities. In her work with the chronically mentally ill, art therapy pioneer Elinor Ulman emphasized the need of appreciating the patient's abilities as part of the personality assessment (Ulman & Levy, 1975). Art therapy, when viewed as a means of identifying strengths, can serve as a link between the sad and lonely places of disease and the joy of human connection and understanding.

If a youngster walks into an office building and is greeted by a stranger asking personal questions about their lives, I feel art therapy can be especially helpful for that child. Using art as a therapeutic tool not only helps the client express their feelings, but it also gives them a means to deal with their emotional pain. Communication becomes more enjoyable, effective, and secure when art is included. It's easy since it's familiar. The child and the therapist can begin to understand each other by creating a safe and trusting environment.

When Pablo Picasso said, "Every child is an artist," he summed it up well. The issue is how to stay an artist as we get older." Children's urge to participate in creativity appears to trace back many millennia. Drawings can be a powerful coping strategy for recovering from traumatic events or emotional disturbances, as well as coping with depression, anxiety, or any other mental disorder.

If a child is afraid of talking in therapy, they may not be able to express their feelings well. Using art therapy, the therapist can get a glimpse into a child's world that they otherwise wouldn't be able to. The excellent relationship and trust that the therapist fosters in the session will eventually encourage and mirror successful

verbal communication. While making art, the child learns how to transition from nonverbal to vocal communication, as the therapist displays in sessions.

Research suggests that art therapy with children improves social, developmental, and cognitive growth. Involvement and acceptance that comes via art making with the kid and with the therapist promotes positive social experiences and allows the child to trust and participate in mature social development. Developmental benefits emerge as a result of a child's imagination and perception being expressed, allowing the youngster to discover who they are and learn about relationships and the world around them. As a youngster learns to draw images or participate in art, his or her cognition extends and grows as they discover meaning in the creative process.

Although art therapy is a nonverbal form of communication, it does not negate the importance of spoken communication in treatment. In a therapeutic setting, children who participate in expressive art are encouraged to talk about their drawings. When youngsters draw, a different portion of the brain is activated than when they participate in conversation therapy. Trauma can begin to fade and healing can occur when both the left and right brains are activated.

Art may be a sort of escape, a safe haven, a distraction, and a location where troubles recede and happy neurotransmitters are released for youngsters. These joyful chemicals remind the child that expressing oneself is fun. Children associate sketching and speaking via their art as a pleasurable emotion that reinforces repetition and expression during this joyful experience. Through the therapeutic process of painting, children are understood, heard, and rewarded. The children then begin to learn how to convey their hurts in a productive and good manner. The youngster begins to comprehend the different types of emotions he or she is experiencing through art expression. The child's ability to express themselves via art allows them to become more conscious of what is hurting them. When youngsters draw or create anything, they often feel joyful or protected, and it gives them confidence that they are capable of creating something spectacular.

There are numerous advantages and advantages for children who participate in art therapy. Only a few of them have been examined. For kids, art is more than just creating a picture. It's telling a tale, expressing a viewpoint, or expressing an emotion. Children use art to communicate with adults about what is going on in their life. Children want to be understood and heard. Art is sometimes their only means of communicating their world to others. When a youngster is dealing with trauma, abuse, or family concerns, they are unable to find competent help for their problems. They rely on us instead.

When group art therapy participants assist one another, they might create a sense of belonging and purpose. It has the potential to improve a person's coping and interpersonal abilities. Knowing that others are going

through the same thing confirms their feelings. The sensation of uneasiness that all participants experience when they first begin to produce art is universal until they learn that everyone is doing it, at which point the feelings of self-doubt go away.

As the treatment session comes to a close, the participants feel fulfilled and hopeful. The progression of their development can be seen in how they improve their art expression from the start of treatment to the end of treatment. Artworks can show what stage of depression or grief a participant is going through. Participants' anxiety is reduced by understanding their problems and stages of recovery through art sessions. They will learn and recognize patterns in their behaviour, allowing them to avoid the unhelpful incident that prevents them from progressing.

A skilled art therapist can help a youngster replace problematic behaviour with the norm. Mental treatment might include the use of art materials in a controlled atmosphere under the supervision of an art therapist. It has the potential to help youngsters with their psychosocial issues. For a child, art can become a second language. For example, if a youngster is having difficulties at school due to academic failures or peer pressure, it might have an impact on their social behaviour and academic performance. Art therapy could be a means for them to express their negative feelings and gain a better understanding of themselves and their situation.

Going through the creative process and creating art offers us a sense of accomplishment and serves as a healthy coping mechanism. We can point out the major problem for a more effective therapy of mental illnesses by bringing out those repressed thoughts and memories through art.

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MODULE PLAN

Title	Working with children in colour therapy
Duration	30 hours

General objective	The aim of this module is to present an introductory view of the use of colour and art therapy for treating children, its positive uses for anxiety, depression, traumatic incidents and psychological conditions as well as activities that could be used when working with children in colour therapy.
Specific objectives	<ul style="list-style-type: none"> ● To provide the learners (health and mindfulness trainers) with the ability to understand and identify the reasons/causes and effects of colour and art therapy on children ● To present the learners with a theoretical view colour therapy and art therapy in relation to its effects on children ● To instruct the learners in an easy way to use techniques and activities in order to assist children with their anxiety, depression, traumatic incidents and psychological conditions
<p>Learning outcomes (at least 1 of each): Knowledge, Skills, Responsibility and Autonomy</p> <p>(see Bloom's Taxonomy Action Verbs- Annex)</p>	<p>Knowledge:</p> <ol style="list-style-type: none"> 1. Understanding the role of Art therapy in treating children's conditions 2. List the advantages of Colour Therapy 3. Understanding the main characteristics of Expressive Art Therapy 4. Identify main applications of colour therapy techniques for children <p>Skills:</p> <ol style="list-style-type: none"> 5. To propose a plan of action using colour therapy in order to stimulate and increase the young patient's resilience and balance 6. To use techniques and activities in order help children with their emotional and mental struggles 7. To use key principles of counselling skills with children 8. The art of active listening and response through practical and artistic activities 9. The power of accurate empathy, understanding and mindfulness 10. Working with a child's feelings without leading questions, interpretations, inferences of meaning 11. Making therapeutic use of a child's art and play images 12. Knowing how to move from problem to art/play image for a deeper level of understanding

13. Using storytelling as a therapeutic tool with children
14. Prepare a session of art colour therapy for a specific group of children

Responsibility and Autonomy:

The course provides a level 2 autonomy regarding the identification and applying of ways to help children express their anxiety, depression, emotional or mental issues, trauma, and preparing them for coping with those emotions, meaning that the person using only this module for his/her professional development will be able to identify and potentially use activities in helping children through techniques of colour therapy presented in this module, however colour therapy activities for children are not recommended to be administered without supervision from a senior psychotherapist.

Module summary (abstract – half a page)

This module presents key concepts of art therapy, colour therapy, expressive therapy and research on their effect on children, as well as activities, tools and methods of treating / helping children using colour therapy.

List of resources, tools and methods⁴

Colour therapy techniques
Expressive Art Therapy techniques
Squiggle Game Intervention

⁴ Example: videos; ppt; exercises; check list; case study; etc

CURRICULUM SYNTHESIS

Modules	Duration per module	Activities	Techniques	Resources , Tools and Methods	Duration per activity	Content focus	Learning outcomes
4. Working with children in colour therapy	30hrs	Affirmations	1. Bottle of Positive Affirmations 2. Words to live by collage 3. Body Tracing Affirmation	The cards explaining the application of each technique and the materials from the training course	1-4hrs depending on age group	The positive effects of affirmation practices for children	knowledge on how to use affirmations to help children
		Meditation	4. Anger Iceberg & Zentangle drawing 5. Mindfulness bead making 6. Mind Body Connection			The practice of meditation, its effects on children	Meditative practices that can be used with children
		Stress Relieving	7. Mandala Art 8. Mask Making			The impact of stress on children and the positive	Practical exercises for stress relief, knowledge on stress

		Visualization/ Manifestation	<p>9. Worry Group Activity: Controlled Breathing Waves</p> <p>10. Coping Strategies Wheel</p> <p>11. Worry Wand</p> <p>12. Worry Doll</p> <p>13. Box of worry</p> <p>14. Softness project</p>			<p>characteristics of activities that can help children cope with it.</p>	<p>relief and techniques that can be used when working with children in colour therapy</p>
			<p>15. Family Sculpture</p> <p>16. Show Me How You Feel Today</p> <p>17. Raising Leaders Self- Esteem Activity</p> <p>18. Creating a Jungle Animal Collage</p> <p>19. Creating Puppets</p> <p>20. Picture Frame Art Project</p>			<p>Knowledge and characteristics of visualization</p>	<p>Knowledge on the main visualization techniques that can be used when working with children in colour therapy</p>