

HEALING THE TRAUMATIZED CHILD THROUGH EXPRESSIVE ARTS THERAPY 1

Healing the Traumatized Child Through Expressive Arts Therapy

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Abstract:

The purpose of this paper is to educate the reader about childhood trauma and the validity that creative arts therapy has in the process of recovery from early trauma. The following paper will also provide various case studies to illuminate this statement.

Introduction:

Creativity. Perspective. Empowerment. By seeing life through a creative lens, we choose to challenge our perspective. As a result, we obtain an understanding of something greater. Without perspective we wouldn't be able to reestablish our relationships with ourselves or, others. We would be unable to maintain our sense of personhood. Our sense of community. Our sense of empowerment. Creativity has been imperative for functioning civilizations throughout history and it continues to be necessary for the future. However, it is the next generation of society, the youth that will make up the future, that is what needs to be nurtured the most. In order for the continuation of humanity, it is vital that we utilize our natural instincts towards creative communication to convey the new standards. When communication and creative expression is neglected during youth, the future generations follow suit, and a vicious cycle continues.

As children, we are born with biology from both parents but, what happens after that is just as important to the child's development. This is the nature vs. nurture argument. The first years of childhood are wrought with learning experiences and experiments. To a child, these moments help shape their future. It is easy to imagine a pure and wholesome caregiver(s) bringing the child all the support, love and education they need in these early years. Now

envision a child that sleeps in a different home every year or are witness to violence and rape. Imagine some children seeing their caregiver depressed, anxious or emotionally distant. These children are often hungry and crying for the nurturing they need. This is the case with much of the population, and the results are often long-term (Bassel Van Der Kolk, M.D.).

According to Jeffery S. Turner, “child abuse is a traumatic family crisis and is defined as harm to, or neglect of, a child by another person, whether adult or child. Child abuse happens in all cultural, ethnic and income groups. Much like partner abuse, different forms of child abuse are seen. Child abuse can be physical, emotional, verbal, sexual or neglectful. Abuse may cause serious injury to the child and may even result in death. Child abuse is perhaps the most alarming type of domestic violence because of the acute vulnerability of children, their inability to escape the trauma of the situation, and the degrees of physical punishment that they suffer. An estimated 3 million children are reported each year as suspected victims of child abuse and neglect (Turner). One in three girls and one in five boys are sexually abused by an adult at some point during their childhood (Turner).” Trauma is pure devastation and when it is experienced as a child, the child only knows life with trauma. The suggestion that trauma can be completely recovered from is a farcical dream. Nevertheless, healing is possible.

Art therapy, also known as, expressive arts therapy or creative arts therapy, is a modality for healing that encourages recovery through a different lens of therapeutic practice. Creative arts therapy uses multiple forms of expression in order to divulge the healing process. Creative expression can consist of visual arts, music, drama or written word. By utilizing expressive therapy, a client is able to confront their emotional world with further dimension than traditional therapy. Expressive arts help the client envision their problems becoming resolved more effectively (Rogers). Expression is a multitude of feelings and emotions that yearn to be

understood. This can be especially challenging for a child because they are desperately trying to understand it themselves. It is important to know that; creative arts therapy does not promote the finished product of the therapeutic session but the process the client goes through while creating the artwork.

Knowing the Brain:

Before we start explaining trauma and art therapy, we first must cover the basics like brain functioning. It is vital to understand this so that we may continue to the explanations of how art therapy can help a traumatized child heal. The brain holds a vast network of processing for everyday functioning that, with trauma, can alter the normalcy or healthy functioning of the brain and thus, body interactions with the environment. The brain is made up of many parts but, for the purpose of this paper, we will focus on the peripheral nervous system. That is, the parts of the brain that send and receive signals that impact the flight or fight response and its correlation to a relaxed state. This aspect of cognitive functioning will emphasize the connection of the mind's ability to create bodily responses through a developing brain that has been impacted by trauma.

To begin, we will discuss the steps that the human body goes through when experiencing the influence of external and internal stimuli. When the spinal cord receives signals from the body's interaction with the environment, it is sent to the peripheral nervous system. The peripheral nervous system controls how the body interacts with the external stimulus of the environment through voluntary and involuntary reactions. The peripheral nervous system is made up of two branches, the autonomic and somatic nervous systems (Hass-Cohen 2008). The autonomic nervous system is in charge of involuntary responses to stimuli and the somatic nervous system controls the voluntary responses based off of the information from the external

world through the afferent (incoming) and efferent (outgoing) nervous systems. With this, the autonomic nervous system continues to be divided by two more systems (Hass-Cohen 2008). The sympathetic nervous system and the parasympathetic nervous system. The sympathetic nervous system allows for a person to adapt to relational and environmental situations. The sympathetic nervous system is where the term, fight or flight response, comes from. This response can be the result of external or psychological stimuli. The parasympathetic system takes these responses and reduces the excitation so that the body may find a sense of normalcy or relaxation (Hass-Cohen 2008). For example, when you prick your finger by accident the autonomic nervous system will involuntarily cause your body to retract. With trauma, the connection between the mind and body is severed due to the experience of extreme terror from an uncontrollable circumstance. When the mind-body connection is in the process of healing, the links are regenerated through the awareness of post-traumatic factors that influence the client's ability to form healthy coping mechanisms.

The Traumatized Brain:

Trauma is often considered to be an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives (Petra Winnette, American Psychological Association 2016). Trauma affects all genders, all races, all ages and all incomes. For the purpose of this paper we will be addressing childhood trauma. Trauma that happens in childhood can arise from personally experiencing the traumatic event, viewing a traumatic event, and neglectful caregiving. According to Judith Herman, M.D., "The pathological environment of childhood

abuse forces the development of extraordinary capacities, both creative and destructive. It fosters the development of abnormal states of consciousness in which the ordinary relations of body and mind, reality and imagination, knowledge and memory, no longer hold. These altered states of consciousness permit elaboration of a prodigious array of symptoms, both somatic and psychological. And these symptoms simultaneously conceal and reveal their origins; they speak in disguised language of secrets too terrible for words.” When a child experiences trauma, it affects the developing brain. This, in turn, influences the future cognitive functioning of the individual. Trauma literally rewrites both the body and the mind. This results in dissociation or separation from the self. A regression of intrapersonal (relationship with self) and interpersonal (relationship with others) growth is evident in a patient’s behavior in solitude and social situations. This causes everyday occurrences to become more challenging for a client with post-traumatic stress disorder. Post-traumatic stress disorder is mental illness that results from experiencing or witnessing a traumatic event that is outside the realm of general human experience (Maralynn M. Hagood).

The brain then processes them as if the patient were experiencing the trauma over again. Somatosensory and parietal areas of the brain, factor in a damaged brain that causes in-continuity in the processing of stimuli. This creates a “trigger” response and the brain responds to the correlating traumatic memory as if it were happening in the present (Van Der Kolk 2015). This can lead to panic-attacks. Panic-attack is a term used to describe a person’s perception of a threat were the body interprets the external stimuli through a catastrophic lens. This causes extreme anxiety and fear. In turn, this causes the individual to perceive their anxiety and fear even more catastrophically. Panic-attacks are often debilitating and can take several hours to recover from (S. Lloyd Williams). For example: If you experienced a traumatic event and a song was playing

in the background, when you hear that song, your body will think you are going through the traumatic event again. This is where the sympathetic nervous system will kick in causing a flight or fight reaction. However, since the external stimulus is only a reminder of the traumatic event, the mind-body connection is disconnected, this experience often called a panic attack. A panic attack is a common experience that can arise from post-traumatic stress disorder (S. Lloyd Williams). When a person experiences a panic attack, they usually report feeling numb, sweaty, light-headed, dizzy, nauseous or confused. There are frequent records of a person feeling like they are out of their body or dissociating from the triggering experience they have found themselves in. They will have trouble speaking, focusing, standing or continuing other normal functions. When a person experiences a panic attack, it can be difficult to bring them back to the present; especially when the person has no understanding of what or why they are experiencing the sensations at hand. The effects of post-traumatic stress disorder and panic attacks can be long term and challenging to treat with adults (S. Lloyd Williams).

Behaviors of the Traumatized Child:

Children experiencing trauma have conflicting messages in their behaviors. Children, especially under the age of ten, could be described as psychological sponges. The first people a child clings to are their parents. The child's development revolves around what they experience through their relationship with their parents. Because of the state of their developing brain, children are immensely vulnerable and thus, sensitive people. Children are forever experimenting with their surroundings in order to develop a basic understanding of how the world works and what their function is within it. When a child is living in an unstable environment or experiences one of the many forms of trauma, this causes adverse effects to the

child's cognitive development. This, in turn, impacts the child's behavior when coping with the stress associated with trauma and their life after the trauma has ceased (Petra Winnette).

Chronic maltreatment or trauma of a child, left untreated, creates complex developmental trauma. Thus, resulting in long term post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder. According to Petra Winnette, Complex post-traumatic stress disorder is a likely outcome when a child repeatedly experiences fear or terror which is unpredictable and out of his control. He cannot reach a safe and reliable parent to help him. In the absence of a parent to protect, nurture and support him, a child must rely on his own underdeveloped resources to survive. Children who experience serial traumatic events in early childhood are at risk for difficulties in one or more areas of development: attachment, biology, affect regulation, cognitive functioning and self-concept (Cook, Blaustein et al. 2003). Because of the underdeveloped cognitive functioning of the child's brain, their ability to process the traumatic emotions becomes disrupted. When this happens, it is likely the child will express their emotions in unhealthy ways that can cause serious harm. A child that develops post-traumatic stress disorder will often find that their trauma resurfaces when evoked by a perceived threat. Reactions may involve of an inconsistency in bodily regulation. Basic survival needs such as sleeping, eating, and elimination can become disrupted at a time of perceived trauma. As a result, the child continues to function on edge. At this point a child is unable to apply ordinary means of self-soothing. Abused children could discover that their bodies need a shock to the system. In order to wake up from the panic of a possible threat, a child may attempt to revive themselves with deliberate bodily harm. The premeditated infliction of pain to the body is very common in survivors of childhood abuse or neglect and can often be stimulated through self-mutilation. Many survivors of childhood abuse describe the act of self-injury as a way to prove their

existence (Cook, Blaustein et al. 2003). These displays of behavior can multiply if the child is not given validation or safety when the abuse is reported (Judith Herman M.D.).

By not communicating with the child about the abuse, they are forced into an isolated world. This reality brings forth imminent consequences to behaviors they have no control over. Although this isn't the reality for every child, there are still instances out there that need to be addressed. In the course of normal development, a child achieves a secure sense of autonomy by forming inner representations of trustworthy and dependable caregivers that can be summoned upon emotional distress. In the climate of chronic childhood abuse, these inner representations cannot form because they are continually deprived due to the traumatic experience. The abused child is then unable to develop a sense of safety and thus, continues to be more dependent on external sources of comfort (Judith Herman, M.D.).

Finding a Path to Healing:

Trauma can rob you of the feeling that you oversee yourself. Some ways to find healing involve; 1) discovering a way to become calm and focused 2) learning to maintain the calm in responses to triggers. 3) find a way to be present in the now and 4) not keeping secrets from self/other including ways of coping with survival (Van Der Kolk 2014). Recovering from trauma is a long and tumultuous road with many pitstops during the journey. It is impossible to say when the need for healing will end. Post-traumatic stress disorder can be a lifelong mental illness. It causes the sufferer immeasurable amounts of physical and psychological pain. Traditional talk therapies, like cognitive therapy, were some of the first attempts at helping a client with post-traumatic stress disorder. Cognitive therapy is based on a theory of personality which maintains that people respond to life events through a combination of cognitive, affective, motivational, and behavioral responses (Aaron T. Beck and Marjorie E. Weishaar.). These responses are based

in human evolution and individual learning history. The cognitive system deals with the way that individuals perceive, interpret, and assign meanings to events. Cognitive therapy aims to adjust information-processing and initiate positive change in all systems by acting through the cognitive system (Aaron T. Beck and Marjorie E. Weishaar.). This method of recovery is difficult for many people. Marginalized populations that revolve around developmental challenges are faced with extra barriers that can often negate the therapeutic process. It is crucial to meet these clients where they are at in their cognitive development. When cognitive brain functioning is incongruent to the therapeutic communication is difficult for the client to obtain progress through the therapy sessions and other sources of communication need to be utilized in order for the recovery process to begin (Aaron T. Beck and Marjorie E. Weishaar.).

Employing extra therapeutic tools to cognitive therapy such as, creative expression through visual arts, music or movement, can create better results during the therapeutic process than standard talk therapy and can allude to more fruitful long-term revelations. When conducting therapy with a child it is important to recall the developmental stages they have successfully grown into. It is frequently seen that; a traumatized child will have a varied display of developmental progress. Because of this, the child may have challenges expressing their perspective of the trauma or abuse they have experienced. It is imperative that the therapist meets the child at their level of development. In order to do so, a therapist can stimulate creative play with the child and interact with their narrative during session. This practice employs an understanding of their traumatic experience and their path to recovery. Recovery works best when multiple avenues are used in treatment. Bessel Van Der Kolk, M.D. writes that, “We can now develop methods and experiences that utilize the brain’s neuroplasticity to help survivors feel fully alive in the present and move on with their lives. 1) Top down, by talking, (re-)

connecting with others, and allowing ourselves to know and understand what is going on with us, while processing the memories of the trauma. 2) By taking medicines that shut down inappropriate alarm reactions, or by utilizing other technologies that change the way the brain organizes information. 3) Bottom up: by allowing the body to have experiences that deeply and viscerally contradict the helplessness, rage, or collapse that result from trauma.” Children of trauma respond best to bottom up or mind-body connective modalities in the therapeutic context and expressive arts or creative interventions of play allow a child to take control of the therapy sessions to begin the healing process.

Mindfulness and the Mind-Body Connection:

In order to begin the recovery process, it is imperative to reestablish a healthy connection between the brain and the body. It is vital for the traumatized person to practice mindfulness-based activities. Participating in mindfulness allows a person to get in touch with the nature of their feelings and perceptions (Bassel Van Der Kolk, M.D.). This lets the traumatized client to cognitively reflect on the association between their fight and flight responses in relation to being retraumatized. Practicing mindfulness balances the sympathetic nervous system. This, in turn, makes it harder for the fight-or-flight response to kick in, giving the traumatized child a stronger sense of normalcy in everyday functioning (Bassel Van Der Kolk, M.D.). While utilizing the therapeutic tool of mind-body connective activities, it is possible for the child to acquire more affective coping mechanisms that will continue to work throughout continued years of development. Mind-body connective activities can include; deep breathing exercises, sensory grounding practices, creatively stimulating practices like drawing and music or movement-based relaxation through yoga and meditation.

Consider the following; you experience a panic attack and you are confused as to why you feel so anxious. You are unaware of the trigger that you have experienced and therefore do not know how to cope or manage your symptoms affectively. When a mind-body connection is rebuilt, the body is able to decipher the triggered response consciously. Once this conscious effort is practiced enough or mastered, your response becomes unconscious as your brain and body react with a healthy visceral action instead of a negative one.

Reestablishing sensory connection with conscious thought, repairs the brain's ability to unconsciously process the external stimuli causing a healthy instinctual reaction instead of a negative one. According to Bessel Van Der Kolk, "the challenge of recovery is to reestablish ownership of your body and your mind- of yourself. This means feeling free to know what you know and to feel what you feel without becoming overwhelmed, enraged, ashamed, or collapsed. For most people this involves (1) finding a way to become calm and focused (2) learning to maintain that calm in response to images, thoughts, sounds, or physical sensations that remind you of the past, (3) finding a way to be fully alive in the present and engaged with the people around you, (4) not having to keep secrets from yourself, including secrets about the ways that you have managed to survive."

Recovery begins when one's personhood can reconnect to self-awareness through mind-body connective activities in a therapeutic setting. When a client participates in one of these activities, they are able to experience a grounding affective-sensory action. These actions can assist the client to keep in touch with their surroundings while providing relief at the same time. These activities work through the expression of emotions and the voluntary kinesthetic movements required in activity participation. Such examples include the practice of yoga or movement, meditation, journaling, visual arts or music (Noah Hass-Cohen). These are

therapeutic practices that can be used in cognitive therapy. However, each client is unique, and mind-body connective activities are sometimes temporary tools for a client's therapeutic recovery process. With this inference it is safe to say that some clients need more mind-body or mindfulness activities in order to achieve a sense of recovery through therapy. When standard talk therapies like cognitive therapy don't work, it could be due to the stage of cognitive development a client is at. This is often seen in marginalized populations like children and those experiencing a mental disability. When a client needs more mind-body connective interventions, they are often referred to a different modality of therapeutic practice known as expressive arts therapy. Expressive arts therapy is also commonly called creative arts therapy or simply, art therapy (Sandra L. Graves-Alcorn and Eric J. Green).

Expressive arts therapy is a multi-modal therapy that utilizes the empowerment of emotions through the creative process of artistic expression. It allows the client to experience the mind-body connection with critical insight into thoughts, feelings and emotions through a kinesthetic activity. Association between the mind and body is an awareness that develops from mindfulness practices that cultivate a relationship through multiple senses. The expressive arts are a tangible way for the mind-body interaction to be fulfilled in a safe and therapeutic setting. (Sandra L. Graves-Alcorn and Eric J. Green).

Why Art Heals: Expressive Arts Therapy:

According to Noah Hass-Cohen, "The scientific theory of Art Therapy must take into account the findings of evolutionary biology and anthropology concerning mankind, the findings of neuroscience and psychopathology concerning the workings of the human brain, and the findings of the physical sciences concerning the laws of nature." Expressive arts therapy employs multiple mediums of creative expression. These mediums can include; visual art, movement,

drawing, painting, sculpting, music, writing, sound, drama, play, and more (Rogers1993). When considering expressive arts therapy, it is vital to remember that it is not about the finished artwork but the process it takes to make it. Making art in the therapeutic context allows for clients to understand critical emotions through the creative process. This means that the client is free to interact with their artwork as they process their emotional perspectives.

Creating art is a mind-body activity that cultivates person-centered communication, creativity, empowerment, independence while fostering a healthy psychosocial relationship with themselves and others. Creative arts therapy brings forth the chance for self-discovery, personal fulfillment, relaxation, and physical relief (Graves-Alcorn, Green2014). In real world situations, it is difficult to ascertain new ways of coping when a psychological stressor is present. This leads to the client feeling a sense of fear and loss of control or safety. Art therapists provide an environment where the clients can gain control by taking action through creative expression during the session. By asking the client to draw, paint or sculpt while facing the psychological challenges of trauma. The somatic nervous system is able to express voluntarily, enabling the client to experience pleasurable kinesthetic practices instead of unproductive ones. (Herman M.D.). This is where the afferent and efferent nervous systems come into play. The afferent nerves of the somatic nervous system are able to collect inbound sensory information from touching or interacting with the art materials (temperature, texture, mass, smell, etc.), allowing for the client to have an emotional reaction that will, hopefully, be pleasurable (Herman M.D.). Meanwhile, the efferent nerves are making the necessary muscle contractions needed to participate in the art materials. Art therapy activities that centered around influential sensory expressions, give the client the ability to stay grounded during the therapeutic session while, at the same time, providing kinesthetic relief through the voluntary actions required to make art.

These “art as therapy” activities have the chance to stimulate the neural pathways associated with tactile and kinesthetic sensations of the primary somatosensory cortex (Noah Hass-Cohen 2008). The neuroplasticity of the brain correlates with damage and recovery. Expressive arts therapy gives the brain a chance to change this dialogue within the traumatized client and thus, overtime create a stronger, healthier, mind-body connection.

While expressive arts therapy utilizes many modalities of the cathartic process of creativity; art therapy utilizes imagery the most. Cathy Malchiodi, a pioneer in art therapy, once wrote; “Images and image formation, whether mental images or those drawn on paper, are important to all art therapy practice because through art making clients are invited to reframe how they feel, respond to an event or experience, and work on emotional and behavioral change. In contrast to mental images, however, artmaking allows an individual to actively try out, experiment with, or rehearse a desired change through a drawing, painting or collage—that is, it involves a tangible object that can be physically altered.” The idea that therapeutic activities for people with post-traumatic stress disorder use multiple senses is in direct correlation with the practice of art as therapy. By utilizing the universal language of creative expression, a client can access their innermost conflicts unconsciously. By opening the floor to this dialogue, the therapist/client relationship can cultivate revelations into the internalized struggles of the unconsciousness. Often times, the process of making the art has more impact on the client’s therapeutic experience than that of the finished artwork itself. This gives the client a chance for an empowered cathartic experience in therapy and can get them one step closer to recovery and healing.

Using art as therapy is a process that can help many populations and the effects are vigorously documented. The expressive arts and art therapy are a viable source for recovery from

traumatic experiences. However, adults that interact with the therapeutic context differs greatly than the way a child does. Therefore, the therapist is responsible for meeting the client where they are at in their stages of life as well as their cognitive development. Art therapy can still bring forth a safe dialogue for a traumatized child to reflect upon.

Children and the Expressive Art of Play in the Therapeutic Setting:

It has been observed that children show limited ways of communication. Since their cognitive functioning is still under development, the child is more inclined to use their environmental interactions as a way to convey their thoughts, feelings, and perceptions as they reflect on their traumatic experiences. When conducting therapy with a traumatized child, the therapist has a responsibility to provide the child with an environment that encourages creative interactions for communication. By stimulating the child in the therapeutic venue through toys or art materials they are given the chance to communicate through the items in the creative expression of play (Sandra L. Graves-Alcorn and Eric J. Green). This concept of play as a means of communication can be seen through their interactions with art materials, dolls, puppets, musical instruments, dance and more.

Play is a form of communication and it allows the child to utilize their creativity to make a narrative. These narratives are often unconscious expressions of their environment that the child is attempting to understand. The reason this is so helpful to the therapeutic process is that, it allows for the child to indirectly connect their life experiences to their conscious understanding. The therapist's role in therapeutic play is to mirror the child's interaction with the room (Axline). Mirroring the child allows for dialogue to open giving the child a stage to express their thoughts and emotions in relation to their trauma. By creating this dialogue, the child-therapist relationship is allowed to grow. The child is given a chance to observe, challenge, and

learn about their trauma in a safe and empowering environment. Children have a grasp on symbolism in the context of play and it is up to the therapist to properly document reoccurring themes in the narrative of creative play. For younger children, the trauma narrative is amplified through the use of doll-play or sandtray storytelling.

The use of a sandtray in a child's narrative opens more doors for symbolic play. Unnesteinsdóttir writes on the validity of sandtray play as to, "activate the child's creative thinking, to help the child sort out feelings in symbolic play, to initiate the child's healing capacities, to strengthen the child's self-image, to facilitate the right conditions for the child to have a total immersion into a subject, and to encourage originality of perception and verbal expression." When a child takes a figurine and changes the environment the character is in, it alludes to the child's inner cognitive perspective of the story being told. As a child interacts with the sensory stimulating texture of the sand, they become more prone to the psychodynamic workings of the therapeutic experience. "Imaginative storytelling activates the language systems at a deep psychic level opened by Sandtray Play. Telling stories improves language comprehension, performance, and reading. In addition, telling a story is an opportunity to create. The story is always optional and does not need to be a traditional story. The main concern is that the child works with the imagination, and the focus is on intrapersonal communication. It is a dialogue with the child's inner world." (Unnesteinsdóttir240). By accessing this inner narrative, the therapist is given a chance to open the story into a therapeutic conversation with the child client. This allows the child to be able to articulate their thoughts, feelings and emotions in relation to their perspective of the traumatic experience.

Head Start and the Child Development Project:

Head Start is a nationwide assistance program for children and their caregivers. Head Start was founded in 1965 due to the “war on poverty” headed by President Lyndon B. Johnson (Zigler, Muenchow 1992). The original focus of the “war on poverty” was the adults that needed jobs, homes and healthcare. It wasn’t until this initiative began to fail that the idea to focus on the child in poverty came to be. Head Start was born of the idea that poverty has long term repercussions and, could be seen as a disease that a person faces. This is because poverty leads to many other symptoms. Children of poverty were more likely to have learning difficulties, higher drop-out rates, unplanned pregnancies, and were more likely to need psychiatric care (Zigler, Muenchow 1992). Head Start is a federally funded inclusive, preschool. Head Start utilizes center, home and community-based learning modalities for children between infancy and five years. The culmination of these forms of learning emphasize the necessary structure for healthy child development by creating a supportive relationship with the parents and community. Head Start can provide outside resources that are unique to each region. In the northland of Wisconsin there is a special program offered through the University of Wisconsin Superior called The Child Development Project. The Child Development Project (CDP), is associated with the University of Wisconsin Superior by Dr. Jim Geidner, Ph.D. for the social and emotional wellness of infants and young children and high-risk mothers in Northern Wisconsin. CDP brings innovative therapies to the clinical practice like play and art therapy.

Case Studies:

The following case studies are confidential. Therefore, the case studies do not contain the names of the clients included. Instead, for identification purposes, all clients will be referred to as initials. Only the site of the therapeutic interventions will be mentioned. There are three types of play that were the most prevalent in the following case studies. Art making and

sandtray or dollhouse narratives. In this context, the children are telling or reflecting on stories that relate to their personal perspectives and experiences. Each of the following case studies includes traumatic events that the child client has experienced and is in the state of processing. There will be a short explanation of their background history followed by a reflection of their therapeutic processing and a session example.

KJ's Story:

KJ is a nine-year-old girl and has been coming to the Child Development Project with her mother for several years before we met. They have been attending a variety of sessions both together and separately for a while. KJ had been participating in art therapy during sessions. KJ is very responsive to the expressive arts therapy interventions and continues to show progress through sessions. When we met, KJ and her mother explained the reasons for treatment.

KJ has experienced domestic violence through her older brother. It has been evident that her brother lives with mental illness and expresses violent behavior towards the family and himself. KJ's brother has been known to target KJ directly. Her brother has been found laying next to her in bed as she sleeps. Her brother further disrupts her sleep by waking her to watch the television in the middle of the night. When he asks this of her, KJ participates out of fear. When they do watch television, he cuddles or coddles close to her, suffocating her and violating her physical boundaries. During the day, KJ often must defend herself when her brother physically attacks her. He is known to punch her and pin her to the ground. Some of the trauma is psychological as well. On multiple occasions, her brother has used body language to make death threats towards KJ and others in the home. Aside from the direct trauma, KJ witnesses her brother being violent to their mother. KJ is a bystander to her brother using derogatory language and getting into physical altercations with the mother and the home environment, often breaking

furniture and drywall or doors. Throughout the years of these interactions, the authorities have been called to the house several times. Amongst this chaos, KJ's brother also exhibits personal self-harm and has been in and out of residential treatment. KJ and her mother sought out treatment because of the repeated trauma that KJ has personally experienced and often witnessed within the home.

KJ's behavior in reaction to domestic violence can be seen through bodily functions and interpersonal situations. Most nights KJ sleeps with her mother for fear of her own safety. When KJ sleeps alone, she is known to wet the bed. While awake and functioning throughout the day, KJ will often not stand up for herself when interacting with her school peers. She is fearful of her own actions causing harm to others. KJ is also in a constant state of fight or flight. As a result, KJ is easily startled and often flinches when others touch her. However, throughout these instances, KJ is very creative and able to maintain friendships and excel in math and science. KJ is very open about her traumatic experiences and utilizes specific friends for emotional support throughout.

Processing:

Our sessions consist of an hour. The time is split up into three increments. The first ten minutes is often dedicated as a check-in to establish rapport and take any notes of the events or feelings of the last week. After check-in, KJ will participate in an art therapy directive called, Fine Art Fries. Fine Art Fries is a game created to open dialogue through creative expression. The game is designed to look like a box of French fries. Each fry is made of a yellow popsicle stick that has a question or drawing directive on it. The creative response to the French fry prompt is practiced for fifteen minutes with a quick reflection afterward. When the game is over, KJ is given an option to work on a separate art therapy intervention. KJ is provided with two

project options to work on for the rest of the session. The goal of these projects is to provide KJ with the ability to take control and gain a sense of empowerment during therapy. The projects provided vary. Some contain a sensory based intervention while others are more focused on art as therapy. KJ responds well to sensory stimuli. Specifically, visual and kinetic stimuli. KJ has made calm-down jars and slime in the past and regularly uses these at home. While these are good sensory tools to utilize, KJ has expressed an interest in trying new projects and learning new techniques.

One specific session occurred after a particularly difficult week. KJ's father had to leave due to a work conflict and would not be back for a few months. Within four hours of the family saying their goodbyes, KJ's brother stole a cannabis oil vaporizing pen and ran away. Once the authorities found him and brought him back home, KJ's brother revealed that he had a knife and expressed his desire to kill himself. The officer began to communicate with him regarding his mental health. KJ's brother proceeded to thrust the knife towards the officer. Needless to say, KJ's brother was convicted of a felony and brought into the local hospital's behavioral health wing for the next few days. While the traumatic event was taking place, KJ was told to hide in her room. KJ and I opened dialogue about hiding in her room.

KJ: "I had a friend over and she was trying to distract me from what was happening. And kept asking me if I was ok."

T: "It sounds like you had a safe place to go to and you happened to have a friend over who supported you."

KJ: "Yeah, it didn't really work though. She tried playing with me but, all I could do was sit on the bed and pick at my jeans."

T: "What was it like for you to know your brother threatened an officer?"

KJ: "It was scary. I kept looking out the window to see him get taken away. Everyone told me not to, but I did it anyway."

T: "How does it feel to not have your brother at home?"

KJ: "I don't want this to sound bad but... I... I think he earned it. Like, I think he deserved it. I'm glad it happened. I mean, I feel bad but, that's not something you should do. And, he did it. He cuts himself and he yells and fights and runs away all the time. And then he did this."

T: "Wow! You went through a very tough week. How are you now?"

KJ: "I don't know. I'm tired. I am glad he's not home. When he is, it's all about him. When does this stuff, I get sent to my room? I'm not the one fighting. I feel ignored. Like, when he is yelling and fighting with mom, I just want to step in and say, 'you guys are being so stupid! Just stop it!'

It was at this point in our session that I suggested the art therapy intervention game, Fine Art Fries. KJ pulled the French fry stating to, "Make an artwork about your moods." While my French fry asked, "Create a new best friend." We took ten to fifteen minutes to create our artwork and a few minutes after to share. Please refer to Figure: 1 for further description.

T: "Tell me about your artwork."

KJ: "Umm..."

T: "What do all the colors mean?"



Figure 1

KJ: “Well, purple and pink are fun. Blue is calm. Red is angry. Green is scared. Yellow is happy. And, brown is poop.”

T: I pointed to the white areas in the drawing and asked, “What about these parts?”

KJ: “White is nothing.”

T: “And what about the lines around you in the bottom of the drawing?”

KJ: “Well those are all my emotions coming out. Feeling them all at once.”

While KJ was creating her artwork, I took some observational notes. KJ utilized pencil, markers, oil pastel and crayons in the process of her artwork. KJ started using pencil to make the organic shapes that arch over the sides and top of the page. She continued to fill the shapes in

beginning with red marker. Proceeding to work on the colors, KJ used greens, followed by purples and yellows; finally finishing with blue and brown. Some shapes contain more than one color. For example, the shape above her portrait contains three colors, green, pink and yellow.

KJ took a step back from her artwork to observe. She began her final process by penciling an image of herself at the very bottom of the page. KJ then colored herself in with the fun purple color and gave herself calming blue hair. With her arms up in the drawing, a stream of colors springs out of her body and into the nothingness. The drawing was completed with her signature.

After a few moments, KJ was ready to choose an art project. The options I provided that day were felt masks and painted feathers. KJ chose to paint feathers. The material provided consisted of, large white feathers, watercolor paints, permanent markers, and glitter glue. KJ was able to make six feathers of varying colors. KJ was in good spirits during the creative process and reached the end of session with continued positivity.

Reflection:

KJ's Fine Art Fries artwork depicts a variety of feelings and emotions. The culmination of these sensations depicts conflicting moods. KJ's portrait is grounded at the bottom of the artwork. With her emotions flying out of her into the nothingness, she is isolated. Above her lies a puzzle of complicated colors in a variety of mediums. When KJ began to color in the lines she used a red marker. The marker allowed for more control and easy pressure and then, KJ moved on to oil pastels and crayons. When using these materials, KJ showed emotive movements throughout her coloring process. Oil pastels and wax crayons allow for more pressure to be used during the creative process. By adding more pressure, KJ was able have a stronger sensory

connection. As she began to fill in the shapes, there were moments where she added more than one color per shape. This shows conflict.

There are two points of interest. One shape is placed above KJ's head. It shows an elongated combination of yellow, pink and green. It separates the two sections of white. Referencing the above dialogue with KJ, the colors are symbolized as happy, fun, and scared, with white meaning nothingness. This shows struggle. It could be inferred to KJ's desire for a sense of normalcy. By trying to participate in pleasurable activities she is able to experience a sense of joy. However, that joy still holds anxiety and can disconnect KJ from the ability to take part in normal childhood interpersonal development. This brings us to the second shape of interest. It can be located on the far, right edge of the paper, containing a deep green and a purple. It is surrounded by three other shapes, red/anger, green/fear and yellow/happiness. It is important to take note of the placement of these images in KJ's artwork. This combination of colors and shapes can allude to a sense of resentment. KJ shows a purple/happy shape that is imprisoned by green/fear and red/anger. Surrounded by all these negative emotions, it is difficult for KJ to break free from an environment she cannot escape from. The entire composition of this artwork is very emotive and shows the level of emotional intelligence that KJ holds within her.

KJ has complex-post-traumatic stress disorder. KJ's inability to sustain normal bodily functions and interpersonal relationships shows that she is in need of therapy. While KJ can make and maintain these relationships, she is unable to defend herself from others and lacks confidence in her sense of self. Art therapy has been a useful tool for KJ during these traumatic life events. It is hard to say how things will go for her in the future. But the use of creative expression through the visual arts has laid the foundation for a constructive recovery process.

LS's Story:

LS is a four-year-old boy attending Head Start and the Child Development Project for the first time. LS was referred to our services due to his chaotic living situations and the impact they have had on his interpersonal relationships in class. LS is known to cling to teachers and peers and answers poorly to transitioning prompts. When LS is in a situation of transition, he is known to punch adults, cry, and runaway. LS responds well to one-on-one time and often plays with the doll house or sand tray during sessions. When LS returns to class, he is known to act-out more due to the number of people in the classroom.

LS comes from a blended family. He has a sister, DS (age 9) a deceased brother and a little brother, RS (age 2) with the mother expecting another baby. LS, his sister and the deceased baby brother all share the same father. However, RS and the new baby also have different fathers. That makes three fathers in total over five children, living and deceased. No fathers are consistent or in the picture. After his baby brother died, LS and DS were put into foster care. The mother had been running a drug house for a few years. LS and DS were discovered when the house was raided and thus, taken away from her. Both LS and his sister tested positive for methamphetamines. Through foster care, LS and DS began to live with their aunt. During this time, their aunt had many male companions coming in and out of the home but, it is unsure to say if there was any sexual activity or exchange of money going on. Once the children were able to live with their mother again, she was pregnant and about to give birth. LS was unable to obtain the mother-child bond and it is evident in their relationship.

LS first came to me per request by his mother. While the intake process was happening his mother stated, "I just don't have that new baby love for him (LS) anymore." This interaction took place while all the children were present in the room. DS, LS, and RS, all heard the comment as they played with the toys. Mother noted that she has a low tolerance for LS's

behavior and she consistently finds herself resenting him. “I just want him to come home and tell me he loves me, I wish he would say things like ‘I missed you mommy!’ or, ‘I love you mommy.’ but never does.” I prompted the mother to participate in her own sessions or join in sessions with LS. I suggested that it would be helpful for the therapeutic process if she was willing to participate. LS’s mother agreed to attend sessions. But, while promises were made, the mother did not attend any sessions through the Child Development Project. However, LS is an active participant in therapy sessions. LS shows great skill in associating symbols into his creative play. He communicates well and is open about his developing perspective. Due to his displaced living history, LS is in great need of therapeutic processing. Since LS is a child, creative expression through narrative play, is his main source of communication.

Processing:

Our sessions together are open-ended. LS comes into the room with the freedom to interact with whatever toys or art materials he is interested in. LS’s favorite toys include the dollhouse and the sandtray. LS is very good at communicating his thoughts and feelings throughout play and will often narrate or tell stories about the characters he plays with. Through these sessions, LS can consistently share his perspective on his life events. He is the one in control of the dolls and rarely asks me to portray a character. LS likes to end sessions by being active. He will often play basketball, or bowling. As the session nears its end, LS is able to formulate his own sense of closure and will state when he is ready to go back to class. By observing LS’s interaction with the toys, I am able to get a better understanding of his emotional intelligence and the trauma he is witness to. Since the mother does not attend sessions, much of the information I receive is through the LS’s interpretation of events.

One session in particular revealed a lot of reflections on his living arrangements. LS arrived to the expressive therapy room in a good spirits. Without hesitation, LS grabbed the boxes of dolls and furniture. For the sake of convenience, I moved the dollhouse into the center of the room so he could utilize all elements of the structure. While digging through the boxes LS found, an adult male and female, and boy and girl. LS proceeded to set up different rooms of the house. As LS was setting up his house, I noticed multiple scratches on his face.

T: "Your face is kind of scratched up. How did that happen?"

LS: "Mommy scratched me."

T: "Oh no! What happened?"

LS: "I don't know."

T: "How did you feel when mommy scratched you?"

LS: "Sad."

T: "It's okay to be sad. LS, I want you to know, you can say anything you want in this room. This is a safe place. I am here to listen and play with you."

After this, I gave him time to recollect himself. When LS was ready to, he took control of the session again. LS began to place mommy doll, daddy doll, sister doll and brother doll around the house. In the beginning, the brother and sister shared a room, while mom and dad shared the couch.

T: "Where are mom and dad doll?"

LS: "They are in their room making noise." LS then places dolls on the roof.

T: "Where are sister and brother?"

LS: "They are in their room hiding."

T: "Ok. Mom and dad are in their room and brother and sister are hiding."

LS: "Yeah. They are hiding from the scary monsters."

T: "What are the scary monsters like?"

LS: "They are loud and say bad words and hit people." LS separates the sibling dolls.
"Now brother and sister have different rooms."

T: "The scary monsters hit people and say bad words. Why do brother and sister have separate rooms?"

LS: "I share a room with my brother. DS has her own room so her scary monster friends can sleep over." LS begins to make mommy doll climb down from the roof.

T: "You share a room with your brother, while DS has her own room?"

LS: "Yeah. So she and mommy can have her scary, monster friends over. But sometimes brother and baby get locked in a room." LS proceeds to take mommy doll and repeatedly shove its head in and out of the trailer of a toy truck.

T: "Why do they get locked in their room?"

LS: "They get locked in there when the monster friends come over." LS takes mommy doll out of the truck. "mommy doll is angry there is no food in the fridge. I better go make some."

The dollhouse was not touched again for the rest of the session. LS proceeded to collect play food and dishes to make a meal in the kitchenette. After he placed the pretend meal in the oven, LS got up to play at the sandtray. LS continued to place his fingers in the sand and pour it out between his fingers. As he was processing, LS found characters to play with in the sand.

T: "Did you find people to play with in the sand?"

LS: "Yeah, I found a baby." LS began to dig a hole in the top left corner of the sandtray and place a baby figurine in the empty spot.

T: "What happens now?"

LS: "Baby is trapped. Never coming back." LS places baby in the corner. He continues to pick up the sand in his hand. He slowly opens his fist to let the sand fall over the baby.

T: "Why is the baby is in the corner?" LS continues to shovel sand on top of the baby figurine creating a large mound of sand.

LS: "Baby is dead now. I found army men too. They helped. They buried now too." LS finds a rock and places it over the sand-covered baby.

T: "Baby and the army men are dead."

LS: "Baby is dead and never coming back. Find the baby." LS proceeds to flip over the rock and dig out the baby figurine, leaving the army men behind.

LS: "Look! Baby came back." At this point in session, LS swept his hands through the sand and clapped the remnants off his palms.

LS: "I think I'm done."

T: "We have enough time to play catch."

LS: "Okay. Then I go back to class."

The last ten minutes of session was dedicated to throwing a ball back and forth. I prompted LS about the time. He took my hand and we walked back to class. LS benefited greatly from the expressive play session. LS was able to communicate his perspective of life events effectively. By using play in the therapeutic context, LS was able experience validating responses associated to his narrative play.

Reflection:

Without expressive arts therapy, LS would have difficulty in ascertaining a perspective of life events. The narrative LS articulated during therapy caused much concern. With the experiences in foster care and the new living arrangements at home, it is no surprise that LS needed to tell the story. While playing, he showed particular attention to the mommy doll. His physical interaction with it was repetitive and violent. During this point in the narrative, LS is explaining that scary, violent people come over to the house and spend time with his sister and mother while he and his brother are locked in a room. Shoving the mommy doll's head in and out of the back end of a truck, LS switches from being the storyteller, to being a character in the story. As the session continues, it is important to note the isolated toys. Once the sibling toys were separated, LS did not touch them for the rest of the narrative. Obsessing over the mommy doll while telling the frightening parts of the scene. If we refer back to the beginning of the story, the daddy doll is with the mommy in the bedroom. However, the dolls are laid out on the top of the roof and LS never returns to interact with the father figure. This shows a detachment to a

male role models, while the obsession over the maternal figure reveals an unhealthy attachment to a role model that is emotionally unavailable.

Without rapport and background history or intake, it would be difficult to trust in the story that LS tells. However, we know the history and parts of the near future. LS did have a baby brother that died, and there is going to be a new baby in the picture very soon. This is what we know. Due to this, it is confirmed again through LS's play in the sandtray. He tells a story of the death of a baby. The realization that is gone forever. The fact that a new one is coming soon and that it is a different baby. LS shows his awareness of the process by allowing the army men to participate and, essentially leave the relationship all together. When LS retells this story, he reclaims the narrative of the therapeutic session thus affirming the previous dollhouse play as a truly perceived experience in his life.

This session insinuated a horrifying experience. Due to his cognitive development, using expressive arts therapy was the best way for LS to communicate his thoughts and feelings. Being so young, it is impossible to say how well the therapeutic intervention helped LS. There are too many variables at stake to allow for a diagnostic evaluation. However, through the intake process and upon reflection of his participation in therapy sessions previous, it is probable that LS has post-traumatic stress disorder. The trauma he has gone through in his life thus far can contribute to long-lasting effects in his cognitive development. In order to combat the severity of the effects of LS's future, it is imperative therapeutic interventions continue. By doing so, LS may gain a stronger sense of self and be able to maintain a healthy emotional intelligence that he can take with throughout his interpersonal relationships.

Conclusion:

When a client comes in to the Child Development Project at Head Start with a history of trauma, it is imperative to create a safe and supportive environment for expressive healing. I believe that expressive arts therapy is a conduit for the child's interpersonal and intrapersonal communications and perspectives. Because children are in the beginnings of development, it is challenging for them to know what feelings and emotions mean to them. It is especially hard for the traumatized child. When children experience traumatic events at such a young age it is known as developmental trauma. When developmental trauma takes place, it is crucial that the child begins the therapeutic process immediately. Expressive arts therapies allow the child to cultivate their creativity through play, storytelling and visual art. Utilizing art as a tool for communication in the therapeutic context is a very efficient way to create rapport and thus develop an empowered client-therapist relationship.

Art is made by ordinary people and the perfect person wouldn't need to make art. Art suggests that our flaws and weaknesses are a source of strength. There is something to be said about making art. It has to do with overcoming things. Art gives us a clear opportunity to do things in the way we have always known we should do them (Bayles1993). I believe that art is vital to the therapeutic process. Practicing creative mind-body activities is a profound experience that encapsulates the inner turmoil of the person. Using expressive arts in therapy is a reliable tool for the therapeutic process. It is especially effective when a person is looking for answers to a question, they don't understand yet, and this is the essence of expressive arts as a therapeutic modality. Creativity itself, is an abstract concept that is difficult to define because it means something different to everyone. That's why I find it to be such a useful outlet in the rehabilitation of a person experiencing post-traumatic stress disorder.

Its only through exciting our creativity that we are able to challenge ourselves. The creative process allows you to open doors within yourself. By participating in the mind-body connection of creative expression, it is easier to decipher the perspectives of your experience. Art therapy allows you to do this. Art therapy gives you the chance to make those mistakes and resent those regrets in your life; all the while, feeding your confidence, nurturing your empowerment and providing you with a safe refuge to reflect on all of it. In whole, expressive arts therapy takes your natural, creative abilities and challenges you to view life from a different perspective. When we are fortunate enough to experience a different view, we are given the chance to exchange our new found knowledge for empowerment and share it with others.

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