



Aija Aromaa

Diaconia University of Applied Sciences

Master's Degree of Social Sciences

Community Development, Human Rights and Conflict Resolution

Thesis, 2018

ART- AND BODY-BASED METHODS IN HEALING TRAUMA AND FINDING PEACE

**Piloting a Creative Group in a Therapeutic Community
for Substance Abuse Rehabilitation**

ABSTRACT

Aija Aromaa

Art- And Body-Based Methods in Healing Trauma and Finding Peace

Piloting a Creative Group in a Therapeutic Community for Substance Abuse Rehabilitation

93 pages, One appendix

Published 11/2018

Diaconia University of Applied Sciences

Master's degree on Social Sciences

Master's degree in Community Development, Human Rights and Conflict Resolution

In this thesis art- and body-based methods in healing from trauma have been investigated both through literature and by applying them into practice. The thesis describes a project in which a Creative Group was piloted in a residential rehabilitation unit ran by The Federation of Mother and Child Homes and Shelters with parents of issues on substance abuse.

The practical project took place between April and September 2018 and included nine meetings with the residents of the unit. In each meeting different body- and art-based method of self-soothing, stress-relieving and emotional regulation were practised and experimented with. The aim of the project was to give the group participants alternative methods of coping with anxiety and past trauma, and also to give information on the connection between trauma and body. The feedback was collected through telephone interviews, after the project had finished, from the participants and the co-worker (mental health nurse).

The thesis emphasizes the importance of healing from trauma in all conflict resolution situations be it in intimate relationships, families, communities, societies or post-war-situations. The connection between inner peace and societal peace is being highlighted in the thesis.

In conclusion, it is stated that art- and body-based methods are valuable tools in healing from trauma. Trauma is not necessarily accessible through verbalizing and sometimes talking can even be re-traumatizing. Healing trauma through body and art is empowering, as these methods can be learned and practiced in an individual's life as self-help tools for emotional and physical self-regulation. They can also be made accessible to large groups for example in refugee centres.

The feedback from the Creative Group members was mainly positive. Many participants stated, that the methods were useful also in their everyday life for self-regulation and finding peaceful moments.

Keywords: Trauma, Art-based methods, Body-based methods, Mindfulness, Yoga, Dance, Embodiment, Self-Compassion, Healing

CONTENTS

1. INTRODUCTION	3
2. TRAUMA.....	5
2.1 Long-Term Effects of Trauma.....	7
2.2 Trauma and Body.....	8
2.3 Window of Tolerance.....	9
2.4 Grounding and Trust	11
3 BODY-BASED METHODS IN HEALING TRAUMA	14
3.1 Body-awareness, Meditation and Mindfulness	14
3.2 Yoga in Healing	17
3.3 Acceptance, Compassion and Buddhist Psychology.....	21
3.4 Embodiment and Self-Regulation in Healing	22
3.5 Self-Compassion	28
4 ART AND CREATIVITY IN HEALING FROM TRAUMA	32
4.1 Expressive Arts for Healing and Social Change	35
4.2 The Quantum Phenomena in Art-based Healing.....	36
4.3 Dance and Movement in Healing	39
5 FROM TRAUMA TO PEACE ON MICRO- AND MACRO LEVEL.....	41
6 METHODOLOGY.....	47
7 THE CREATIVE GROUP	50
7.1 Piloting the Creative Group	50
7.2 The Summer Camp	54
7.3 Body, Meditation, Acceptance and Self-Compassion.....	61
7.4 Conscious Movement and Dance.....	64
7.5 Yoga, Sound and Breath	67
7.6 Theory on Trauma and Self-Regulation.....	68
7.7 Intuitive Painting	69

7.8 Touch in Self-Soothing	75
7.9 The Co-operation between Myself and my Co-worker	77
8 MY JOURNEY THROUGH THIS THESIS-PROCESS.....	81
9 CONCLUSIONS AND CONTEMPLATIONS	84
REFERENCES	89
APPENDIX, BOOKLET FOR THE PARTICIPANTS OF THE GROUP	94

1. INTRODUCTION

In recent years, body-based methods of healing from trauma have become increasingly well thought of and researched. This body of knowledge has changed the focus of trauma therapy. All traumatic events and particularly violent ones are experienced in the body. Hence understanding the importance of bringing the body into any conflict resolution processes, be it within a family, institutions or communities at large is essential. Within the body, all emotions are felt. In violent conflicts, bodies are fighting and in fear. Also, the symbolic expressions of human experience, through the arts can be an asset in healing from traumatic experiences.

In this thesis the focus is on exploring how non-verbal art- and body-based methods, together with mindfulness can be used in healing from trauma and finding peace within. The thesis includes experiential material from piloting a project with a group of residents in a rehabilitation unit for babies and parents with issues of substance abuse. The project included the teaching, experimentation and practise of different methods for relieving stress and learning ways of emotional, physical and mental self-regulation. The group met nine times. In the thesis, it is referred to either as the Group, or the Creative Group.

The wisdom and knowledge from different sources have been utilized in the thesis. These include philosophies and healing rituals of indigenous people, the therapeutic use of art, body-awareness, mindfulness, movement, music and dance in healing, as well as the western scientific research of different methods of relieving communal and individual trauma and finding peace. The recent amalgamation of western theory of social sciences with the eastern philosophies and practices in helping professions has also influenced this thesis. In addition, research of neuroscience and the effects of trauma on body is essential knowledge in understanding the deeper effects of traumatic events in the life of individuals and communities.

The word 'healing' is used to define a wider spectrum of methods than the word 'therapy'. Therapy implies a process of reflection and growth, which happens within a relationship between a client and therapist. Healing doesn't necessarily need a therapeutic relationship, but can also happen spontaneously in life, through social support, arts, meditation, as well as spiritual and religious experiences and practices, and many self-help methods. The word 'peace' is used widely, meaning the inner state of calmness of an individual as well as communal and societal peace. The connection with these two will also be discussed.

This thesis is based on a developmental and participatory project. I started the project with a question: 'How useful the art- and body-based methods are to people with past trauma experiences'? Another question of the enquiry was: 'How art- and body-based methods can be applied in a therapeutic community for substance abuse rehabilitation'?

The practical project – the Creative Group - took place in a rehabilitation unit for babies and parents with issues of substance abuse. The project was carried out between 7.4.2018 and 5.9.2018 and included altogether nine action-based sessions and two planning sessions with the staff of the organization, one of which also the residents of the unit attended. The participants included mothers of babies and also one father attended.

In this thesis, the process of the project is described from different points of view, including the feedback derived from my co-worker (mental health nurse working in the unit), the comments from the participants and my own observations and experiences. I derived the views of the participants by asking them to describe the effects of the activities during the sessions as well as by personal phone interviews after the group had ended.

2. TRAUMA

The word trauma is used in everyday language to mean a highly stressful event, that can cause the individual difficulties to cope. Trauma is a highly subjective experience. Two people can experience the same traumatic event in completely different ways. One may be able to integrate the emotions caused by the traumatic event into his/her life where as someone else may see it as a threat to the emotional and psychological wellbeing. The common dominators included in traumatic situations include loss, abuse of power, entrapment, pain and helplessness. (Ogden, Minton & Pain, 2009.)

Trauma may be caused by a single incident like accident, crime, natural disaster, medical intervention or violent event. On the other hand, trauma can be resulting from prolonged harmful and threatening situations like war and other violent conflict, child abuse, abusive relationship, and prolonged deprivation. Also witnessing violence is traumatic to the observer. The greater the attachment is to the victim, the greater the stress. After being subjected to trauma, the individual may feel physically, cognitively or emotionally challenged, shut-down and harmed. (Ogden et al. 2009.)

Trauma caused by a natural disaster or an accident is normally easier to bear than trauma inflicted by human beings. Trauma goes particularly deep, if the perpetrator is known to the victim, the most harmful scenario being when the violence or abuse comes from a care-giver to a dependent child. (Ogden et al. 2009.) Middleton points out that currently two thirds of patients presenting for mental health care have a history of childhood sexual and/or physical abuse. This includes repeated scandals involving the treatment of individuals in state institutions, the sexual abuse of children by clergymen, or the publicly exposed sexual behaviors by therapists toward patients they are treating. This awareness has led to the realization that abuse and exploitation can occur in any setting and that there is enormous resistance to such activities being made public. (Middleton in Figley, 2012, 56.)

Neuroscience confirms that trauma is experienced in the mid brain and lower brain, also referred to as the emotional brain and survival brain. Thus, reason and logic, the ability to make sense of what has happened, are often simply not accessible through the usual talk therapy or cognitive interventions (Van der Kolk, 2015, b). Bessel Van der Kolk carried out ground-breaking research when he observed the neural activity of subjects who listened back to a tape recording for which they had described significant personal traumas from their past (Van der Kolk, 2015, a). Even though they had recorded themselves telling their own traumatic stories, when it was played back to them, all the participants showed signs of being re-traumatised. There was strong evidence that their amygdala was activated in each case. But more surprisingly, when listening to the tapes there was a significant decrease of activity in the language centre of the brain. In circumstances when this area is not fully functioning it is not possible for a person to put their “thoughts and feelings into words”. And this explains why even years after a trauma has occurred, a person often still has great difficulty in giving a narrative about the traumatic events.

Van Der Kolk argues, that verbal therapies will not reach the areas of brain in which trauma memories are stored, which include the more primitive parts of the brain, that can be called the survival brain. Therefore, he advocates body-based methods for calming down the over-stimulated or shut-down nervous-system of the traumatized people. These include yoga, tai-chi, chi-gong, theatre, and movement as an effective treatment for trauma. (Van Der Kolk (2015, b.)

Broadly speaking, the brain is organised into left and right hemispheres. It has been recognised that if one hemisphere of the brain is damaged, the other hemisphere can take over some of its functions. The left hemisphere is usually focusing on the external world, details, words, logic, and milder feelings. The right hemisphere is involved in context, overall meanings, intense emotions, sensory information, and empathy. This includes detecting and processing the mood of another person (including their tone of voice, body language, eye contact) as well as emotional regulation. The right hemisphere is also involved in bodily sensations and the processing of images.

The brain is divided into two hemispheres to keep separate ways of viewing the world distinct, but they are integrated across the two hemispheres. It has been suggested that the left brain frequently hijacks the right brain and develops its own explanation of events. An individual will then frequently wrongly believe this version to be the truth. In Western culture, the left brain tends to play a dominant part, as if it was a more legitimate way to view the world. However, both ways of experiencing are required. For the healthiest and most emotionally adjusted individuals, these two separate perspectives are accessible and integrated across the two hemispheres. (Webber, 2017,156.)

2.1 Long-Term Effects of Trauma

The long-term effects of trauma are likely to be more severe, if the trauma is human-caused, unpredictable, multifaceted, repeated, sadistic, happened in childhood and perpetrated by a caregiver. Trauma survivors can have difficulties in regulating their emotions and use self-soothing. It can be hard for them to see the world as a safe place and trust others. Concentration and decision-making abilities may be impaired. Trauma survivors are likely to experience depression, helplessness and anxiety, including panic attacks. Also, substance abuse, sleep disturbances, dissociative and eating disorders are common long-term effects of trauma. Trauma survivors often experience flash-backs. Flash-back occurs, when something in the every-day life experience reminds the individual of the original traumatic event. (Ogden et al. 2009.)

People with severe trauma in their past, carry the weight of the traumatic events in some ways for the rest of their lives and if they don't get help, will pass the trauma on to the next generation. They may limit their lives by avoiding situations, which may trigger flash-backs or panic attacks. They may create an armor around them to stop feeling the difficult emotions, but at the same time a prison of loneliness, isolation and inability to make deep emotional connections is being built. Trauma creates a difficulty to trust. This can mean trusting others, life, and one's

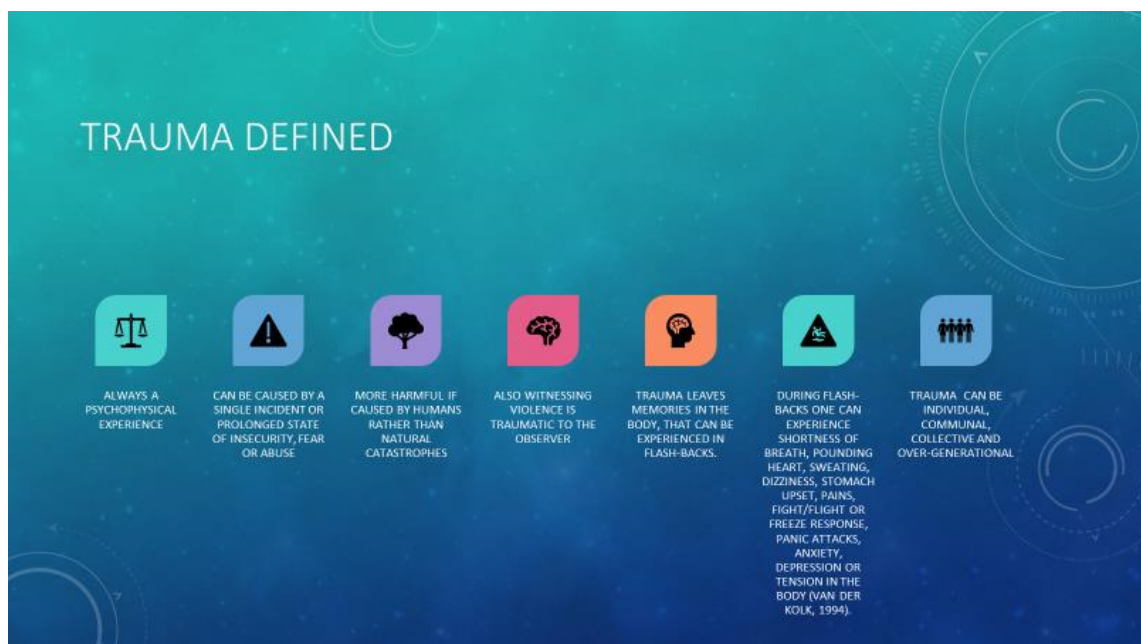
own intuition, inner reactions and feelings. Trauma can have long-lasting influence on dumbing down feelings and connections. Healing from trauma re-create these connections to self, others and the world. (Ogden et al. 2009.) This has a significance for parents being able to offer secure attachments and connect in a deep emotional level with their children and therefore not passing the trauma to the next generation. This is also an important aspect to consider in any post-conflict peace-building situations.

Many trauma survivors use mind-altering substances to numb their feelings, calm their anxiety, and cope with their depression. The biggest challenge for trauma survivors is learning how to live in the present and not under the shadow of trauma. Evidence suggests that trauma survivors with prolonged histories of interpersonal abuse respond negatively to cognitive treatments. (Van Der Kolk 2015 a.) When clients can't stay psychologically and physiologically calm to beneficially process and integrate their trauma experiences in treatment, cognitive techniques might bring harm instead of help. This relates to the idea of "window of tolerance" (Ogden et al. 2009). Challenges experienced by trauma survivors exist around recognizing and differentiating current emotional experiences and physical sensations from trauma-based responses as well as learning how to regulate emotions and behaviors that allow fulfillment of needs and goals of current life context and not past trauma (Lee, 2009, 288).

2.2 Trauma and Body

Bessel Van der Kolk (1994) describes in his famous book: "The Body Keeps the Score" how the body remembers the traumatic incidents, even if the individual can't recall the full story of the shocking events. Trauma leaves memories in the body, that can be experienced in flashbacks such as pounding heart, shortness of breath, weakness, dizziness, stomach upsets, muscle tension, skin rashes, fight, flight or freeze response or dissociation. Trauma is always a psychophysical experience, even if it doesn't cause bodily harm directly. (Rothchild 2000, 5.)

Following a traumatic event, the survivors can experience flashbacks of the event. Flashback can be triggered through something seen, heard, felt within the body, smelled or tasted, that serves as a reminder of the initial traumatic memory. In the flashback, the person can re-live the traumatic event, as if it was happening now. Sensory messages from a bodily position, action or intention can be a source of a trigger. Even accelerated heart rate or sweating can trigger a flashback to a traumatic incident. Flashbacks almost always include the emotional and sensory aspects of the traumatic event. Sometimes they also include explicit memories, including scenes of the events. Sometimes the terrible events are played back so realistically, that the person finds it difficult to distinguish it from the reality. (Ogden et al. 2009.) These basic principles about trauma are graphically demonstrated in the following image. (picture 1.)



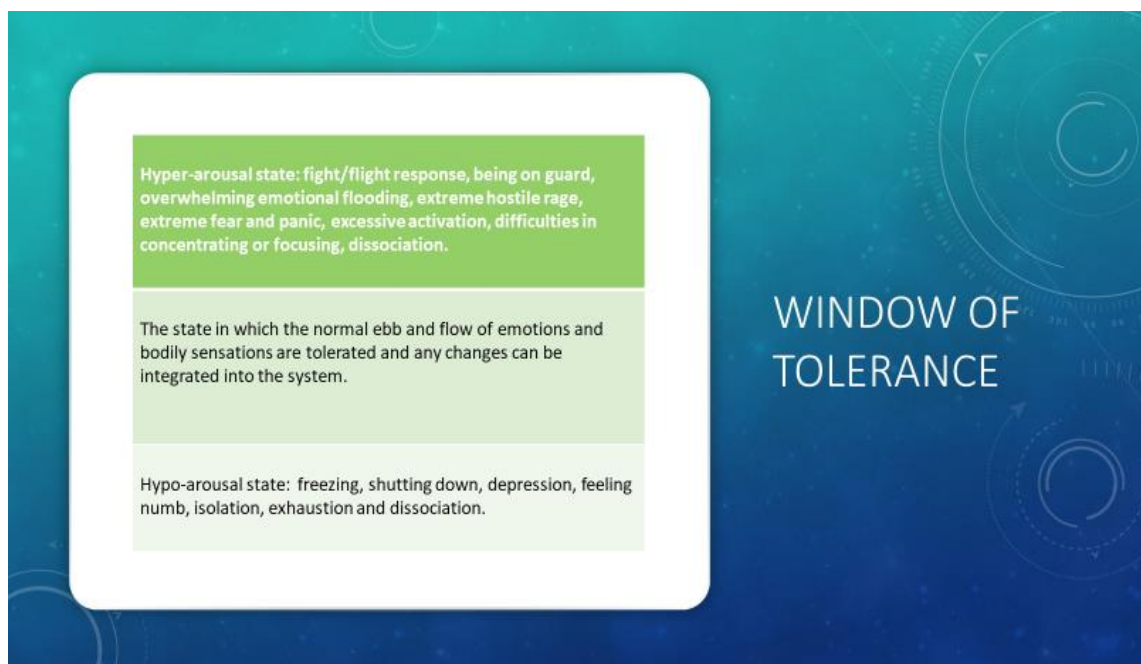
Picture 1. Basic Principles of Trauma

2.3 Window of Tolerance

“Window of tolerance” was first described by Daniel Siegel (1999). This concept explains that we have an arousal state in which we can tolerate the normal ebb and flow of emotions such as hurt, pain, anxiety, sorrow or anger. These difficult emotions can bring us close to the edges of window of tolerance, but we can

utilize strategies to keep us within the tolerable level of arousal. When the individual has had traumatic events in their lives, the window of tolerance can either be very narrow or it can be fluctuating in size. Window of tolerance is shown graphically in picture 2.

Hyperarousal is a state of fight/flight which happens to all living beings when they face danger. (Ogden et al. 2009, 27-30). This reaction protects us when there is danger, but when it stays with us for a long time, it turns against us. When we become activated by stress or overwhelming feelings of fear, anger, pain, upset or by trauma triggers, we are thrown out of the window of tolerance into the fight or flight mode of hyperarousal. Hyperarousal is connected to the flight/fight response in the nervous-system. (Ibid.)



Picture 2. Window of Tolerance

Hyperarousal is characterized by excessive state of activation, hypervigilance, being on guard, experiencing fear or panic in situations that don't call for it, overwhelming emotional flooding and its most extreme state hostile rage or dissociative states. Hyperarousal keeps our system activated in ways, which prevent relaxation, restful sleep, healthy digestion and normal functioning of the nervous

system. people who have had extensive long-term trauma in their past, for instance people having lived in war zones may live their lives in constant hyper-arousal state. Individuals with elevated states of arousal are constantly scanning the surroundings for possible signs of danger, feel unsafe in most seemingly normal situations, startle easily and have difficulties in concentrating or focusing. (Ogden et al. 2009.)

Hypo-arousal is at the other side of the window of tolerance. Trauma in our lives can cause us to plummet into the hypoarousal state after reaching the maximum hyperarousal state. Instead of the fight/flight response, this state brings the freeze-response. This response is also found in the animal world. When chased or attacked, animals may feign death as a protective strategy. This state is characterized by numbness, disconnection, depression, exhaustion and dissociation. The nervous system shuts down. (Ogden et al. 2009.)

The state of hypo-arousal can also be activated with traumatic memory being triggered by any sensory stimuli. An individual may be transported back into the trauma experience in which he or she was unable to protect herself. This is a frozen state of being. In depression, this state becomes chronic. The individual slows down, the energy and life force lessen and sometimes it is hard to perform even the simplest everyday tasks. Depression is not uncommon among traumatized people. (Ogden et al.2009.)

2.4 Grounding and Trust

For people, who have experienced severe trauma, it is essential to learn grounding techniques. Grounding brings the individual back to here and now and away from excessive thinking, states of fear or other overbearing emotional states and settles the nervous system. Grounding builds trust and feelings of safety and diminishes fear. Grounding techniques include things like bringing attention to the breath, practicing diaphragmatic breathing (deep breathing that includes movement in the belly), bringing attention to the bodily sensations, focusing on the

earth, gravity and connection with lower body parts, particularly the feet and concentrating on the senses. (Ogden et al.2009.)

Resourced and resilient bodies maintain a balanced relationship with earth and gravity and are well grounded. Grounding enhances physical base of support, providing physical and psychological solidity and stability. It involves having feet on the ground and being in touch with reality in the present moment and making both energetic and physical connection with the earth, so that the energy of the body is directed downward. (Ogden & Fisher, 2015, 331).

One goal in learning methods of self-regulation is to help the person back into the window of tolerance from either hyperarousal or hypoarousal states. For the hyperarousal it is important to use calming techniques to increase peace and feeling of safety and comfort. These include using breath in such ways, that the outbreath is longer than inbreath. To achieve this, counting for instance to four on inhale and to seven on exhale is an easy and useful method. Also making sound on the outbreath has an effect of lengthening the exhalation and the sound vibration has a calming effect on the nervous system. Just bringing the attention to the breath normally lengthens and deepens it without trying. Calm and relaxing music also has a settling effect on over-stimulated nervous system.

For the lethargic hypoarousal state it is essential to activate the body, the nervous system and the senses. You can do this by moving the body, walking or jumping and bringing the attention to the feet and other bodily sensations at the same time. You can also activate the body by breathing deeper and faster than normally and tapping the body all over to stimulate the sensations on the skin and bringing the mind to be present in the body.

The power pose has been the subject of study of the social psychologist Amy Cuddy, who has carried out research in Harvard University on the topic. She has concluded, that adopting a strong and wide position in which both arms and legs are placed widely can decrease anxiety and stress and increase self-confidence. She has shown, that also bodily hormonal levels change just after staying in this position for 2 minutes. She showed, that the cortisol levels (which are high in

times of stress and anxiety) decrease and the testosterone (the male hormone present in both men and women) levels increased, which led to growing feeling of confidence. Amy Cuddy published her findings on the power pose in 2012 and broadcasted her famous TED-talk on the subject, which has had millions of viewers. Since then, there has been much research questioning the effects of the power pose. (Cuddy, 2012.)

In a deep hypoaousal or dissociative states in addition to movement, it is important to also include the senses. For example, the exercise in which people are asked to name five things they see, four things they hear, three things they sense, two things they can smell and one thing they can taste is a valuable tool in helping to feel grounded and connect to hear and now through the senses.

3 BODY-BASED METHODS IN HEALING TRAUMA

As all emotions are felt in the body and traumatic memories are stored in the body, it is essential, that all approaches to help traumatized people include the body. This work can include things like teaching body-awareness, methods of self-regulation and calming down practices using breath, touch and body positions. The window of tolerance can be widened through desensitization to difficult emotions with body and breath as an anchor. The work can also be more cathartic during which the traumatic material can be expressed in dance, movement, music, voice and other arts.

Body remembers traumatic events, even if the conscious mind doesn't. For people with disturbing experiences in the past, flash-backs, dissociation, panic attacks, anxiety and many other somatic symptoms are normal. Charles Darwin was the first scientist to study the universality of emotion and its expression through the body. He discovered, that there was a consistent range of emotions in different cultures, also, the expressions were similar regardless of the culture and location. (Darwin C. 1872/1964).

3.1 Body-awareness, Meditation and Mindfulness

Current Western practices of mindfulness are derived from the Eastern Yogic and Buddhist traditions. In this thesis the words 'meditation' and 'mindfulness' are used as basically meaning the same phenomenon. Mindful practices can give valuable tools for those, who are struggling with issues of trauma and self-regulation. There exists a vast amount of evidence on the benefits of mindfulness with past trauma flashbacks and bodily reactions to them.

Mindfulness has been shown to strengthen the functioning of the prefrontal orbital cortex, which is known for executive control, inhibition, decision making, and

purposeful intention. (Hanson & Mendius, 2009). These practices strengthen access to the parasympathetic nervous system, which is recognized for calming the body and mind and help to promote positive emotional experience from the limbic system, the emotional centre of the brain (Ibid). Finally, these practices help to create neurological integration within the brain, allowing for increased feelings of inner and outer peace and harmony. (Siegel, 2010; Totton 2015, 85).

Mindfulness has been described as a kind of nonelaborative, non-judgmental, present moment awareness in which thoughts, feelings or sensations that arise are acknowledged and accepted as they are. (Bishop et al. 2004, 232). Another definition is provided by the founder of the Mindfulness-Based Stress Reduction (MBSR) program, Jon Kabat-Zinn who defines mindfulness as: "Paying attention on purpose, in the present moment, and nonjudgmentally, to the unfolding of experience moment to moment" (Kabat-Zinn, 1994, 4).

Mindfulness and body awareness are interlinked and can be practiced in any situation, not just silently meditating. They can be brought into everyday-activities, social interactions and into one's emotional responses. Being mindful can be a tool for self-regulation and finding peace in stressful situations. Being mindful and aware of the bodily sensations brings the mind into here and now away from brooding and worrying about the future and regretting or re-living the past. Once the individual has learned to find peace within through mindful practices, it can be an excellent tool for self-regulation.

Kabat-Zinn's (1990) combines active forms of mindfulness (mindful walking, hatha yoga, mindful eating, and body scans) with sitting meditation in his programme of MBSR. The active forms of mindfulness can deepen the quality of awareness and concentration that individuals bring to life, work and daily tasks. Meditation calms dysregulation and helps to accept emotional wounds and memories and gradually reveals a peaceful, composed core. When practiced regularly, meditation strengthens internal composure and resilience.

The research from neuroscience has strived to explain if and why meditation is beneficial. The calm, deep breathing that meditation cultivates increases vagal

tone, this means stimulating the vagus nerve. This has a calming effect on the nervous system. The long-term effects of meditation can be further explained by Porges's polyvagal theory. Porges makes a link between meditation and the early experiences of breastfeeding. During the shared experience of nursing, the connected bodies of mother and infant become still and relaxed. (Porges, 1998.) This nurturing moment, in which the mother is calm and attentive to the child, produces a securely attached state of thought-free, loving attunement. It is possible that the calm and dreamy state of mind achieved through mindfulness and meditation employs this same adaptive mechanism, gradually producing a calm state of attentive, thought-free, loving attunement with life itself. Consequently, meditation can become a source of secure existential attachment. This is particularly relevant to trauma survivors, who often see the world as a place of danger and threat and self as a victim and separate entity from the rest of the world.

Meditation increases and activates prefrontal and limbic neural structures related to attention and arousal. Meditation has been shown to increase theta and alpha EEG activity and bring relaxation, heightened attention, mental clarity, and integration of the right and left hemisphere processes. (Siegel 2007). Mindfulness has also been found to increase attention skills, empathy, and compassion in mental health clinicians. (Rappaport, 2013, 306-307).

Meditation practice can be helpful for trauma survivors to accomplish the following tasks and goals:

1. Foster the capacity to recognize and attend to current experiences as well as to differentiate them from past traumatic experiences so that clients have increased ability to distinguish current physical and psychological sensations from trauma-based emotional and behavioral responses.
2. Enhance the ability to stay physiologically calm, which helps in healing and processing and integrating their trauma experiences.
3. Increase the self-regulating abilities so better choices can be made on current needs and situations. (Lee, 2009, 278.)

3.2 Yoga in Healing

Scholars believe that the seeds of yoga emerged over 5000 years ago with the Harappan civilization of the Indus Valley. From yoga's very beginnings it was shared with other civilizations and transported across Asian nations adapting to various ways of life. Yoga is an ever-changing discipline that continually evolves to meet the cultural needs and belief systems of both the country and era it finds itself within.

Yoga covers a vast field of philosophy, psychology and practice. Yoga-psychotherapy is older than any other form of psychotherapy. In the western world, psychology and psychotherapies are a distinctly young sciences, having developed only in the last hundred years. In India, psychology has been studied systematically for thousands of years. In recent years, as mindfulness and other practices originated from Buddhist tradition have become incorporated into the psychotherapy practiced in the west, also Yoga is finding its place in western world, both in psychotherapy field and as a holistic self-care method.

In these times of instant and global communication and the need for healthy and relaxing practices growing, the practice of yoga is being spread more widely than ever. Although yoga is a means of achieving physical, mental and emotional equilibrium, it also offers a pathway to spiritual growth and development. In the western practice of yoga, it has sometimes been portrayed and practiced as a form of gymnastics. However, yoga is much more than just a physical exercise. The main concerns of yoga are compassion, connectedness and awareness. Yoga can also be described as mindfulness in action.

Research in the impact of yoga tends to focus on the physical, physiological and emotional benefits that can be acquired through different aspects of yoga, such as asanas (physical exercises), pranayama (breathing exercises) and dhyana (meditation). There is a vast amount of research on the benefits of yoga for example on the treatment of asthma, stress, depression, anxiety, trauma, menopausal symptoms, autonomic nervous system and children's learning disabilities.

Within the past 25 years, as with mindfulness-based techniques, applications of yoga practice have evolved to meet the needs of current-day practitioners. Many schools of yoga have risen from Eastern traditions and now thrive in Western culture. Further, yoga has increasingly become viewed as a tool for developing health and wellness. Yoga has spread from the studios in the Western world to schools, prisons, health care and psychotherapy. (Cook-Cottone, 2015.)

Dr Cook-Cottone (2015) writes beautifully about her private practice as a psychotherapist in using yoga, mindfulness and yogic and Buddhist philosophy of the self.

In private practice, I have found the yogic conceptualization of the Self very helpful. Many patients enter therapy convinced that they are empty inside or missing something (Weintraub, 2004). Self-regulation difficulties seem to anchor on this belief as patients attempt to fill this space or meet this emptiness. In their efforts to fill and satisfy a perceived emptiness, they binge, shop, crave, gamble, drink, and use. Because there is no empty space to fill, their efforts fail to satisfy, serving only to further dysregulate. When a patient presents in this way, I introduce the yogic conceptualization of self, saying, "You may find this interesting. In yoga philosophy, there is no emptiness inside of you. In yogic thinking, you have an inner light that connects you to the universe, or your conceptualization of God. In yoga, the difficulty is that our access to our inner light has been obscured with obstacles. These obstacles are things such as ways of thinking, lack of connection with our bodies, or behaviours such as drinking or using. In yogic thinking, the focus is on slowly removing these obstacles so that you can have access to what is already light inside of you, your true nature". (Cook-Cottone, 2015, 65.)

Dr Cook-Cottone has found this approach to be empowering for patients, giving them hope. She highlights that both the mindful and yogic approaches shift attention away from perfecting, refining, or fixing the "I" or enhancing the ego, towards practicing just being. The identification with the self is viewed as a source of suffering. Both yogic and Buddhist traditions see the self as complete and whole as it exists in the here and now, moment by moment. (Ibid, 65.) In the Creative Group, this was the underlying attitude and guiding principle of the learnings. Opportunities were offered to shift attention away from problems, tasks, and performance toward the process of breathing, being and experiencing.

Dr Cook-Cottone writes about striving to understand and know the heritage of the practices that have brought great peace and happiness to her. In private practice as a psychotherapist with her clients, she shares the knowledge and experience with her clients and makes these practices accessible to those who need them. Sometimes, this involves a discussion of the heritage and history and sometimes it does not. It is stated, that a focus on right or wrong is not necessarily a useful line of inquiry. Rather, it is more beneficial looking for what is effective, or as Buddha might say, what relieves suffering. (Ibid, 85).

There are many pioneering yoga teachers, that have made the philosophy and practice of yoga acceptable and understandable to people in the western world. One of these is B.K.S. Iyengar (1918 – 2014). Iyengar started teaching yoga at the age of 18, first in India, and later internationally. He carried on teaching and practicing yoga until his death at the age of 95. B.K.S. Iyengar saw yoga as a philosophy, a science and an art. The postures were taught precisely and modified to each person's needs. He also saw yoga as therapy. The aesthetic qualities were brought into the practice making yoga as art. The concept of meditation in action is the basis of his work. Being totally aware and absorbed in the postures is meditation. Mind and body communicate in a subtle level and are harmonized. There is a continuous interchange of mind and body in every movement and action taken place. The awareness gained by meditation in action translates itself into everyday life. (Mehta & Mehta 1990.)

Another form of yoga spreading rapidly across the world is kundalini yoga. Kundalini yoga is a comprehensive tradition of meditation, physical exercises, mantra and breathing techniques. It was first brought to the western world by Yogi Bhajan, Ph.D., who moved from India to USA in the 1960s and taught mainly in California for 35 years. Yogi Bhajan's calling was to create teachers instead of followers or students. Kundalini yoga offers great tools for stabilizing the mind, emotions and body in times of stress and trauma. It works on many levels simultaneously, as movement, meditation, music, breathing and mantra are used in connection with each other.

Kundalini yoga can be practiced by anyone, regardless of skills, flexibility or experience. Since 1970s this form of yoga has spread rapidly all over the world, and has also a branch, which specializes in the use of it therapeutically. In the Creative Group one Kundalini Yoga class was offered, but elements of it were included in other sessions also. These included some breathing exercises and the use of sound in stabilizing the troubled mind and emotions and calming down the restlessness and tension in the body.

In addition to Kundalini Yoga's spreading through teaching in evening classes and yoga studios, it has also been included in the Western medical institutions. In Sweden Göran Boll has developed a therapeutic form of yoga involving gentle movements and breathing exercises based on the Kundalini tradition. He called this type of yoga: MediYoga. His breakthrough came in 1998 when he partnered with Stockholm's Karolinska Institute, one of the world's most prestigious medical universities and home to the Nobel Assembly, which awards the Nobel Prize for Physiology and Medicine. With their help and research underway, MediYoga became well known and thought of across the country. Boll started a two-year, part-time training program for healthcare workers in 2004, which graduated 1,700 instructors in the next three years.

MediYoga Instructor training programs for health care professionals are now available in 20 locations all over Scandinavia. Boll undertook the country's first ever scientific yoga research project in 1998 and has participated in more than 90% of all Swedish research on yoga since. Yoga has been part of Sweden's health services since 2010, when the first hospital opted to offer yoga treatments to its patients. Today more than 150 hospitals, primary care and specialist clinics use his series of MediYoga programs to treat a wide range of diagnoses.

Research has shown that MediYoga had the following positive outcomes:

- significantly reduced levels of stress and anxiety,
- lowered blood pressure and heart rate in subjects with paroxysmal atrial fibrillation,
- lowered blood pressure in subjects with myocardial infarction,
- improved reported sleep patterns and back pain,

3.3 Acceptance, Compassion and Buddhist Psychology

Accepting all emotions within is linked to accepting others as they are. The attitude of acceptance awakens compassion. Compassionate way of relating can be focused on oneself, others and the whole world. Compassion creates a fertile ground for healing. Compassion welcomes all emotions, and some say, that feeling all emotions fully is a pre-requisite for experiencing compassion.

Compassion is the fruit of fear, anger, sadness, and joy. When you know these emotions in your everyday life, you can then empathize them in others' lives and begin to give people precisely what they need...You might feel someone's pain, joy or fear, but it is not yours. Rather the emotions connect you to them (Roth,1998, 70).

The notion of acceptance is closely linked with being mindful. Both are the main pillars in Buddhist psychology. Roshini Daya discusses Buddhist psychotherapy (Moodley and West ed. 2005,182-193). She points out how in the western world, we tend to spend our time outside the present moment with strong attachment to both the past and the future. Buddhist philosophy explains, that much of our suffering is caused by the attachment to both the past and the future. The present moment is free from association of past or future but emphasizes the importance of being aware and participating fully in life here and now. (Ibid,187-188.)

Roshini Daya highlights how people have an intrinsic habit of evaluating the present moment experience into good, bad or neutral. This is habitually done with emotions, body sensations, events, social interactions and most daily experiences. By continually evaluating experiences, intellectualization, and distancing from the direct experience result in suffering. According to Buddhist psychology, it is essential to be present with the emotions and experiences without judging or evaluating them. (Ibid.188.)

In Buddhist orientated therapy, working through a problem means remaining present with one's suffering without trying to flee from it. Through being present, the individual gains peace as he or she experiences uncomfortable feelings and

learns that also pain - as everything else in life - is transient. The therapist is encouraged to support the client in sitting with and remaining present with the experiencing of difficult emotions.

Psychotherapist and meditation teacher Tara Brach amalgamates her experience of western psychotherapy with the eastern meditation traditions' basic teachings of acceptance and compassion. Brach encourages the absolute acceptance of all feelings, emotions and all parts of self and defines it as the underlying force for change and healing. As one experiences the emotions, even the painful ones in the body, the suffering caused by locking the emotions in, is transformed to awareness and compassion. (Brach, 2014, 119.)

3.4 Embodiment and Self-Regulation in Healing

Supporting presence with difficult emotions is also true with sensorimotor psychotherapy (Ogden et al. 2006). The client is encouraged to stay in a mindful state in relation to bodily sensations and emotional reactions. It is however essential to monitor closely, that the individual can tolerate the response and stays either in or the edges of the window of tolerance. In Sensorimotor Psychotherapy, the central tool for attending to somatic experience is Embedded Relational Mindfulness (ERM) which is mindfulness integrated within therapist-client relationship, in contrast to solitary mindfulness practices. Therapists guide clients' attention towards their internal present moment experience encouraging self-study with verbal reports on the client's observations relevant to therapeutic goals. (Buckley, Punkanen & Ogden, 2018.)

Trauma and insecure attachment can cause us to 'lose our ground' or become over-grounded with little flexibility and lightness in our body, which compromises resilience. Through ERM, clients learn to be aware of their standing, and direct energy downward to sense the support of gravity. Grounding exercises, standing or sitting, benefit a wide range of clients, even those who report being 'out of body', by anchoring a physiological and psychological connection to environment.

Becoming aware of tension or flaccidity leads to changes in posture, increasing the felt sense of being grounded. (Buckley et al. 2018.)

Access to inner peace and the ability to regulate one's emotions is a key element in resilient coping. It empowers individuals to respond to stress and existential anxiety resourcefully, maintaining social support and a positive worldview and confidence in life and self. Secure existential attachment is associated with high vagal tone. These capacities can be encouraged and developed. Otherwise, coping transfers into primitive fight/flight/freeze behaviours that, while useful in threatening situations, become destructive when habitual or chronic.

In psychotherapy, trauma psychology, and social transformation work, the cultivation of inner peace has emerged as an important goal. This neuroscientific material also demonstrates that psychological wounds, emotional agitation, and distorted cognitions are rooted in pre-verbal, somatically programmed experience. For this reason, mindfulness and also the therapeutic use of the arts provide essential tools for effective clinical work. Individuals who do not feel safe enough to risk self-disclosure, who have lost touch with the instinctual sensations and internal messages of their bodies, who have not gained accurate verbal access to their emotions, who live in wavering states of hyper- and hypo-arousal, or who lack the reflective capacities of an observing self, require experiential, sensorimotor "bottom-up" psychotherapy rather than predominantly verbal, "top-down" forms. (Ogden, 2009.)

Such treatment provides pre-verbal, somatic experiences of safety, increased sensorimotor awareness, somatic emotion-regulation skills that build affect tolerance. Through this type of approach one can become familiar with somatic memories without dissociative regression and experience internal calm core. Gradually one can move to verbal self-disclosure and social engagement. Despite this emerging consensus, these clinical approaches are comparatively new. The integration of verbal and non-verbal therapies requires further exploration. Careful research is needed to substantiate the contributions of non-verbal modalities to therapeutic outcomes. (Rappaport 2013, 305.)

The word 'healing' describes a wider spectrum of methods, situations, connections and practices than what the word 'therapy' implies. Healing includes a variety of practices carried out in different cultures and traditions, including spiritual healing, religious ceremonies, shamanic rituals and the use of various art forms with the intention to bring insight, health, prosperity and transformation to individuals, groups and communities.

Healing can also include teaching self-healing practices. 'Embodiment', in a healing, learning or therapy situation means that both clients and therapists, healers and the ones being healed, teachers and pupils embody the insights, teachings and the healing. Embodiment means to allow and to become aware of the bodily changes happening at the time of any experience.

Seikkula, Karvonen, Kykyri, Kaartinen, and Penttonen (2008), have studied the embodiment of a therapeutic relationship in a couple therapy situation. They summarize the embodiment of healing in a therapeutic relationship like this:

humans are connected to each other in such a way as to generate the human mind. To manage this, human beings must constantly attune themselves to each other on many levels:

Within the automatic nervous system (ANS), in the sympathetic and parasympathetic systems, especially in electrodermal activity and blood pressure, but also in heart rate variability;

In the central nervous system, especially in the mirror neurons through which humans notice the affecting stance of others;

In bodily movements, prosody and facial expressions, in the manner in which the participants in a conversation synchronize their movements, vocalizations, and gestures. Smiling is particularly important as both a regulator of one's affects and as a form of communication and connectedness with the listener;

In dialogs, when participants give utterances that wait for an answer and thus jointly co-author stories that are generated in the present moment. (Seikkula et al. 2008).

Seikkula (et al.) studied the bodily measurable variables in a couple therapy. It was concluded, that in a therapeutic setting there was clearly measurable evidence that embodied attunement takes place in a couple-therapy situation. The study suggests that there could be an optimal window of stress and state of arousal in therapy. If there is no arousal at all in the body, it will be harder for meaningful learning to be integrated and new insights to be embodied. (Ibid.) This correlates with the idea of 'window of tolerance' related to trauma. Seikkula et al. found that participants can vary greatly in terms of the topics they react to, and in terms of which participants react simultaneously.

The study brings up the question as to what extent the embodied reactions are connected to the bodily information present, or to what degree they are related to issues that are expressed in words. They also found that affective arousal can occur in the absence of spoken words. These first preliminary observations have already enlarged our understanding of the complexity of the mutual attunement between the therapists and the spouses in couple therapy sessions. It shows that therapists as well as clients participate as fully embodied human beings, and therapy is much more than an exchange of words and ideas. Further, synchronization has emerged as a more complex phenomenon than what was first thought.

The study concludes, that it is not enough to look only at the autonomic nervous system (ANS) information, or at any other single source of data. The integration of all measurable information is called for if we are to make more precise hypotheses and observations on the ways in which the therapist and the client synchronize their embodied reactions in dialog. These are major questions which will require extensive study in the future. (Seikkula et al. 2015.)

An increasing number of social psychologists are joining researchers in cognitive psychology, neuroscience, developmental psychology, and other disciplines in exploring the embodiment of behaviour. The current research is innovative and provides a welcome perspective to the field. However, the current research is in its early stages and tends to be descriptive rather than explanatory. Research of this type will further open the door for collaborative work between social psychology and other disciplines and will likely provide significant contributions to what

could be a major approach to the study of behaviour. (Meier, Schnall, Schwarz & Barghd, 2012.)

My experience as a therapist has taught me that important route into deeper embodiment is to be in touch with our moment-by-moment experience. Embodiment involves continuous attention to internal sensations, movement impulses, muscle states, feelings, fantasies, and thoughts. This is an unbroken continuum from “bodily” to “mental” processes. Many of us would benefit from being more embodied. Embodiment is a rich source of information, vital for our interaction with others. Complex, subtle, contradictory information and unconscious material gets processed much more effectively through our bodies than in our conscious minds alone. Porges’s theory is one of several ways in which current neuroscience explains our social and relational energy as bodily energy and that this source needs to be plugged into our lives and relationships. If this doesn’t happen successfully, either for internal reasons, or because our carers fail to meet us in the dance of social engagement, then the body falls back on cruder, earlier, less subtly adjustable systems of activation.

The more primitive systems are based either on the sympathetic nervous system’s fight-flight approach, flooding itself with adrenalin, or on the parasympathetic strategies of immobility and dissociation. As Porges says, drawing on the work of his partner Sue Carter (e.g., 2005): “Social behaviours associated with nursing, reproduction, and the formation of strong pair bonds require a unique biobehavioural state characterized by immobilization without fear, and immobilization without fear is mediated by a co-opting of the neural circuit regulating defensive freezing actions through the involvement of oxytocin” (Porges, 2005, 33).

Totton (2015) writes about the ‘social engagement system theory’ and how he finds it more useful basis for the therapeutic relationship than attachment theory, with its focus on mother - infant relationships. Social engagement theory studies and explains social bonding, adult-adult relationship, which builds on infant attachment but transforms it into a peer interaction. Traditionally, psychotherapy has focused on the attachment dyad and the autonomous individual ego as the two sides of the therapy coin.

Totton brings forward an idea that it is time to consider other modes of subjectivity and relationality, especially modes which emphasise the collective and transpersonal. He calls for an end to treating the therapeutic relationship as inherently one between child and parent. Rather than reparenting, he is requesting a process into the field of psychotherapy in which a point is reached where both client and therapist can recognise that there are no parents and no babies in the room. (Totton, 2015, 195-196.) This idea is closely linked to the issues of power, equality and empowerment.

Totton summarizes the main points about the significance of embodiment in psychotherapy as follows:

1. Play is a basic human activation pattern, shared in its essentials with all other mammals. It enables us to operate in an “as-if” frame, where actions do not mean what they would normally mean.
2. Rather than “signals” informing us that the other is playing, we have direct embodied experience through the resonance between our embodiment and hers.
3. This activation pattern is of vital importance to psychotherapy, which takes place largely within an “as-if” frame, allowing us to experience intense relational feelings without acting on them in the ways we otherwise would.
4. Play also gives us access to the “transitional space” described by Winnicott, the space within which creativity and relaxation can occur. It makes deep change possible.
5. The widespread belief among therapists that language and embodiment occupy separate spheres, between which little traffic can pass, is untrue. Embodied experience is not fundamentally any more difficult (or any easier) to language than other complex phenomena.
6. Speech can be either embodied or disembodied— “full” or “empty”. Full speech is embodied both in the physical sense of emerging from a vibrant body awareness, and in the sense that it reflects our embodied experience and understanding. These two aspects are entwined together.
7. To be fully effective, psychotherapy requires both embodied experience and embodied language.

8. Trauma is an attack on all aspects of our being, but most fundamentally on our body, as is indicated by the metaphors we use about it.
9. It tends to create a dissociation between “mind” and “body”, such that a person’s embodied experience is no longer fully available to her. This has a crippling effect on the psyche.
10. There is a doubling effect in psychotherapy between the disembodiment created in our traumatised clients, and the disembodiment of psychotherapy itself, which makes it very hard for us to stay centred around trauma.
11. We can usefully identify two sorts of trauma, although there is no gap between them but rather an overlapping continuity. These are “acute” or “massive” trauma, managed by dissociation, and “chronic” or “developmental” trauma, managed by repression and the formation of character.
12. Therapy with severely traumatised people—which in some ways means all of us—demands that we approach our clients in a humane, authentic, and gentle way, including being open when necessary about our own traumatised state. Trauma demands enactment, the playing out of its origins in the therapeutic relationship; any quality of “un-genuineness” or persecution will render the enactment unresolvable. (Totton, 2015, 167-168.)

Totton describes how not only trauma can cause the disembodiment of experience, but also how non-embodied language-oriented psychotherapy can further intensify this process. The body is separated from the process and therefore the compartmentalization of trauma can be further encouraged. Becoming whole means welcoming body, mind, emotions and embodied verbalization into the healing process.

3.5 Self-Compassion

Compassion is an awareness of suffering, of oneself and others, and a wish for the pain to ease. Self-compassion is simply compassion directed to oneself. It includes kind and non-critical inner talk, when we fail or when life presents its challenges. In addition to inner talk, it can include compassionate touching of self

and the notion of allowing all parts of oneself and welcoming all emotions and feelings.

Self-compassion can be divided into three core components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus overidentification, when relating to painful experiences. Research evidence has shown that self-compassion is related to psychological well-being and reduced psychopathology (Germer & Neff, 2013). Self-compassion, like other mindfulness practices, can be taught and with practice, the ability and therefore the benefits derived from it will be increased.

Common humanity involves recognizing that the human condition is imperfect, and that we are not alone in our suffering. We can't always be who we want to be, and this basic fact of life is shared with everyone else on the planet. We are not alone in our imperfection. Rather, our imperfections are what makes us part of humanity. Often, however, we feel isolated and cut off from others when considering our struggles and failures, irrationally feeling that it's only me who is having such a hard time of it. We think that in some ways we are abnormal, and something has gone wrong. This sort of attitude makes us feel alone and isolated, increasing the lonely suffering. We forget that failure and imperfection are normal parts of human condition. (Ibid.) Teaching self-compassion in a group setting brings our common humanity, with its failings, faults and imperfections into openness and to a shared realm.

Mindfulness is needed to help us acknowledge our suffering and need for self-compassion. Body-awareness will open the gateway to our emotional life and bodily feelings. Acceptance comes to play at this point, so we don't rush into the immediate problem solving before acknowledging our need for self-compassion. There is a large body of research from recent years about self-compassion and its correlation with well-being and mental health.

Gilbert and Proctor (2008) suggest that self-compassion provides emotional resilience because it deactivates the threat system (associated with feelings of insecure attachment, defensiveness, and autonomic arousal) and activates the

caregiving system (associated with feelings of secure attachment, safety, and the oxytocin-opiate system). Giving individuals a brief self-compassion exercise lowered stress hormone and cortisol levels. It also increased heart-rate variability, which is associated with a greater ability to self-soothe when stressed. (Porges, 2007.) Self-compassion appears to lessen the correlation between childhood maltreatment and later emotional dysregulation. This means that abused individuals with higher levels of self-compassion are better able to cope with upsetting events in life. (Vettese, Dyer, Li, & Wekerle, 2011.) This relationship holds even after accounting for history of maltreatment, current distress level, or substance abuse, suggesting that self-compassion is an important resiliency factor for those seeking treatment for past trauma (Gilbert & Proctor, 2008).

Germer and Neff describe a structured 8-week group training in mindfulness and self-compassion (MSC). It contains two core meditations, nine other meditations, and 18 informal self-compassion practices, along with the theory behind those exercises. Participants are encouraged to be experimental in how they adapt the practices to their own lives. MSC can serve as an adjunct to psychotherapy, especially for clients who suffer from severe shame and self-criticism.

Participants are invited to ask themselves throughout the program, “What do I need?” Sometimes the need might be that an emotionally overwhelmed individual should stop meditating altogether and respond behaviourally to his or her emotional distress, for example, by resting, drinking a cup of tea or going for a walk. Self-kindness is more important goal than becoming a good meditator. In the interest of safety, pushing through emotional pain is discouraged in the MSC program. Self-compassion is both the path and the goal.

The MSC program is a cross between a clinical and a nonclinical training program, and participants are drawn from both populations. MSC is more like a seminar than group therapy insofar as members are asked to focus on learning new habits and skills. MSC participants are encouraged to realize what causes distress in their lives as we need a focus for compassionate awareness, but the emphasis of the MSC program is on how we relate to distress rather than the

details of the personal narrative. This programme has many similarities of the Creative Group. We also focused on learning skills for self-regulation and to allow for self-compassion rather than talked about the traumatic events.

In the beginning most MSC participants felt nervous about self-compassion because they sensed that it will make them vulnerable and open old wounds. This can certainly happen, but MSC provides tools for responding to whatever arises from a position of strength. It was found in the project, that men and women had different reactions to self-compassion. Men were worried that it would make it harder for them to cope with difficulties. It was helpful to explain to men that self-compassion is a practice of motivating ourselves with encouragement rather than self-criticism, like a good athletic coach. For women it was overall easier to appreciate how self-compassion addresses the human need for care, comfort, and soothing. Self-compassion training offered participants a more supportive internal dialogue as well as inner safety and refuge.

The MSC program is systematic mind training, like going to the gym. Whereas psychotherapy typically trains the mind for 1 hour per week to relate to inner experience in a new way, MSC participants are encouraged to practice mindful self-compassion throughout the week for a minimum of 40 minutes per day. Self-compassion training may be considered “portable therapy” insofar as it is a self-to-self relationship that mimics the compassionate self-to-other relationship of psychotherapy, providing inner strength between sessions and, hopefully, tools for the rest of one's life. (Ibid.)

4 ART AND CREATIVITY IN HEALING FROM TRAUMA

Art has been an important part of human experience for since the beginning of times. In most indigenous communities various art-forms have been used in healing. These have involved shamanic rituals, connection and communication with nature, ceremonies, visual art, music, dance, poetry, songs, storytelling and theatre. In modern world we have also new forms of artistic expressions available for us including cinema, digital visual images, the use of light, storytelling in social media etc.

Gantt (2012) describes how the focus of Western art changed dramatically in the late 19th and early 20th century from picturing the external world to expressing the internal life. Up to that time, most artists had been employed in the service of religion or the state. With photography becoming a means of recording the physical world, artists began to focus on subjective experience. Much of the 20th century was marked by wars, political upheaval, natural disasters, and mass displacements, so artists used these traumatic events as subject matter. In addition, the development of psychotherapy provided a way to use and understand unconscious material. The art done by children, psychiatric patients, and non-Western peoples became a window for understanding different perspectives and life experiences. Also, many people untrained in art reacted to overwhelming traumatic events by doing their own spontaneous pieces of art. (Gantt in Figley, 2012, 26-27.)

In the dissociative process that occurs during a severe trauma, the experience is fragmented because the verbal brain is not consciously online. Consequently, trauma material is stored in the nonverbal brain. Bits and pieces of the event are not organized in any sort of sequence. Making art of the experience can give form to the inner world. By adding words to the images, the experience becomes "history." Through the use of expressive arts material that had previously triggered the person into a trauma flashback, can be more manageable, so that it no longer has any power to evoke an intense reaction or a flashback. Dissociation has been

likened to a “black hole,” from which no memories can emerge. While drawing, sculpting, or painting, the person is intent on engaging with wordless realizations. When the artist steps back from the artwork, there is space for words to enter the scene. Connections are made, words are attached to the experience, and the dissociation begins to be reversed. Art makes personal life visible first to self and then to others. Trauma disturbs the capacity for self-soothing, especially if it occurred in childhood at the hands of care-givers who were supposed to be safe. Creating art can also become a way to soothe oneself through pleasurable activity. In addition, the witnessing of the creations by others serves as a valuable step in reintegrating the wounded individual back into a supportive context. Traditional societies often have such a process integrated in the shamanic healing ceremonies. (Gantt in Figley, 2012, 28-30.) These principles defined by Gantt are shown graphically in picture 3.



Picture 3. Art and Creativity as a Healer

The ability of an individual to regulate their emotions and state of arousal is vital for psychological health. Noah Hass-Cohen states that “at the core of mood disorders, such as depression and anxiety, are problems with the regulation of affect” (Hass-Cohen, 2008). He asserts that arts therapies provide a unique opportunity for practising this regulation. To employ art as a healer, it is essential to liberate the creative spirit. For many of us our past wounding experiences may

have shut down the flow of the creative spirit. This could be childhood experiences, where we were not allowed to be our true self and express artistically. In my experience with various groups of students and clients I have heard traumatic stories of art- and movement lessons in school. These wounds need to be addressed and healed before we can liberate our creative spirit.

Art puts us in touch with a different dimension of life from the everyday concerns and can open new gateways to our soul, core, unity, nature and spirituality. Shaun McNiff writes about art as a healer in his book: *Art Heals; How Creative Cures the Soul*:

The making of painting, a dance, or a poem is a microcosm of the larger movements of creative energy of nature that we bring to bear on the totality of our experience in the world. Different forms of expression feed off one another and generate an ecological dynamic through which the forces of healing and transformation in nature merge with those of an individual. Through the discipline of creative expression, we foster healing within ourselves while also giving back to nature in a spirit of reciprocity. (McNiff, 2004, 6.)

He carries on by calling for a wider understanding of art as a healer than what had previously been defined as art therapy. This wider understanding complements with the traditional healing practices of many indigenous people.

Art's healing is more than art therapy alone. Art therapy therefore needs to revise itself as a leader in cultivating, understanding, and caring for the phenomenon of art and healing, just as the medical field can do more to support wholistic wellness. Art therapy benefits itself by opening itself to this larger process and creative "energy" of healing. The experiences of people everywhere and throughout world history affirm that art heals. (McNiff, 2004, p.7).

Shaun McNiff advocates a new way of research for expressive arts therapy. He had done his doctoral theses about expressive art therapy by using the psychological and behavioral science approaches to research. He describes how his graduate students had challenged his views about expressive arts therapy research. His perspectives have important implications for research in the field, in which art itself is at the focus of the inquiry as well as the healing qualities of the creative process. He advocates art-based research, which doesn't differentiate between research and practice. He is calling for a research, that integrates the library and the studio, history and the immediate practice. the wider scope of the

healing qualities of the arts cannot be boxed within controlled experiments of the behavioral sciences research, which can restrict creativity and critical thinking. (McNiff in Levine S et.al. 1999, 81.)

4.1 Expressive Arts for Healing and Social Change

Natalie Rogers, Ph.D. has done pioneering work in creative arts therapies for four decades. She has been exploring a concept called the Creative Connection. It is a system, in which different arts are used in sequence, before discussion, to bring self-revelation. For example, dance and movement can bring up intense feelings, which can be expressed in colour, form or line. When we write immediately after movement and visual art, a free flow of words and sometimes poetry emerges revealing something about ourselves. (Rogers, 2011, 5-6.) In her book: *The Creative Connection for Groups*, she shows how the Creative Connection process can enhance all types of groups in enabling and facilitating inner journey, transformation, healing and social action. Rogers sees the expressive arts as a link between the individualism, that we have been born to in the western world and the community, that most of us are longing for. She describes her observations in different group around the world: "...when the layers of protection are peeled off through this process, when our shadow is brought to light, we are all very much the same: suffering and bliss are universal; myths and archetypes are universal" (Rogers, 2011,16).

Rogers goes on to describe group processes and building trust and a sense of community in groups. She highlights a phenomenon called *Collective Resonance*, which occurs in creative groups. When people are deeply in tune with their own feelings and thoughts, there is a heightened sensitivity toward what others are feeling and thinking. It is moving beyond the personal experience to the collective understanding. This resonance comes from trust and the support in the group to be authentic. Rogers links the process of finding peace within to building peace in the world. The collective consciousness experienced in groups can open a door to the understanding of the inter-connectedness of all of us on the planet. Rogers quotes Fetzer Institute Report summarized by Briskin

They (people) draw on the strength of the collective to acknowledge and face that which would surely overcome them if they were to each look upon it alone. Together, there is a willingness to look fully and fearlessly to the inexcusable insults, atrocities and pain people regularly inflict upon each other and themselves in moments of fear and weakness. In the looking – directly without flinching, and with compassion – the pain begins to dissipate, giving way to the impulse to move through and beyond the fear and separation, into the forgiveness and collective healing. (Fetzer Institute, 2001, 49.)

Using art and creativity in healing, social change and therapy means entering the realms of unexpectedness and uncontrollability. Creativity invites new connections in the brain and opens the gateway to transformation and break-through moments in consciousness. Creativity demands us to walk the road untravelled. This is true for both the therapist and the client, the facilitator and the group participant. Dr Weber describes the break-through, transformative moments with her clients in art-based psychotherapy. In a break-through moment, the person's consciousness, world view and even the life-story can suddenly transform. New understanding and solutions are being born. (Weber 2017.) In Weber's therapy room, the making of art is the vehicle for transformation.

4.2 The Quantum Phenomena in Art-based Healing

Weber makes a connection of sudden transformative moments in art-based healing to the scientific findings on quantum physics. Quantum science emerged at the start of the twentieth century when developing technology enabled physicists for the first time to measure the behaviour of subatomic particles (such as electrons and protons). The physicists were surprised to find that the particles didn't follow the classical laws of physics at all. Richard Dewitt (2010) summarizes quantum theory into three different aspects. First, there are empirical facts resulting from the outcome of experiments with subatomic particles - facts that are extremely surprising but cannot be disputed. Secondly, there is the mathematical core of quantum theory, which is reliable (and not at all controversial) as it describes the motion of sub-microscopic objects. And thirdly, there are issues re-

lated to the interpretation of quantum theory and what it might mean for our everyday reality - this is an area that is fraught with disagreement and controversy. (Dewitt, 2010.) The arrival of breakthrough moments in Weber's therapy room seemed to be full of randomness, weirdness and uncertainty - much like the events of the quantum world. (Weber 2017).

Witnessing the transformative moments in the art-therapy and getting acquainted with the quantum physics changed Weber's perception of the world. Previously she had believed that things moved from one point to another based on cause-and-effect relations according to Newtonian mechanical laws of motion. At the quantum level it seems that everything is one dynamic, an interconnected pattern of probability that can include consciousness. (Weber 2017, 187.) This contrasts with the view of dominant classical physics where everything has a local cause. Classical physics has always maintained that matter consists of particles with simple properties, such as position, movement, mass, and charge (Zohar, 1990.), in addition to this, there are waves.

One of the most surprising finding in quantum physics is that all the ingredients of matter and light are both waves and particles at the same time. Particles are localised at one point in space and time. When two particles meet they knock into each other and go their separate ways. Waves, on the other hand, are not localised. They can spread out across vast regions of space and time. This duality of matter and light is something entirely different to our Newtonian view of how things work. There is no consensus of agreement as to the implications of these findings for our everyday reality. (Weber, 190.)

Quantum physicists have shown that the discontinuous movement of subatomic particles is entirely different to movement in the everyday world. In the quantum world things can move in a disjointed way. Similarly, it is uncertain if some quantum events will happen at all and uncertain when and how they will arise if they do. In the subatomic world, electrons can move in a disjointed way, the excited electron "jumps" (or disappears) from one orbit and reappears in another. There is an uncertainty as to when and where it might jump next. This means that the results of a quantum leap are uncertain.

Quantum physicists have discovered that when an electron jumps orbits it does not travel through the intervening space between. Instead, the electron is first in one orbit and then in the other. The movement happens in a discontinuous way. Amit Gotswami (1993) compares this to the human creative process. He argues that the discontinuity of the electron is akin to the spontaneity of a sudden creative insight in which an old pattern of thought dies as a new design of insight replaces it. Or to put it another way, a window of opportunity is opened for something truly new to arrive in a creative moment (Gotswami, 1993) (Webber 2017, 187-188).

Roger Penrose (2005) believes that quantum mechanics might account for such diverse aspects of human thinking as insight, imagination, understanding, empathy, meaning-making, and free will. These aspects of thought are directly applicable to the world of arts-based psychotherapy and to transformative moments within it. The particle aspects of both clients' and therapist's thoughts and experiences are being separate from one another whilst simultaneously the wave aspects might be merging. Contrary to our experience in the macro-world, the undisputed facts of quantum physics show irrefutably that a sub microscopic entity can exist in a "superposition of two or more allowed states at the same time" until a measurement is made (Orzel, 2010). This strangeness arises because in classical mechanics all things are either waves or particles. Nothing is ever both.

Karl Pibram suggests that the brain of one individual might be seen to interconnect with something in the world (such as the brain of another individual) through the "language of wave interference" (Pibram, 1993). It seems this could be useful for understanding the relationship between client and therapist. Zohar suggests we can apply the wave-particle duality metaphor to human relationships. This supports the idea the client and therapist are having their own space and time at the particle level, while at the wave level there could be an overlapping, superposition or entanglement of thoughts and imagination. This would appear to fit with the theory of intersubjectivity. (Stolorow & Attwood, 1992.) (Webber, 2017, 191.)

Relating quantum physics to the healing, therapy and transformation which happens particularly when embodied creativity and art is involved seems an attractive idea to me. During my working life I have had the privilege to witness many transformative moments in groups or with individuals in art- and body-based therapy. These magic-like moments of transformation or sudden explosions of insight and consciousness are hard to explain. I have been in awe of the creative process, which in itself is a healer. It seems as the mysticism and science are now speaking about the same phenomenon. In healing trauma, the quantum leap happens, when unconscious parts and processes of self are united and integrated into a conscious self. The consciousness is suddenly and miraculously expanded, the light is shed into the darkness and new, more connected self is being born.

4.3 Dance and Movement in Healing

Dance is as old as humanity, and even older, as it can be found also in animal world. Dance is a powerful healing method, as it incorporates body, mind, emotions, rhythm, music, connections, unity and spirit. In dance it is possible to experience, express and transform all areas of life and humanity. Gabrielle Roth developed a healing dance called The Five Rhythms, which has helped thousands of western people to find dance as a healer and body as a temple:

Healing is a journey. It involves stepping out of our habitual roles, our conventional scripts, and improvising a dancing path. The dancing path leads us from the inertia of sleepwalking to the ecstasy of living the spirit of the moment. Too often our lives are automatically channeled into narrow, secure patterns, set into deadly routines. Some of us want out. Some of us want to let go and wake up to the power buried within us. To do this, we have to live on the edge, between the lines, somewhere between the matter and spirit, masculine and feminine, darkness and light, leader and follower, stillness and motion. We venture like tightrope walkers over the abyss of the unknown. (Roth 1998, 3.)

Research in neuroscience supports the importance relationships play in our social and emotional development (Siegel 2007) and can be observed through the practice of mirroring, attunement, empathic reflections in using dance and move-

ment therapeutically. Since the 1990s, neuroscience research has helped to underscore and validate the mind–body connection, the plasticity of the brain, the relational brain and attunement to other (Siegel 2007). Research continues to explore the role of the mirror neuron system in supporting empathic reflection and responsiveness. Witnessing, mirroring, empathic reflection, relational mindfulness and relational movement take place within the mind–body experiential way of knowing.

Siegel has researched the relationship between mindfulness and integration of the brain, and the role of secure relational attunement for providing the groundwork for health and resiliency in life. If attunement produces integration in the brain, the interpersonal attunement and intrapersonal attunement will reinforce each other and produce greater neural integration. These can be the neural dimensions linking the ways in which mindful awareness promotes both relational and internal well-being in the promotion of integration (Siegel 2007, 201). Siegel refers to this process as interpersonal neurobiology.

Creative movement and improvisation responses with a sense of being open, present, listening, observant and attuned to the client are relational competencies required of the dance therapist. This empathic process needs to be experienced and practiced by dance and movement therapy practitioners as it is crucial in developing a sense of mutual connection and trust between the client and therapist. (Rappaport, 277.)

5 FROM TRAUMA TO PEACE ON MICRO- AND MACRO LEVEL

In this thesis I have looked at peacebuilding and conflicts through wide lenses. I see a conflict within each of us, in our families and other relationships, in our communities and states and in the world, as ultimately the same phenomenon. Trauma is both individual and collective experience. The ever-increasing influence of media and available information that now bombards even the youngest members of society through television and the internet have become such an integral part of everyday life. Even very young children are subjected to potentially traumatizing images through the media. (Gabrera in Figley, 2012, 10). In the contemporary world children and teens can be exposed to a level of violence that a person just a generation ago would not have experienced in his/her lifetime. The chronic and cumulative effect of exposure to traumatic images, which begins in the early stages of children's development can create an inability to maintain the capacity for the child's emotional regulation.

Gabrera (2012) suggests that in the modern world children can become accustomed to the sight of violent crime through media which can cause an inability to appropriately differentiate social cues of potentially threatening situations and hence put the individual in danger. The results can vary from creating a child who unknowingly subjects him/herself to ongoing risk/exposure to a disturbed adolescent who becomes capable of an act of violence. (Gabrera in Figley 2012, 12). Trauma can separate us from each other and even ourselves. While the effects of a natural disaster can create a sense of unity among a population, the stigma associated with being the victim of other types of traumas can serve to further isolate individuals. Examples of this may include rape, the loss of a loved one, or repeated physical abuse and/or witnessing abuse of another. (Ibid.)

Trauma in Africa has been the topic of much discussion due to civil wars, ethnic conflict, poverty, historical consequences of colonialism, cultural traditions, and different forms of human rights abuses. The ongoing oppression and marginalization of women and girls including the acts of violence against them have often

been used as a tactical strategy in promoting fear, intimidation, obedience, and social and political control. Countless women and girls are subjected to rape, disfigurement, sexual torture, exposure to the killing and/or dismemberment of loved ones as well as the destruction of entire communities. A few examples of such atrocities are South Africa's history of apartheid, Rwanda's genocide, the civil war in Central African Republic and Congo's ongoing war, including a large number of brutal rapes committed against women and girls as a means of social intimidation and control.

Traditional practices such as female genital mutilation (FGM), the killings of elderly widows for the sole purpose of acquiring their land, the dismemberment and killing of albino children believed to possess magical qualities that ensure wealth and prosperity, and women being treated as the property of their husbands or that of their husband's eldest brother under customary law make for multiple trauma experiences of many women and girls living on the continent of Africa. (Gilkey & Kaijage in Figley, 2012.) The methods described in this thesis could be useful in interventions of healing the individual and collective trauma in post-conflict areas as well as developing resilience and empowering those traumatized by wars, conflicts or traditional abusive practices. These methods can be used with large groups and need only little language.

In any peace-building it is essential to also consider the trauma suffered and plan for ways of healing. In this, a multi-disciplinary approach is needed. Also, anthropologists can assist communities in the throes of traumatic recovery by providing analyses of the structural conditions that might exacerbate the effects of disaster, such as economic or social inequalities, marginalization, lack of access to infrastructural support, and so on. They may also serve as advocates for the community in the international sphere. Communities suffering from trauma have been laid bare by grief and suffering; anthropologists seek to use their skills as scientists to uncover the underpinnings of the tragedy, while facilitating reconciliation, recovery, and rebuilding.

The documenters and truth commissioners record the facts, events, and perpetrators so that justice can be served or failing that, reconciliation reached, and

reunited peoples work together. Anthropologists with long-term involvement in the communities have developed nuanced knowledge of cultural practices and worldviews. This background brings changes triggered by trauma into stark relief and helps explain the punctuations in the evolutions of cultures. Moreover, these culture-participant advocates may channel relief, resources, training, and new knowledge to the communities in the throes of rebirth. (Maxwell in Figley 2012, 23.)

Lisa Schirch defines peacebuilding as:

A wide range of efforts by diverse actors in government and civil society at the community, national, and international levels to address the immediate impacts and root causes of conflict before, during and after violent conflict occurs. Peacebuilding supports human security – where people have freedom from fear, freedom from want, and freedom from humiliation. (Schirch, 2013, 7.)

Lisa Schirch emphasizes the understanding and addressing the trauma issues in peacebuilding with traumatized people. After a violent conflict, the whole communities are traumatized. Immediately after a traumatic event, stress hormones flood the body, causing a feeling of shock and pain. As time passes, people may become depressed or want to revenge, or both. Some people move from the victim position to the aggressor role, putting their own needs before others.

Peacebuilding in traumatized societies requires helping people to identify harms, assert their needs, and move out of the cycle of violence and onto a path toward reconciliation, acceptance, and contributing toward human security. For this reason, a trauma-sensitive approach to conflict assessment and peacebuilding planning requires basic knowledge of trauma's impacts and common responses to trauma. (Schirch, 2013, 123).

I see peace-building needed to happen in many levels, not just societal and communal, but also within each of us. To find peace after a traumatic event within our own body, mind and emotions is an essential route to healing and eventually forgiveness. After abusive and traumatic incident, the call for revenge is strong. It is essential to offer alternatives to shutting down, revenge or denial.

Natalie Rogers describes in her book: *Creative Connection with Groups* possible ways to use expressive arts in envisioning inner and world peace and creating social change. She quotes:

As agents of healing and transformation, we are called to be pioneers, innovators, risk-takers, visionaries and revolutionaries, beginning with ourselves. We are called upon to open our hearts, be guided by a Higher Power, use our intuitions and demonstrate our faith, trusting that indeed we have the power and the tools to uplift, transform and liberate ourselves and others (Tubman Wright, 2008).

Peacebuilding starts from within. Healing the world starts with acknowledging our own wounds and shadows and finding compassion towards the inner struggles and contradictions. From this point of acceptance and compassion the healing and peacebuilding can flourish and spread to the world. this road is, however, a demanding one, as becoming aware of our own emotions bring not just awareness, but also pain. Natalie Rogers writes about becoming aware of our feelings about world events:

Denial is our biggest personal and global enemy: awareness is its antithesis. To deny our grief and suffering over the world tragedy puts a lid on all our feelings. Denial creates a pressure cooker effect on body, mind and spirit. Lethargy, depression and apathy may lurk below the level of awareness. Or, when the lid (our denial) and the pressure become too great, there can be an explosion; acts of violence, perhaps... Yet wearing a plate of emotional armor turns us into robot-type beings, capable of producing quantities of goods but incapable of compassion and creative solutions (Rogers 2011, 218-219.)

Natalie Rogers goes to illustrate ways to break free from the clutches of apathy and denial by using expressive arts to explore the feelings involved. She describes a guided meditation to envision inner peace by relaxing and remembering a time, when inner peace was experienced. the participants were encouraged to experience the same feelings and sensations, that were present in the peaceful moment. After the guided meditation, the group was invited to move or dance the experience, directly after which they were asked to spontaneously create a visual image of the feeling of inner peace. The participants then wrote 5 sentences starting the sentences with: "I am, I have, or I feel..." The group was ended by another guided meditation in which the people were encouraged to include all people in the world in same sense of inner peace (Rogers 2011, 230-232.)

This exercise brings people to experience inner peace even at times of turmoil and upset. When working with groups, individuals or communities with traumatic backgrounds, it is essential to include teaching people methods to find peace. These types of exercises not only bring the ideas and images of peace into mind, but also allow for the wholistic experience of peace, including bodily sensations and artistic expressions. Just like in the metta-meditation (loving kindness) the object of the hopes and wishes of peace, also in the use of art the sphere of peace can be extended not just to one's inner landscape, but also to the world. Johan Galtung writes about the importance of creative arts in their relationship to peace.

Art and peace are both located in the tension between emotions and intellect ...Life unites what concepts and dualisms keep apart. And art, like peace, has to overcome such false dichotomies by speaking both to the heart and to the brain, to the compassions of the heart and to the constructions of the brain (Galtung 2008, 60.)

To the dualities mentioned by Galtung, also others could be added, such as isolation versus connection, individualism versus community, greed versus sharing, denial versus acceptance, and revenge versus forgiveness. to Galtung's suggestion of uniting the compassion of the heart with the construction of the brain I would like to add the wisdom of the body. Body and art can pave the route to peace personally and communally.

Much of the communication between humans is non-verbal. Most peace-building and conflict resolution negotiations between people in families, communities and war zones rely on the spoken word. Art and body-based methods can unite heart and head, the left and the right hemisphere of the brain and connect us to ancient and intuitive wisdom thus bringing connection and creative solutions to seemingly unfeasible situations.

In my view, conflict resolution and peace keeping can't be achieved merely through cognitive or structural processes. It is also essential to bring in the holistic view of humanity into the work. Peace-building needs to happen in all levels, but the starting point in my view is within each of us. Therefore art- and body-based

methods could be used in addition to the verbal ones in any peace-building situation, be it in micro- or macro-level.

6 METHODOLOGY

I started the project with a question: ‘how useful are the art- and body-based methods for people with past trauma experiences?’ The other question for the enquiry was: ‘how art- and body-based methods can be applied in a therapeutic community for substance abuse rehabilitation?’

The umbrella-term ‘action research’ covers a vast field of researchers and developers who nearly always start the work with a question, such as ‘How can we improve this situation?’ (Bradbury 2015, 1).

We are committed to doing good work that minimizes suffering and brings appreciable, positive impact through the collaborative character of our work. Beyond privileging cognitive understanding, action researchers draw on and contribute to an ever-increasing repertoire of experiential practices at personal, interpersonal, and/or collective levels, allowing us to address complex problems while also giving attention to co-ordinating needed action. (Bradbury 2015,1.)

This type of ideology and method was the basis of my study. The study I conducted was an experiential study of piloting a Creative Group. When I first met the managers of the unit, I hadn’t yet formulated a clear picture on how the project would be organized and the results communicated. In my mind it was clear, that the project should be of use to both staff and the residents in the unit. The managers and staff welcomed the Creative Group to the unit, but there was some doubt about how the group of residents would react. The parents had a lot on their plate; recovering from substance abuse, becoming a parent, living in a community with other parents and babies and facing a new situation in their lives as well as coming into terms with the past.

The management and the staff were of the opinion, that working creatively with trauma would be useful practice in the unit. When I was introducing the project to the residents, I invited them to be involved in the planning of the group, together

with me and the co-worker. However, they expressed a difficulty and unwillingness to do this, as the methods of self-regulation were not familiar to them and they didn't really know what the activities in the group could be like.

I explained to the group members, that I wasn't going to investigate or research them, but that we would all be investigating how useful the methods and actions were for each of us. I told them also, that I would be studying myself, as a facilitator and teacher of skills. I emphasized, that all was voluntary and that they could either do or not do the activities I suggested and that they could also opt out of the group completely if they wanted. With the co-worker the investigation was also on how useful the body- and art-based methods are with this group of people and this residential unit.

In my development orientated theses, the emphasis was on piloting a methods-based group for parents in substance abuse rehabilitation. The main focus of my study was the process of the action-based group itself. This process is explained in detail in chapter 7. As I was inviting the group members to experience art- and body-based methods which they were not familiar with, I had no way of knowing how much and to what level the group members were willing or able to involve themselves in the group meetings and the activities. Therefore, any detailed and definite prior planning would be impossible and even counter-productive. Piloting this Creative Group was a creative process for all who were involved, including myself. Creative process is always unpredictable and sometimes chaotic.

The present state of the world is such that an action-oriented, participative, experimental approach to knowledge creation is highly desirable. The very nature of our global problems – the intractable, complex, politicized, nonlinear problems – is ever morphing. Central to action research is our experimenting with new ways of working within the complexity in any knowledge-production situation. (Bradbury 2015, 4.)

The whole process of the Creative Group was this type of knowledge producing situation. I was not an outsider to the situation, but very much a part of the process being in a dialogue through words, embodiment and actions with others in the group. Whatever happened in the Group, became visible to all of us and also affected the other's experiences.

It was, however, a part of my task to gather and analyse data from the process. This is explained in detail in the chapter 7. The data gathering included the following on-going dialogues, observations and processes:

- Before each group meeting I had written down the plan of the activities I was going to introduce in that particular session.
- During the meetings I asked people to comment on how they experienced each exercise.
- After the session me and my co-worker discussed our experiences and observations of the session.
- After the meeting, I wrote down how it actually went. Often this was very different than the original plan due to the energy levels and needs of the group.
- The topic of the following group session was discussed and planned together with the group.

After the group was finished, I phoned each member of the group for individual interview. I asked each person the same questions, which are shown in the following chapter. I interviewed my co-worker face to face after the group had finished and also phoned her later. I asked her the same questions than the other members and also some additional questions. These will be described and discussed in the next chapter. I wrote down the answers from each person. After this process, I grouped the answers under the various topics, which are shown in the next chapter.

Action researchers see their work as an alternative to conventional social science which, with some exceptions, is not always relevant for the general public and too often reinforces the status quo. Action researchers want to revitalize social science through taking action towards positive impact. Action researchers understand that partnership and participation are central part of the work. Also, being reflective is essential to action research. That means taking a critical view on what limits and enables our own and others' participation. (Bradbury, 2015, 3.)

7 THE CREATIVE GROUP

In the Creative Group, the philosophies of equality and empowerment ran through the group as guiding principles. There is no hierarchy in bodywork or creative arts therapy. Although I was the facilitator, I also participated, as much as possible in the activities in the group, as did my co-worker. In practicing body- and art-based methods of healing from trauma, It is not required for the traumatic memories to be told. In this thesis, the topics are approached from holistic and humanistic points of view. The focus is in the methods and the experience within each person and the group as well as studying and exploring the process of facilitating and piloting a Creative Group for people in substance abuse rehabilitation.

7.1 Piloting the Creative Group

I contacted NGO called The Federation of Mother and Baby Units (Ensi-ja turvakotien liitto) in March 2018 and requested a possibility of carrying out a group within the organization, in which body-based and art-based methods would be used. It was agreed during the initial meeting with two managers of the services at the end of March, that I could start such project in a unit for babies and parents with substance abuse problems. We established, that the staff would be looking after the babies, whilst the parents were taking part in the group.

The next meeting in April 2018 was held in the unit together with the unit manager and a member of staff: a mental health nurse, who would be my co-worker. I was delighted to have a co-worker, who would be present in every session and who was a long-standing member of staff. Also, the fact, that she already worked with the residents in body-orientated ways by offering them yoga and acupuncture sessions was a great asset as we both held a wholistic view of human existence, healing and rehabilitation. I met the group members also in April and explained the idea of the project.

I emphasized the fact, that taking part in the group was completely voluntary and that at any point in time, they could opt out of any activities carried out in the group or the whole group process. It was agreed, that there would be altogether nine group meetings, maximum 2 hours each between 7.5.2018 and 5.9.2018. Two of the sessions would take place in the summer camp and be longer, 3 hours each. The idea was, that we would plan the program for the summer camp together with the residents and the co-worker during the next session in the beginning of May. This, however, proved to be difficult and the consensus was, that I would plan and facilitate the sessions. The residents found it impossible to be involved in planning, as the methods were not well known to them.

The aim of the project was to give the residents some basic information about trauma and how it affects the mind, emotional life and the body and to teach them some self-healing and self-regulation techniques. All residents have young babies. Some of the methods practiced could also be used with children and help in the emotional task of parenting. Another aim was to strengthen the knowledge about trauma and how art-based and body-based methods could be used in the unit. This happened mainly through the co-worker, who was present in every session. The third aim was for me to learn about facilitating an action-based group in substance abuse residential rehabilitation unit in which the group membership did not remain constant but changed continually due to planned moves to live independently but also due to relapses to substance abuse. There were new people also starting their rehabilitation in the unit, which brought new members also into the Creative Group.

This group was an open group, which meant that the members didn't remain constant, but new people were joining during the duration of the group and some others leaving. The group sessions were planned in such way, that it was as easy as possible to join the group at any point. Each session was in some way, an entity of its own. Altogether 8 parents attended the group, 7 of which were mothers and one a father. In the beginning, 5 parents started in the group, out of this, three left about half way through, as they moved out of the unit and three new parents joined the group. The attendance in the group was good, considering,

that it was totally voluntary, and the residents had many other groups and commitments, which they were expected to attend as part of the rehabilitation. My co-worker attended every session and in addition to this there were two students, who came to a few sessions.

This thesis has required a verbal explanation of experiential and non-verbal material. To evaluate and research a non-verbal, sensory, artistic or kinetic experience can create a paradox. Sheets-Johnstone (2009) has studied movement and points out that the static terminology of language fails aspects of the dynamics of experience and calls it 'the problem of languaging.' Language, she argues, has too few nuances when it comes to words describing the non-verbal experience that arises whenever we connect with our body. The fluctuation between verbalization and sensation is a way of acknowledging the dynamic of experiencing the embodiment. Emphasizing kinetic and kinesthetics experiences Sheets-Johnstone (2009) suggests that the problem of language may be overcome when a word resonates in a bodily-felt way, whether evoking incipient movement responses or bodily felt imagery.

In the Creative Group, the use of language was in a minor role, with the emphasis being in the experience. Some exercises were carried out in complete silence, whilst others, for example the painting sessions, discussion in the group happened spontaneously. However, after an exercise, I gave space for comments and verbalization but did not expect it as I also wanted to respect the wish for silence and the need just to be with the experience. I acknowledge the fact, that by describing the process verbally, some vital information may be lost, but will describe and analyse the Creative Group as truthfully as I can.

Much of what happens when involved in creativity, meditation and the arts happen in an unconscious level. In dreams, art and in cosmos, just like in the unconsciousness time and space are limitless entities. The shape and substance of objects, people and even one's own body can change from moment to moment. This deep and limitless world of our unconsciousness serves as the source of our being, the source of all human art, culture and religion. (Chodorow, 2000, in Starks Whitehouse, 237). Carl G. Jung's view of emotional dysfunction is that

often the unconsciousness has been ignored and the conscious ego-viewpoint is being over-emphasized. As a compensation to this one-sided view-point, the unconsciousness forms an equally strong counterpart. This causes inner tension, conflict and discord. (Ibid, 236.)

For many people, bodily processes are less developed than mental ones: either they tend to be partly or wholly out of consciousness or the awareness of them is invasive and extreme. In the Creative Group, I was aware of this phenomenon and therefore made sure, that in the beginning of each session I helped the participants to the experience of body-awareness. Throughout our work during the sessions – whatever the activity may be – I invited the participants to embody the experience.

The group started in May 2018. During the first session, I asked the participants to sign the written agreements to take part in the project and a permission to use the visual images made in meetings in my thesis. We practiced some body-awareness, breath and movement, mindfulness and boundaries (see the appendix for the exercises) during the first session. This gave the group members a taster of the future sessions. The group members were given note-books for the group, in case they wanted to keep a journal or make notes during the sessions.

There were five residents in the unit at the time, 4 women and one man, all of which participated in the first meeting. Out of the five, there was one couple, both father and mother were present. Some members were at the end of their rehabilitation period whilst others had just started. Some participants had previous experience of relaxation techniques, mindfulness practice and drama. Otherwise art-based and body-based methods were new to them. Some members, however, participated in the weekly yoga-class taught by my co-worker in the unit.

After the Group finished, I contacted all participants by telephone. I asked them the following questions:

1. What was good about the group? What was useful for yourself?
2. How did you experience the body-based methods?

- a. Yoga
 - b. Dance and music
 - c. Breathing exercises
 - d. Body-awareness and mindfulness practices
3. How did you experience the making of visual images?
 - a. The painting exercises at summer camp
 - b. Painting feelings
 - c. Treasure-map collage of dreams for the future
 4. What could have been better? What critique or suggestions for developing this type of group could you give? Was there anything in the group that you would have wanted more of or less?
 5. Were the written summaries of group activities useful?
 6. Did you find the theory part of the group useful?
 7. Any other comments?

I was able to interview five members of the group and my co-worker. Two participants who left about half way were not contactable and one newcomer to the group didn't want to be interviewed, as she had only attended a couple of sessions. Two of the mothers I talked to had already left the unit and one was in the process of moving out. In addition to these, I interviewed also my co-worker and will show her answers to the same questions with the other participants. In addition, I asked her specific questions about her role as my co-worker and a member of staff in the unit. I will write this feedback separately in the chapter about the roles of myself and that of my co-worker. I will include the comments from the group members in the following chapters.

7.2 The Summer Camp

The following two sessions took place in beautiful surroundings close to a lake and forest in the countryside where a yearly summer camp for the residents was being held. The summer camp had already been planned in the unit before the Creative Group started. It was agreed with the staff, that it would be an ideal

setting for organizing slightly longer sessions for each day of the camp. The building for the camp and the surrounding garden and countryside were a perfect setting for creative work. There was an opportunity to be in the nature, including swimming in the lake. The facilities inside the building were excellent with a large space suitable for dance and movement and a separate room perfect for painting. My sessions were scheduled for the afternoons each 3 hours per day. All, except one resident participated fully in the group. The person, who didn't participate commented, that she didn't feel enough trust in the group and that pains in her body didn't allow her to take part in the activities.



PICTURE 4. the Summer Camp

During the days at the camp, the weather was beautiful and sunny. The picture 4 shows the scene in the summer camp. The theme for the first day was the earth. This was chosen, as we were in an area of natural beauty, where also being outside was possible. Having earth as a theme also links to the practice of grounding, which is a crucial element in stabilizing and calming the emotions, thoughts and the state of arousal in the body. I had planned to familiarize the participants with mindfulness in both stillness and movement, with and without music. I also wanted to introduce painting in an intuitive way. As most of the other sessions, we started the group by bringing the attention to the body and breath.

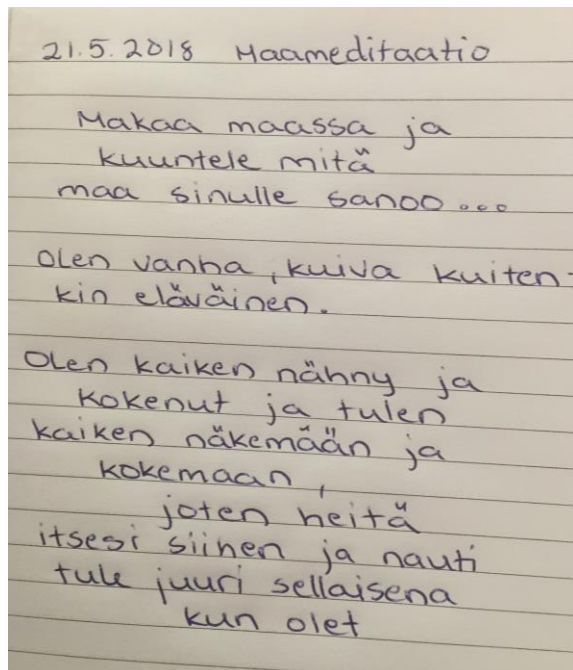
I guided the people to the present moment and into making non-judgmental observations about bodily sensations, emotions, thoughts and breath. I found this a good way to start the sessions. Each person was able to give a moment to herself without expectations of relating to others.

Another way to bring the attention to here and now is to use cards of images to show something about the present moment feelings and thoughts. This is also a bridge to the visual imagery as a way of communication. I had some cards with me and asked the members of the group to take one or more pictures, that would in some way show their inner world. Each person was asked either to say something about why this image seemed important, or just show the picture to the group. All participants used also words to describe the images. We kept these cards for the rest of the day for visual reference.

This was followed by walking meditation in the indoor hall. In mindful walking, the attention is kept on the body and the breath, just like in a sitting meditation, but the body is in motion. This was first done without music and later with music. When music is introduced, and different body parts are brought one by one into movement as it becomes a dance. As I encouraged the participants to take steps in different directions, forward, back, left and right with the whole body assisting in the changing of directions, the people were dancing almost without noticing in a free and creative way. I changed the mood of the movement with different music styles and towards the end of the session, put on calming music. With different styles and rhythms of music, it is possible to alter both the mood and the energy levels of groups of people. After the session, the consensus in the group was, that it was easier to move with music than without.

To practice mindfulness in the nature is very beneficial, particularly after a long, cold and dark winter, it is important to allow for the experience of spring in nature. As we went outside, I guided the participants to find a tree, that was in some ways special to them. I asked the group members to connect with the tree with all senses, looking, touching, listening and smelling. I asked people to use their imagination and write down, what teachings the tree would give them, if it could

speak. One member wanted to connect with the earth instead. In the picture 5 is shown what she wrote of that moment.



PICTURE 5. Meditating the Earth

After the meditation outside, we went indoors. I suggested that people would paint either themselves as a tree, or the experience with the earth or a tree. In pictures 6 and 7 there are examples of these paintings.



PICTURE 6. Self as a Tree



PICTURE 7. Self as a Tree

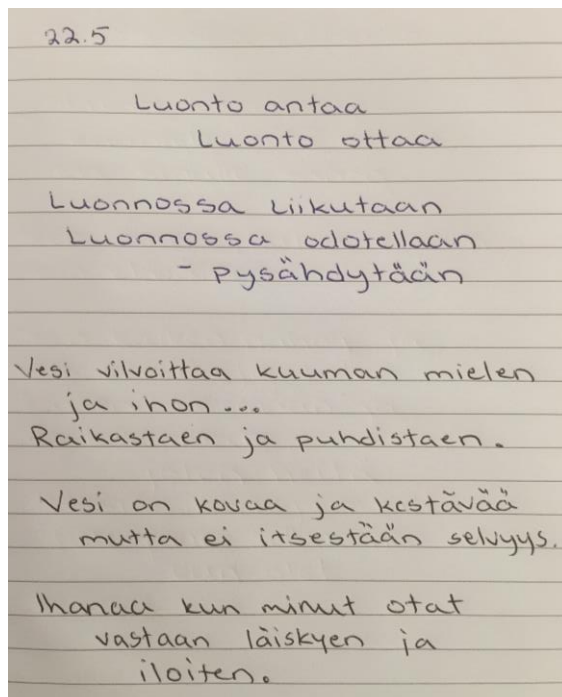
During the painting session there was a joyful atmosphere in the group. It was clear, that for many participants it had been long time since they last painted. All, however, jumped right in and enjoyed the process.

As the group seemed ready to experience movement and dance, I decided to include it also on the second day of the camp. We started by doing a body part meditation with music and movement. This means that the awareness is directed to different parts of the body in sequence and each body part can move its own way. Finally, the whole body is invited to dance following the internal impulses.

The guidance here is for each person to dance his or her own dance, no instructions for specific movements are given.

After the body-awareness meditation I invited people to form groups of three, one person being in the middle and the ones on the edges holding his or her hand. The one in the middle has eyes closed and the ones each side move the person in the middle by moving the hand. The instruction was to be sensitive to the person's comfort zone and willingness to move. There was inspiring, flowing music playing and the movement of the triads became dance. Each person had an opportunity to be in the middle and after each "dance" a moment was spent sharing the experiences with others. This dance exercise is also an inquiry into trust and an opportunity to build trust. This created joy, laughter, heat and freedom of movement in the group. Without a break, we went to the lakeside and some participants went swimming.

We spent time by the lake and I instructed people to listen to the messages of the lake; what are the teachings of water? In picture 8 there is an example of what one participant wrote about the experience with water.



PICTURE 8. Teachings from the Lake

Later, when I asked her about the camp experience she commented: “For me the writing about the experience is easier and comes more naturally. The painting is more challenging. I just recently read what I had written on the camp”.

As we went inside, I guided people on a short meditation, in which I encouraged each one to recall a place by water, where they had felt good and safe. It could be the place where we had just visited or another place in their lives. This exercise was done with eyes closed. The purpose of this type of imagery work is to build resources in both mind and body and to enhance the feeling of safety. After about 10 minutes of imagining the place, I invited the participants to paint a picture of the place. I emphasized that it didn't need to be a look-a-like but could be also symbolic or an image of a feeling. In pictures 9 and 10 there are examples of paintings made after the time by the lake and the guided imagery meditation.



PICTURE 9. Place of Joy and Safety



PICTURE 10. *Place of Joy and Safety*

The camp was a good way to get to know the group better. Everyone was away from the normal routine and perhaps more able to try new activities in new surroundings. The babies were looked after by the members of staff, so the parents could concentrate on the group activities. During the camp, I realized, that for this group, each function needs to be relatively short. For both days, I had planned too much and too complex activities, but soon learned, that simpler is better. I was surprised and delighted, however, how the group members were willing to try new things, including dance, painting and meditation.

7.3 Body, Meditation, Acceptance and Self-Compassion

Meditation and mindfulness were present in all activities in the Group. All we did, I encouraged to do in a mindful, accepting way with compassion and loving kindness-attitude towards oneself. Mostly I used body-awareness as a gateway to the present moment and a path towards the inner world. Acceptance was always encouraged. This meant acceptance of all that was present in the moment, including feelings, emotions, bodily sensations, movements, the creative process

as well as the finished products, like the paintings. Through meditation it is possible to calm the mind and increase awareness, so even distressing emotions can be tolerated and accepted for what they are. Acceptance of all emotions and the ability to be with them enhance the ability for self-regulation. this was also mentioned in the feed-back from the participants of the Creative Group.

The comments from the participants of the Group on meditation and body awareness were all positive. Most people had found the exercises beneficial and enjoyable. Many also mentioned, that they were able to take short body-awareness/meditation moments in their every-day life, which they found calming. One group member commented, that it was hard to concentrate on the meditations. My observation was, that with the Group the exercises needed to be short and varied.

From an Integrative Body–Mind–Spirit Social Work perspective, meditation utilizes the power of mind in providing treatment to trauma survivors. Instead of focusing on the rational and conscious mind and directly addressing and focusing on the “content” of trauma, meditation trains individuals to “discipline” their mind, that is, changing one’s relationship to thoughts, without directly focusing on the problems. (Lee, 2009, 288.) This is how we worked in the Creative Group. The understanding was, that we all have past traumas, that are in some ways still effecting our lives. However, the details of the past traumas were not verbalized. My understanding, based on both the existing literature and my professional experience in social work has convinced me, that all people with substance abuse problems are severely traumatized. The traumas are often complex, including both traumas related to early experiences as well as to the life in the drugs/alcohol abuse sub-culture.

By training people to attend to the present, by enhancing their ability to stay physiologically calm, and by increasing positive emotions, meditation practice allows people to unfold their internal and personal resources and strengths to address the problems of trauma. One major significant, potential contribution of meditation is the way it empowers trauma survivors in the process of recovery. Meditation is, a low-cost, non-intrusive, and empowering intervention. Meditation can be

practiced at anytime, anywhere, and is not dependent on costly medication, equipment, facilities, or professional assistance.

Meditation does not require the sharing of the trauma narrative as it is a private, internal practice. The focus is on facilitating the ability to unfold the internal and personal resources and strengths in addressing the problems of trauma. Meditation has the potential to be a complementary and empowering treatment approach for helping trauma survivors in their recovery process. (Lee, 2009, 288, 289.)

One meeting was designated to looking at issues in parenting and was the most verbal and less action-based meeting of all. The themes discussed in this session were over-generational trauma and emotions in parenting. We named and wrote down on flipchart all feelings that we could think parents and children may have. These included things like: love, gratitude, anger, confusion, worry, rage, fear, loneliness, joy, guiltiness, shame and happiness. Giving names to emotions is a good way to accept them and has a calming effect on the brain (Germer, 2010, 95).

In the Group we practiced a meditation in which you move between being aware of an uncomfortable emotion and the bodily sensations it causes, and concentration in breath and the heart area of the body. This meditation and body-awareness practice is designed to teach self-regulation and the ability to tolerate difficult feelings. (Germer, 2010, 88.) Although in the Creative Group the suffering or past traumas were not verbalized individually, it was a common understanding, that we all, the participants, my co-worker and myself have traumatic experiences and we all can benefit from the practice of self-compassion.

My co-worker commented in the end of the group, that the “normalization” of activities, topics and practices in the group, and the assumption of shared experiences in life such as difficult emotions, stress, trauma and other suffering were positive and beneficial to the group. We didn’t concentrate on substance abuse or other personal issues, but learned techniques, that can help us all to become more resourceful and compassionate human beings. Self-compassion awakens

in us the awareness, that we all suffer, and therefore connects us to all humanity and other living beings.

The theory and practice of self-compassion ran through the group process and was in some ways included in all activities. In some sessions, it was practiced specifically and in others was included into other actions, for example painting, yoga, breathing exercises etc. This means adopting, as far as possible, a non-judgemental and loving attitude towards oneself and the products of the activity, for instance the painting created.

When we talked about self-compassion and acceptance, one group member commented, that it is hard to feel compassion towards herself. Some others reflected, that since they had become mothers, it was easier to find compassion also to oneself. The meditation to develop loving kindness towards the self is a meditation practice, but instead of keeping the concentration on the breath or body throughout the meditation, in this practice you repeat kind and compassionate sentences in your mind, in the Group we repeated following sentences:

- I wish for safety in my life
- I wish for happiness in my life
- I wish for health for myself
- I wish for a peaceful life for me

(Germer, 2010, 163).

In the Group, all activities, including being in nature and creating art, were simultaneously body-awareness and mindfulness exercises. Body awareness is an essential part in learning self-regulation. In the Group scanning the bodily sensations before and after each activity was normal practice. Also, for example during the painting session, I invited the participants to notice the bodily sensations whilst they painted. This is how valuable information about the effects of the exercises are obtained and the embodiment of experience encouraged.

7.4 Conscious Movement and Dance

Movement is a great law of life. Everything moves. The heavens move, the earth turns, the great tides mount the beaches of the world. The clouds march slowly across the sky, driven by the wind that stirs the trees into a dance of branches. Water, rising in mountain springs, runs down the slopes, that join the current of the river. Fire, begun in the bush, leaps roaring over the ground, and the earth, so slow, so always there, grumbles and groans and shifts in the sleep of centuries (Starks Whitehouse, 2000, 41).

I wanted to include movement, dance and yoga in the Group, as I have found these valuable methods of stress-reduction, self-regulation, expression and liberation both in my own life and those of others. I had a preconceived belief based on comments from the staff, that dance may be too hard for this group because of feelings of self-consciousness, embarrassment, and shame. I was, however, pleasantly surprised the participants willingly participating and even enjoying the dance sessions. This was maybe due to the fact, that dance was introduced slowly, with body-awareness exercises before it and with the emphasis on acceptance. We practiced dance and movement with and without music.

The body-awareness practice warms the body for movement and brings the attention to the present moment. The concentration is guided to the breath and the different parts of the body, first separately, then together as a whole. The comments from the group after this exercise included things like: "this calmed me down", "it gave me a good feeling", "it was like the day started again".

Dancing and moving freely, without rules from an outside source is a movement meditation. It is also an excellent way to practice letting go of control, self-expression and compassion as well as connecting to the un-consciousness. When dancing alone, I suggested, that eyes can be closed and that the movement comes from the inner impulses. If there was no music, the movement was even more purely related to the inner world, with one's own breath as the only rhythm. With music being played, the rhythm and the mood of the music, as well as the lyrics have an influence on the dance.

We went on to practice “mirroring”, which is done in pairs, facing each other, with one person moving and the other mirroring the movements. When the mover stops, the other starts to lead the movement. People found this fun, but difficult to concentrate in. In the feedback after the group, one participant commented having found the pair- and group-exercise difficult, as she found social situations difficult even without movement.

We carried on with similar exercise, but in a circle. One person was the leader of movement and others in the circle echoed the movement. Each person had an opportunity to both lead and follow. There was music to guide and directly after this exercise I invited people to leave the circle and find their own dance. I encouraged people to be aware of the difference in moving on one’s own as compared to in the circle or in pairs. This exercise can increase trust in the group, but also requires the courage to be seen and shows reactions and emotions related to leading and following.

The comments included: “it was harder, when you had to make the movement happen”, “it was easier to follow than to lead”, “in the beginning it was difficult, but then I just surrendered, the body knew how to move”, “only during the past couple of minutes, my body was warm enough for movement”. The session was ended by either slow movement on yoga mats, or just relaxing still with calming music.

The purpose of this session was to increase body-awareness, bring the mind and the concentration to present moment, to experience both leading and following, dancing and witnessing, seeing and being seen. Any movement practice always challenges our ability to accept the inner impulses and the outer bodily expressions. In this session, the individual’s movements were also offered to the whole group. This type of practice brings the level of trust in the group to the equation and can help to increase self-confidence as well as trust.

The comments from the participants about the dance and movement were very positive: “This was really fun. It was surprisingly easy. It was a releasing experience. Dancing was really good fun. It was a liberating experience. The dance sessions were great. I am inspired to find ways to practice this type of dance

more. It was such a natural way of moving. This type of dance is a method that suits me.”

7.5 Yoga, Sound and Breath

We breath from the moment we are born until the moment we die. Stress, tension and trauma effect the breath negatively. We can hold our breath or breathe in a shallow manner. Deep diaphragmic breath stimulates the vagus nerve and thus brings peacefulness to the body, mind and emotions. Breath is a bridge between consciousness and sub-consciousness. Learning different types of breathing can help in self-regulation. The long and deep breathing, particularly if the exhalation is longer than the inhalation is calming and helps to settle hyperarousal and ease panic-attacks. Throughout all the activities, even during the painting sessions, awareness and connection with the breath were being encouraged. In addition to this, there were specific breathing exercises carried out. These included both calming and stimulating breaths.

In all yoga, but particularly kundalini yoga, there is a lot of emphasis on the breath. I gave the Group one kundalini yoga lesson. For all group members, this was a first ever experience of kundalini yoga. The lesson included physical exercises, breathing exercises, relaxation and meditation with reciting the mantra: Ong. The mantra was recited loud. Again, I was surprised about the willingness and ability of the group members to produce sound. I used the same sound in other situations as well, as a method of self-regulation and bringing inner peace.

The participants gave positive feedback on the yoga class. One person expressed a regret that he hadn't got to know yoga and other body-based methods 10 years ago. Another participant commented about the yoga: “It gave me peace of mind, so that in my everyday life I could find a moment of peace”.

I included some breathing techniques practiced in yoga in other sessions also. One method is called sitali-breath in which you roll your tongue into tube, the

inbreath is through the rolled tongue and the outbreath through the nose. As always, I instructed, that the breathing exercise can be done with the eyes either open or closed. In another exercise, you whistle (as much as you can) both on the inbreath and the outbreath. In kundalini yoga, there is a breathing technique called 'the breath of fire', which is a rapid deep breath together with the pumping movement of the naval area. This breath brings energy to the body and can help to 'wake up' from lethargic hypoarousal states. The participants had found the breathing exercises useful. The comments included: "I liked these. Particularly the ones, we did with sound were calming, like the Ong-sound. I wish I would remember to do these in everyday life". One participant had become aware of holding her breath: "The breathing exercises were challenging for me. I notice, that I hold my breath a lot, when there is no need to. Practicing these would be helpful".

The comments from my co-worker relating to yoga, sound and breath were positive: "The yoga was lovely. For this client-group it is beneficial. It eliminates anxiety so well and gives a good feeling. The breathing and the use of sound was excellent. I see these as valuable tools for everyday situations. The connection with breath and issues around trauma was well explained. The breathing exercises were grounding."

7.6 Theory on Trauma and Self-Regulation

I gave the group some basic information about trauma and how it affects people short and long term. I explained the concepts of the window of tolerance and both hyperarousal and hypoarousal states. I also gave information about the vagus nerve and how the stimulation of it through various techniques can be helpful in times of stress, trauma flashbacks, and anxiety as well as giving energy to self in the apathetic shut-down states. The window of tolerance is linked with the vagal nerve tone. If the person goes frequently out of the window of tolerance, the vagal nerve needs strengthening.

I told the group of different ways of stimulating the vagus nerve including deep and even diaphragmatic breathing, meditation, exposure to cold, including washing the face with cold water, recitation of mantras, humming, ng-sound, massage, relaxation, laughing, touch, hugs, yoga, tai-chi and chi-gong.

All listened very attentively during the theoretical part. Some commented, that the states of hyper-arousal and hypoarousal are the normal states for them. The comments about the theoretical parts were solely positive from the group members. Some mentioned, that it was new information for them, yet very relevant to their situation. I mixed theory also with practice, explaining the idea behind any exercise and action we practiced. My co-worker commented about the theoretical part: "It was good for everyone to learn about trauma. I think everybody listened carefully. Perhaps there could even be more of this. It is important information."

7.7 Intuitive Painting

Intuitive painting means making visual images of the inner experiences, feelings and processes. Every mark that is made on the paper is allowed and welcome. The creative process is encouraged. The drawings or paintings are not analyzed in any way. Using colors and creating forms and patterns on paper takes us to the symbolic expression of inner world.

On one session, we made pictures of emotions. To lessen self-control, inhibition and fear of making visual images I asked the participants to begin by drawing any type of line with pencil on paper. This was done with both the dominant and the non-dominant hand and finally both hands at the same time. My instruction was just to let it happen, rather than decide in the mind what type of line should be drawn. When one paper was "full" another clean paper was to be taken. This is an exercise of allowing, acceptance and meditation. This gives one the message, that every mark made on paper is allowed and perfect as it is.

Directly after this warm-up on one session, I asked the group to use colors (oil pastels or chalk pastels) in making two pictures of feelings. One of an emotion,

that they have experienced recently and another of the opposite feeling for the initial one. When the pictures were ready, I asked them to write at least three words, or three sentences of each picture. When everyone was done, I invited the people to show their picture to the group and read aloud what had been written. I emphasized, that this was only if they felt comfortable in doing so. All group-members both showed their images and read the sentences. In pictures 11-17 are some examples of the images made during this group meeting. Pictures 11-13 are made by the same person; number 11 is a feeling and 12 its opposite. The image number 13 was done spontaneously after the other two.



PICTURE 11. *Image of an Emotion*



PICTURE 12. The Opposite Emotion of picture 11



PICTURE 13. An Image created after the Previous Two Pictures by the same person

The purpose of this exercise was to practice expressing inner life and feelings with colors, form and symbols. The by-product of making a visual image in a non-controlling and mindful way is a calming effect. As the women were concentrating on their own process, there was a peaceful atmosphere in the room. In the beginning there was some discussion about what the opposite of a given feeling could be. This was the way the women were helping each other to clarify the exercise. As the process went on, there seemed to no need to talk, each concentrated in their own project.



PICTURE 14. A Feeling

Even if the feeling expressed on paper is a difficult one, the fact, that it has been given a form outside of self, gives space and it is usually easier to explore, after the visual expression.



PICTURE 15. The Opposite Emotion to the Image 14

In pictures 14 and 15 are images by the same artist picturing a feeling and its opposite. Image 16 shows an emotion in a visual form by another artist.



PICTURE 16. An Emotion

“It was nice to get an opportunity to draw. I just hope that I would be more artistic”. The treasure-map was considered an important process: “I really enjoyed the painting. Also making a treasure-map was enjoyable. I had already collected the pictures for it before. I put it afterwards on my wall”.

For my co-worker the art-making was: “Really good. The painting in the camp was linked smoothly to the experience in the nature. Also, there was no rush, but enough time to just concentrate in the painting. It was great to paint the feelings without having to necessarily verbalize them. I enjoyed that there were no rules, you could just experience the colors and forms and it didn’t have to look like anything. It could have form or be formless. We talk a lot in the unit. We need to more of this type of thing. It would also be good for the staff development day. The treasure map collage was fun to do. Also, the residents seemed to really enjoy the process. This reminded me, that we should do more of these here. We have sometimes done this, but not for a long time.”

In the group, we mixed different forms of artistic and creative expressions with the practice of acceptance, body-awareness, self-compassion and mindfulness. In the two sessions during the summer camp, also connection and lessons from nature were incorporated into the activities, which included dance, music, visual art and writing.

7.8 Touch in Self-Soothing

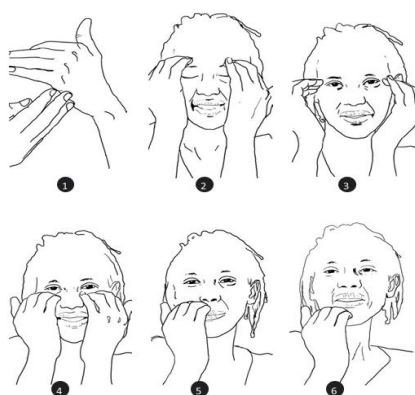
Although touch is a valuable aspect of body-based methods in healing from trauma, I didn’t employ any methods involving physical contact with other members in the group (apart from simple hand-holding in some movement exercises). Prior to starting the group, I discussed this issue with the manager of the unit as well as my co-worker, and the consensus was, that using touch with this client group could have risks involved. As I didn’t know the background or the type of trauma these people had suffered, using touch could act as a trigger to a flashback of the trauma. To use touch as a part of the treatment needs to be discussed and agreed upon everyone.

However, methods of self-soothing in a form of TTT (Trauma Tapping Technique) were taught as well as self-massage and holding hands on one's own body in body-awareness and mindfulness exercises. Hands on one's own body can act as reminders of the attitude of self-compassion. One meeting was used in practicing Trauma Tapping Technique (TTT). There are few sequences of tapping available specifically to relieve the symptoms of past trauma. I chose to teach the group TTT, as it is simple, the instructions are available on line both in illustrations and videos and it has been widely and successfully used with trauma survivors all over the world. (www.peacefulheart.se). I drew the points to tap on the flipchart and showed them on my own body. We practiced the sequence few times, finally eyes closed to become more aware of the sensations in the body.

In the book *Resolving Yesterday* (Hamne & Sandström, 2014), the authors describe complementary techniques to use in conjunction with TTT, for example 'head holding'. This is a simple technique of self-care, in which you put one hand on your forehead and the other on the bottom of the skull in the back with the palm on the top of your neck. You hold this position for 5 minutes. We tried this exercise also. The group members experienced the tapping and head holding as calming and relaxing.

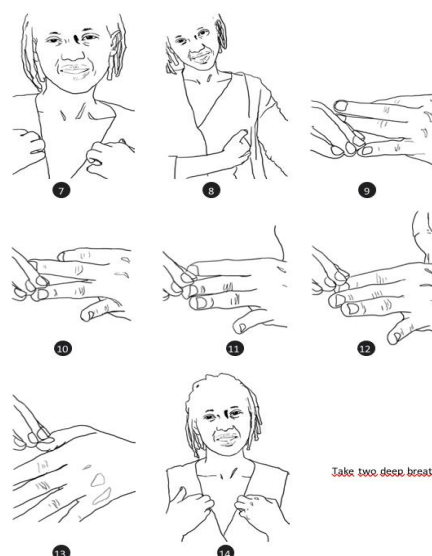
Self Tapping Step by Step

Think about whatever bothers you, and tap firmly and precisely 15 times on each point using two fingers, at a fairly fast rate. Take two deep breaths and repeat the whole sequence twice. *Take two deep breaths again when done.*



46

Resolving Yesterday - Practical First Aid for Stress and Trauma with TTT



Take two deep breaths.

47

PICTURE 18. Trauma Tapping Technique (Hamne&Sandström, 2014)

Picture 18 shows the TTT-sequence we practiced with the Group. Apart from the TTT-sequence, we also practiced different ways of self-soothing, including massaging the face and ears, stroking and tapping the body all over and just holding with one's own hands different parts of the body with an intention of self-compassion.

I was aware, that the participants in the Group had severely disturbing things in their background, but these incidents were never discussed in the group. My intention was to keep the sessions experiential and focused on the activities. Partly this was because the group already had many forums for verbalizing and discussions as part of the rehabilitation process and partly I wanted to keep my role different from the members of staff. I was not a therapist, but a facilitator and teacher of self-help methods and self-regulation. I was a visitor to the unit; the sessions were completely voluntary and not a part of the rehabilitation program.

7.9 The Co-operation between Myself and my Co-worker

Before the group began, I had a meeting with my co-worker. I had previously thought that we may plan the activities together, as she knew the group and had an idea on what may benefit them and what they would be able to join in with. However, during our initial discussion, we decided, that the roles would be clearer, if I made the plans and my co-worker participated in the activities as a member of the group. This turned out to be a good decision. By joining in with the activities, the co-worker showed by her own example ways of making use of the different actions.

By being a part of the group, the co-worker validated both my role as a facilitator and the methods by showing courage in trying out different things. Her participation in the group had a big beneficial influence. She acted as a bridge between the community and me as an outsider. Much of this happened non-verbally. Just

her calm presence and full involvement in the activities contributed remarkably in making the group a safe place to experiment with different methods.

I usually arrived in the unit about 20 minutes before the group started. During this time the co-worker helped me to get the space ready with whatever materials we were planning to use, for example yoga mats and art materials. After the sessions we normally had a short moment for a reflection on the group meeting. On three occasions we had a longer meeting after the session to discuss the process in more detail and make plans for future meetings.

I was an outsider to the therapeutic community where the residents lived with their babies. The staff provided a safe and therapeutic environment for the residents to embrace a substance free life, become a mother or father and grow as parents. The goal of this work is to support the parents and babies and prepare them move to live independently in the community. I saw the parents for a set time with a specific goal of teaching them skills and self-help methods in coping with stress, anxiety and difficult feelings and building inner resources and peace of mind. For me it was important not to involve myself in the issues of the unit or the relationships between the residents. Sometimes this was not an easy thing to do, as I noticed a tense atmosphere for example if the Creative Group was immediately after the community meeting in the unit.

After the end of the group, I interviewed the co-worker on the telephone. I asked her the same questions as I did from the other participants and in addition to those, I also asked the following questions:

1. How did you experience the level of joint planning?
2. How did you experience your own role in the group?
3. Did the participation in the Creative Group influence your other roles as a member of staff in the unit?

To these questions, I got the following answers:

1. "For me it felt good that you were holding the reigns. It was easy to be in the group. You always gave the main topic what the next session would be based on, that was good. It was easy to be in the group."
2. "I enjoyed participating fully in the group. It was nice to surrender to the activities and not to have to be in charge. I was trying to show the others with my own participation and sharing something of myself and my life that we are all equal in life. I didn't feel awkward at all. Sometimes I could feel, that the residents were looking at my reactions. This was not a problem at all."
3. "The participation in this group didn't interfere negatively with my other roles. In fact, I think it supplemented them, as part of my job is to give acupuncture to the residents and teach yoga. But I did get many new tools to use in my other roles in the unit."

Here is a summary of my co-worker's interview on the different activities:

"All of the meditations were very good. I found them enjoyable. You knew how to read the group, the mindfulness meditations were not too long, so they were manageable for the group. I really liked the group and got a lot out of it, like how you can listen to yourself. I liked it, because it was so practical. I got concrete methods for myself and for work. I will teach these to others. I can't think of anything to give as a criticism or ideas for development. I am thinking hard, but nothing comes to my mind. I think it was a very good and well-balanced entity.

The booklet is clear and concise. The activities are described well, so they can be taken into use in everyday life. I have given everyone a booklet but will copy more of them and place one in the notice board. This was an excellent experience. More of this! For me this was an empowering experience. It gave me many ideas for my work also. Some of this would be great to use on our team-day."

The comments from my co-worker also reflected my own experience of the joint work between us. For any joint work with another professional, it is essential, that

both feel comfortable in their role and the dialogue is open and constructive. As it happened, the communication between myself and my co-worker was smooth and natural from the start. The understanding of the aims and of the Group were shared and I found the presence and contributions of my co-worker extremely valuable.

8 MY JOURNEY THROUGH THIS THESIS-PROCESS

Social work, like other helping professions, demands and offers endless opportunities for learning. You are continually put in new situations, with unique life stories and different expectations. Life, just like social work, is always turning a new page on the book of development. The onion is being peeled, layer after layer, demanding you to become more genuine, better informed, more resourceful and creative, more flexible, less ego-driven and more guided by humility. This thesis process offered me all these learnings.

The Creative Group demanded a new role from me, in which I was a visitor, outsider and a new-comer. My comfort-zone and my strengths in therapeutic social work lie in listening, dialogue, empowering and enabling healing in relationships. In facilitating the Creative Group, things were different. I didn't hear the narrative of the participants, there was very little discussion in the group and I didn't get involved in the relationships between the participants or those in their own private lives. As it happened, the group turned out to be mainly good experience for the participants, the co-worker and myself.

Facilitating a skills-based group in an existing residential community was a new experience for me. My role fell in between the two more familiar roles from my past groupwork experience: the role of a teacher and that of a therapist. My working history includes facilitating closed groups in which creative arts therapy methods have been used. During a closed group, much time and attention is allocated towards getting to know each other and building trust in the group. Within the atmosphere of trust, creativity, growth and healing can take place.

I have facilitated groups of different durations ranging from a weekend workshop to a closed group which went on for seven years. The other end of the spectrum has been teaching yoga, liberating dance and intuitive painting in an adult education institution. Although building of trust is an important aspect of teaching work as well, it is in less prominent role than in a therapeutic group. Much healing

happens also in a yoga, dance or intuitive painting class, but it does not necessarily include sharing of personal material, life experiences or feelings. Facilitating the Creative Group fell in the landscape between these two approaches. I was aware, that the participants had traumatic experiences in their background, but did not know the details of them.

The group members had relationships with each other and the co-worker already, but I was not aware of the quality of their relationships. In some ways I was in the dark of the type of issues, which I am used to hold as essential material in my work. This meant, that I was asked to relinquish control, previously learned roles and adopt a beginner's position. I found that the best way to do this, was to concentrate on the methods and the fact that we are all in equal footing in experimenting and experiencing these methods.

This thesis derives from social work profession, therapeutic methods in social work, personal experience and the wholistic view of individual in his or her context and it describes a process of a Creative Group of nine meetings in which body-based and art-based methods of self-regulation and healing were experimented in Trauma and healing from trauma have been large areas of my work. In child protection and family counselling the over-generational trauma is clearly present. A part of the social work task is to diminish the effects of over-generational deprivation, abuse and trauma.

In social work, as well as other helping professions trauma is faced on regular basis. This can include narratives of physical violence, emotional and sexual abuse, bullying and haunting, war, displacement, illness, traumatic loss, accidents and many other disturbing events and challenges, that life can bring. Any work in helping parents to find enough inner peace, so the weight of the trauma will be less for the next generation is a valuable trauma healing practice.

The professionals working with traumatized people can be subjected to the secondary traumatization. Listening to sometimes extremely upsetting stories and being present in the client's trauma-narrative takes its toll on the professional. The secondary traumatization, which happens in mind, body and emotional level

can affect the professional's sense of safety and world view, as well as increase the stress levels. The methods described in this thesis can also be used as tools for professional's own self-care. Also, for any professionals using experiential methods on others need to have the experience of the activities themselves first. Image 19 shows a picture I did during the summer camp. When other participants are making their artwork, I also join in. This brings equality and sharing to the session and fosters an atmosphere of shared humanity between the participants and the facilitator.



Picture 19. My Artwork from the Summer Camp

This process taught me, that all types of interventions are needed and there is a value in all compassionate connections. Healing activities can vary from highly intimate to educational. Just creating a space for experimenting, playing, learning and being, can be a valuable gift on the path to transformation, growth and peace. I am left with gratitude and admiration for the courage the participants and the co-worker showed during the process of the Creative Group.

9 CONCLUSIONS AND CONTEMPLATIONS

In this chapter, I will discuss and describe the process of facilitating the Creative Group, in which experiential art-and body-based methods of self-regulation was taught. I will bring in the learnings from the process and the possible uses of this type of work in different settings.

The Group met altogether 9 times between May and September 2018. The meetings included some theoretical input about trauma and its bodily symptoms, but the focus of the sessions was in experiential learning of methods of stress-release and self-regulation. The group was an open group, which meant, that the participants changed through the duration of the group process. The feedback from the participants were taken both during the meetings as well as by telephone interviews after the group had finished.

In the Group with parents with substance abuse issues, the activities carried out were more stabilizing and calming rather than cathartic. It was important to concentrate on stabilization, as all participants had small babies and it essential to learn ways of self-regulation and enhance peace and calmness in their lives.

The over-all conclusion is, that the original goals for facilitating a Creative Group with the residents in the rehabilitation unit were achieved. The feedback from the participants shows clearly, that the methods gave them tools for self-regulation: "I got helpful tools for coping with anxiety and regulating the emotional states"; "The group taught me ways to calm down in my every-day-life". The comments from my co-worker imply, that the seeds were sown for the residents using these practical non-verbal methods, but also the unit may use some of them in the future work with the residents.

One mother commented, that although she had got a lot out of the group, the meetings were too infrequent. This is also my observation. The momentum of the

group would have been more solid, had the group meetings been for example weekly. The reason for the more infrequent sequence came from the rehabilitation timetable and the staff issues in the unit. The group was time-tabled around the group meetings in the therapeutic community and the staff availability. This was an important practical consideration, as there needed to be staff available to look after the babies during the group meetings and my co-worker needed to be present in every meeting.

I was surprised and impressed about the level of surrendering and willingness to experiment with different methods in the group. Many of the activities and exercises were strange and new to people, but they willingly joined in. Particularly the readiness to use sound in meditation, dance and paint gave me a pleasant surprise. I think, the co-worker joining in all the activities, as well as a student, when present had a big impact on the general willingness and ability to experiment.

The fact, that the membership changed within the duration of the group, brought added challenges to the facilitation. The new members hadn't received the theoretical background to the issues discussed and the exercises practiced in the group. Also, I was unaware what types of activities would suit the newcomers. In the activity-based groups, it is essential to consider the comfort-zone and the level of risk-taking ability in the group. This meant for me as the group-facilitator the need for particularly acute observation as well as asking direct questions from the group about the willingness to take part in any given exercise. Also, it meant, that I needed to explain the practicalities of the group and how it links to my studies and emphasize the voluntary nature of the group during several sessions.

When I started the process of the 9-session group, I didn't know when and how the membership in the group would change in the duration of the group. Therefore, I was not able to plan the whole group in the beginning but needed to do the planning as we went along. This is true in all creative groups, but particularly in an open group. The preparation of the sessions in an open group needs to be a lot more flexible than a group in which you know who is participating. For each session, I had a plan, that could easily be modified. During the end of each session, I would discuss with the group the focus and actions of the next meeting.

This provided the participants a forum to express their wishes and be able to prepare themselves to the next session.

The overall comments from the participants were positive. It seems, as the group members had some tools for themselves after the group had finished. The comments to the question: what did you get out of the Group the answers included: "It was fantastic to realize that I was able to surrender to the experience without drugs and alcohol, and it didn't matter how it went. It was good to get methods to help with anxiety and regulating emotional states. Ways to alleviate stress, like the breathing exercises and body tapping. Attention to the breath and learning to sit down and be still."

My intention was to make the group as easy as possible to the participants, but also to offer new skills and challenges to enable learning and growth. Being easy, I mean keeping it light and focusing on personal resources and empowerment rather than bringing in the traumatic memories and stories. The participants were in the beginning stages of healing from drug and alcohol abuse and all had small babies. I was constantly aware of the fact, that the group members had a lot on their plate and my job was not to add any more hardship, but to offer relief and compassion. Judging by the comments of the participants, this was succeeded in the group. The comments from the group members included the following: "I enjoyed the group. Just a shame, that I couldn't attend all the sessions" (because of moving to another area). Altogether, this was a positive experience for me. I wish I will remember to use some of the methods in my everyday life. In the beginning I was tense and nervous, but quickly relaxed, because you were so relaxed yourself. This was a very nice group. I just regret, that I couldn't attend all sessions."

For the question for critique or suggestions for developing this type of group, the answers included the following comments: "I have nothing critical to say. Some things were hard for me, like the painting and breathing exercises, but I like challenges. Also, I felt that I got what I wanted; like when I asked for the music in the summer camp, you put it on. Maybe the meetings should have been more frequent. There were too long gaps at times. You would remember things better, if

the meetings were closer together. It was a bit hard, as some members left, and new ones joined the group. The activities were nice, though. I have no criticism. I can't think of anything critical to say, just, that there could have been more yoga."

On the summer camp one member of the group mentioned, that for her to be able to participate, there would have to be more trust in the group. This group member didn't feel that the group was safe enough, so she opted out of many group activities. As the group changed by some residents leaving and new ones joining the group, the atmosphere and the level of belonging or not was sensed in the group. The residents moved to their own homes in stages. Also, this caused feelings in others, who were not yet leaving.

Normally, when working in groups, I spend much time in building trust in the group through different exercises and by getting to know each other. This group was different, as the members already lived in the same unit in which methods of 'therapeutic community' were used as a method of rehabilitation. People knew each other and had established ways of communication, positions and roles in the group. For me, it was important not to meddle with the atmosphere and the established relationships. This meant, that I didn't bring up to discussion the issue of trust in the group. I kept the communication neutral and concentrated in creating a safe place to experiment different actions. This approach ran a risk that the experiences of the group members were too neutral. However, as my time was limited, and I was not aware of all the issues effecting the individuals and the community, it was essential for me to focus on the teaching the methods and not to get involved in the group processes.

In conclusion, it is an important notion, that trauma can't be healed by verbal methods only. Body holds traumatic memories as well as resources to be utilized in healing from it. Different art forms have been used for thousands of years by people in helping individuals and communities to heal. Art opens doors to the hidden parts of experience, that verbalization doesn't reach as well as offering methods for stabilizing, calming and healing. When art, body and words are combined with acceptance, compassion and being fully present, a fertile soil for healing and growth has been laid down.

In the following image (picture 20) I have summarized my learnings from carrying out this practical development-oriented thesis.



Picture 20. Conclusions and Contemplations

I will end this thesis with the words of a dancer and a healer Gabrielle Roth. These words summarize the basic principles of this thesis:

Turn your suffering into art, art into awareness, and awareness into action.

REFERENCES

- Bishop, A., M. Lau, S. Shapiro, L. Carlson, N. Anderson, J. Carmody, Z. Segal, et al. (2004). "*Mindfulness: A Proposed Operational Definition.*" *Clinical Psychology: Science and Practice* 11: 230 –241. Accessed 21.9.2018 from: <http://web.b.ebscohost.com.anna.diak.fi>
- Brach, T., (2014). *Ehdoton hyväksyminen*. Basam Books Oy, Helsinki.
- Boll, G., Accessed 4.9.2018 from: <http://en.mediayoga.com/goran-boll>
- Buckley, T., Punkanen, M., & Ogden, P. (2018). *The role of the body in fostering resilience: A Sensorimotor Psychotherapy Perspective*, Body, Movement and Dance in Psychotherapy, DOI: 10.1080/17432979.2018.1467344. Accessed 6.9.2018 from: <http://web.b.ebscohost.com.anna.diak.fi>
- Bradbury, H. (2015). *The SAGE Handbook of Action Research*. London: SAGE Publications Ltd. Accessed 22.11.2018 from: <http://web.b.ebscohost.com.anna.diak.fi>
- Carter, S. (2005). *Biological perspectives on social attachment and bonding*. In: C. S. Carter, L. Ahnert, K. E. Grossman, S. B. Hardy, M. E. Lamb, S. W. Porges, & N. Sachser (Eds.), *Attachment and Bonding: A New Synthesis* (85–100). Cambridge, MA: MIT Press.
- Cook-Cottone, C. P. (2015). *Mindfulness and Yoga for Self-Regulation: A Primer for Mental Health Professionals*. Accessed 18.9.2018 from: <http://web.b.eschost.com.anna.diak.fi>
- Cuddy, A. (2012). *Ted Talk: Your Body Language Shapes Who You Are*. Accessed 24.11.2018 from: https://www.youtube.com/watch?v=Ks-_Mh1QhMc
- Darwin, C. (1872/1965). *The expressions of the emotions in man and animals*. University of Chicago Press. (Original work published 1872)
- Dewitt, R. (2010). *Worldviews: An Introduction to the history and Philosophy of Science. Second Edition*. Oxford: Wiley-Blackwell
- Fetzer Institute, *Centered on the Edge: Mapping a Field of Collective Intelligence and Spiritual Wisdom* (Klamanzoo, MI: Fetzer Institute, 2001).

- Figley, C. R. ed. (2012). *Encyclopaedia of Trauma: An Interdisciplinary Guide*. Accessed 18.10.2018 from: <http://web.b.ebsco-host.com.anna diak.fi>
- Galtung, J., (2008). Interconnection, in O. Urbain, ed., *Music and Conflict Transformation: Harmonies and Dissonances in Geopolitics*. Tokyo: I. B.Tauris/Toda Institute
- Germer, C. K., & Salzberg, S., (2010). *Myötätunnon tie, Vapaaksi itsetuhoisista ajatuksista ja tunteista*. Helsinki: Basam Books.
- Germer, C.K., Neff, K.D., *Journal of Clinical Psychology*. Aug 2013, Vol. 69 Issue 8, p. 856-867. Accessed 14.9.2018 from: <http://web.b.ebsco-host.com.anna diak.fi>
- Gilbert, P., Procter, S. (2006). *Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach*. *Clinical Psychology & Psychotherapy*, 13, 353 – 379. Accessed 11.9.2018 from: <http://web.b.ebsco-host.com.anna diak.fi>
- Gotswami, A., Reed, R.E, & Gotswami, M. (1993). *The Self-Aware Universe*. London: Penguin-Putman
- Hass-Cohen, N. (Ed.) (2008). *Art Therapy and Clinical Neuroscience*. Accessed 17.9.2018 from: <http://web.b.ebscohost.com.anna diak.fi>
- Hamne, G., & Sandström, U., (2014). *Resolving Yesterday*. Accessed 18.6.2018 from: www.peacefulheart.se
- Hanson, R., & Mendius, R. (2009). *Buddha's Brain, the Practical Neuroscience of Happiness, Love and Wisdom*. New Harbinger Publications
- Kabat-Zinn, J. 1994. *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. New York, NY: Hyperion.
- Lee, M. Y. (2009). *Integrative Body-Mind-Spirit Social Work: An Empirically Based Approach to Assessment and Treatment*. Accessed 14.9.2018 from: <http://web.b.ebscohost.com.anna diak.fi>
- Levine, E. G., & Levine, S. K. (1999). *Foundations of expressive arts therapy* Jessica Kingsley Publishers, London, Philadelphia.
- Meier, B.P, Schnall, S., Schwarz, N., Barghd, J.A., (2012). *Embodiment in Social Psychology, derived from: Topics in Cognitive Science* (2012)

1–12 Accessed 30.9.2018: <https://www.ncbi.nlm.nih.gov/pub-med/22777820>

- McNiff, S. (2004). *Art Heals, How Creativity Cures the Soul*. Shambala Publications.
- McNiff, S. (1998). *Trust the Process: An Artist's Guide to Letting Go*. Shambala.
- Mehta, M., & Mehta, S. (1990). *YOGA the Iyengar Way*. Dorling Kindersley Limited
- Moodley, R., & West, W. ed. (2005). *Integrating traditional healing practices into counselling and psychotherapy*. London: SAGE.
- Nietzsche, F. (1962). *Philosophy in the tragic Age of the Greek*. Trans. by M Cowen. Chicago
- Orgel, C. (2010). *How to Teach Quantum Physics to your Dog*. London: One World
- Ogden, P., Minton, K. & Pain, C., (2009). *Trauma ja keho, Sensorimotorinen psykoterapia*. Traumaterapiakeskus
- Penrose, R. (2005). *The Road to Reality: A Complete Guide to the Laws of the Universe*. London: Vintage
- Pibram, K. (Ed). (1993). *Rethinking Neural Networks: Quantum Fields and Biological Data*. Accessed 4.9.2018 from: <http://web.b.ebsco-host.com.anna.diak.fi>
- Porges, S.W., (2011). *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication and Self-Regulation*.
- Rappaport, L., Trantham, S., Surrey, J., Chang, F., & Mullin, E. (2013). *Mindfulness and the Arts Therapies: Theory and Practice*. Accessed 21.9.2018 from: <http://web.b.ebscohost.com.anna.diak.fi>
- Rogers, N. (2011). *The Creative Connection for Groups: Person-centered expressive arts for healing and social change*. Palo Alto, CA: Science & Behavior Books.
- Roth, C. (1998). *Maps to Ecstasy*. Thorsons, HarperCollins Publishers
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: W. W. Norton.
- Seikkula, J., Karvonen, A., Kykyri, V-L., Kaartinen, J. & Penttonen, M., (2015). *The Embodied Attunement of Therapists and a Couple within Dia-*

- logical Psychotherapy: An Introduction to the Relational Mind Research Project: Family Process*. Dec 2015, Vol. 54 Issue 4, 703-715. Accessed 6.9.2018 from: <http://web.b.ebsco-host.com.anna.diak.fi>
- Sheets-Johnstone, M. (2009). *The corporeal turn, an interdisciplinary reader*. Accessed 20.9.2018 from: <http://web.b.ebscohost.com.anna.diak.fi>
- Siegel, D. (1999). *The Developing Mind*. New York: The Guilford Press.
- Siegel, D. (2007). *The Mindful Brain in Human Development*. New York: Norton.
- Siegel, D. (2010). *The Mindful Therapist*. London: W.W. Norton
- Starks Whitehouse, M., Adler, J., & Chodorow, J., (2000). *Authentic Movement*. Jessica Kingsley Publishers, London and Philadelphia.
- Stolorow, R., & Atwood, G. (1987). *Psychoanalytic Treatment: An Inter-subjective Approach*. Hillsdale, NJ: The Analytic Press
- Stötter, A., Mitsche, M., Endler, P.C., Oleksy, P., Kamenschek, D., Mosgoeller, W. & Haring, C., (2013) *Mindfulness-Based Touch Therapy and Mindfulness Practice in Persons with Moderate Depression*, in *Body, Movement and Dance in Psychotherapy*, 8:3, 183-198, DOI: 10.1080/17432979.2013.803154
- Totton, N. (2015). *Embodied Relating: The Ground of Psychotherapy*. Accessed 27.9.2018 from: <http://web.b.ebscohost.com.anna.diak.fi>
- Tubman Wright, H. (2008). *Course paper*, Saybrook Graduate School
- Van Der Kolk, B. A. (1994). *The Body Keeps the Score: memory and the evolving psychobiology of posttraumatic stress*. *Harvard Review of Psychiatry*
- Van Der Kolk, B.A. (2015, a). Accessed 24.10.2018 from: <https://youtu.be/qYb9xqB5vXQ>
- Van Der Kolk, B.A. (2015, b). Accessed 24.10.2018 from: <http://stillharbor.org/anchormagazine/2015/11/18/trauma-in-the-body>
- Vettese, L. C., Dyer, C. E., Li, W. L., & Wekerle, C. (2011). *Does Self-Compassion Mitigate the Association Between Childhood Maltreatment and Later Emotional Regulation Difficulties?* *International Journal of Mental Health and Addiction*, 9, 2011, 480 – 491.

Webber, A. (2017). *Breakthrough Moments in Arts-Based Psychotherapy: A Personal Quest to Understand Moments of Transformation in Psychotherapy*. Accessed 26.9.2018 from: <http://web.b.ebsco-host.com/anna.diak.fi>

Zohar, D. (1991). *The Quantum Self*. New York: Quill

APPENDIX, BOOKLET FOR THE PARTICIPANTS OF THE GROUP



First Meeting, Planning and Body-awareness

- Concentrate on your breath and let your body move guided by your breath, as the rhythm of the breath was music. Do this exercise standing with eyes closed.
- Still standing with closed eyes, draw boundaries with your hands around your body first with the palms turned in and then out. This exercise increases awareness of boundaries and the right to your own space.
- Power-Pose: Stand with feet spread wide apart and stretch your arms diagonally up. Breathe deep and keep your core strong. This position brings more energy and strength to the body and mind.

Second Meeting, The First Day at the Camp. Theme: Earth and Tree

- Starting with body-awareness, becoming conscious of how the breath is at the moment, what emotions are present, what is happening in your mind, what is the arousal-level and what sensations are in your body. Take a card or cards that symbolize your present moment feelings, thought and sensations.
- Walking meditation with music. Bring your attention to different body parts, how hands, feet, knees, elbows, spine, hips, shoulders and head feel and want to move. Let your body find its own dance. Move just as the body wants to move.
- Walking in the nature, find a tree or a spot on the ground that calls for you. Listen to the wisdom of nature and write down what the tree or earth are communicating to you.
- Make a painting of your experience with nature. Use the colours that are calling you, don't control the process, let the image be formed as it is. Write down the messages from the nature.

Third Meeting, Second Day at the Camp, Water as a Theme

- Body-meditation with music. Concentrate on different body parts first separately and eventually liberating the whole body to the movement and dance.
- In groups of three holding hands. The one in the middle has eyes closed and the ones on each side move him or her with music. This becomes a dance of three.
- By the lake; either sitting by the water or swimming in it. Ask the water for its teachings; what would they be if it could talk.
- Guided imagery meditation: In your mind re-create a place of safety, strength and peace; either where we just visited or another, that has been a place of peace and safety for you. Let your body feel the sensations that were present when you were in that place.
- Paint a picture of this experience. Write a poem of the picture.

Fourth Meeting; Theory, Yoga and Sound

- Basic theory about trauma, stress and the window of tolerance. Methods of stimulating the vagus nerve and balancing the nervous-system by regulating emotions and bringing the arousal level to the optimum.
- Here are some methods of stimulating the vagus nerve: deep and even diaphragmic breathing, breath through whistling, meditation and mindfulness, moments of relaxation, humming, singing, sounding vowels and ng-sound, cold showers, swimming in cold water and washing the face with ice-cold water, massage, self-massage of face, ears and feet, laughter, yoga, tai-chi, chi-gong, hugs and stokes.
- Kundalini yoga class, which included physical yoga exercises, breathing practices, relaxation and meditation. The class was ended with a meditation with sound using mantra: Ong.

Fifth Meeting, Painting Feelings

- With pencil on paper just draw different types of line without any plan or control. Draw also with another hand and both hands together. This exercise helps to give up control and brings the mind to the present moment.
- Using colour (oil pastels, chalks or paints) make two pictures. The first one being an image of a feeling that has been present in your life recently. Make another picture of the opposite of this feeling.
- Write at least three words or sentences of both pictures.
- Breathing exercises: Sitali-breath: Inhalation through a rolled tongue, outbreath through nose, This breathing has a cooling effect. Whistling breath: Whistle either with inhalation, or exhalation, or both; this is a calming and balancing breath.

Sixth Meeting, Dance

- Concentrate on your breath and let the different parts of your body to find the right movement just for this moment. The music helps to give rhythm to the movement.
- In pairs, with music, take turns to mirror the movement of your pair. Let the dance be simple and easy to follow. When the leader stops, the other one starts to lead.
- In the circle, each takes a turn to lead with movement and others follow. This was done with music.
- Dance your own dance. Move by following your own energy and impulses from moment to moment. Notice the difference between following someone else and following your own impulses.
- Relax either on yoga-mat or floor moving your body gently or just concentrating on your breath and the sensations in your body.

Seventh Meeting, Trauma Tapping Technique

Self Tapping Step by Step

Think about whatever bothers you, and tap firmly and precisely 15 times on each point using two fingers, at a fairly fast rate. Take two deep breaths and repeat the whole sequence twice: *Take two deep breaths. Repeat the whole sequence twice.*

46

Resolving Yesterday - Practical First Aid for Stress and Trauma with TTT

47

Take two deep breaths.

Seventh Meeting, continues

- Trauma Tapping Technique (TTT) is a useful technique to relieve stress, trauma flash-backs and help self-regulation. For more information, instructions and videos on the topic see: www.peacefulheart.se
- Head holding calms body and mind. Hold the forehead with one hand and the bottom of the skull on the back of the head with another hand. Stay in this position for 5 minutes. You can also do this calming treatment to another person.
- Bringing energy to mind and body, when feeling dull and lethargic: Shake the body, stroke the whole body vigorously, as if you were cleaning it of dust, tap the body with strong taps all over, massage the ears, sculp and face with strong pressure with fingertips.

Eighth Meeting, Parenting and Emotions

- The shared emotions of parents and children; the child needs the parent to help to recognize the emotions and support safe expression and self-regulation.
- Naming the emotions calms the brain. Feelings can also be drawn, painted, danced and written in a journal.
- The Family Counselling Service is available for all without referral. You can phone for appointment for counselling and support in parenting and family relationship issues, as well as the well-being of both children and parents.
- 2 meditations from the book by Christopher K Germer: The Mindful Path to Self-Compassion – Freeing Yourself from Destructive Thoughts and Emotions

Eighth Meeting Continues: Metta; Loving Kindness Meditation

- Instead of using breath as an anchor for attention use words or sentences that you repeat in your mind.
- Be aware of the position of your body and the sensations in it whilst you repeat the following sentences in your thoughts:
- I wish for safety for myself
- I wish for happiness for me
- I wish myself to be healthy
- I wish for a peaceful life for myself

Ninth and the last Meeting

- Make a visual 'treasure-map' of your wishes and dreams for the future.
- Write a list of your dreams starting with the words: 'I wish'.
- Draw, paint, write or cut from magazines pictures, texts and images that bring to your mind desirable things for your future.
- Make a collage out of this material on cardboard. You can also add photos or cards on the artwork.
- Put the picture in a place on the wall, where you see it often. Let the picture speak to you. You can also write a story about the picture.