
Focusing-Oriented Art Therapy: Working with Trauma

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Abstract. This paper sets forth the application of *focusing-oriented art therapy* (FOAT) as a clinical approach to working with clients with a history of trauma. Focusing-oriented art therapy synthesizes Gendlin's (1981, 1996) six-step *focusing* method and principles of focusing-oriented therapy with art therapy. The paper presents an overview of FOAT, describes its application to trauma and integration with Judith Herman's (1992) model of recovery, offers a case illustration and considers the benefits of FOAT with trauma.

Keywords: Focusing-oriented therapy, focusing, art therapy, expressive arts, trauma

Focusing-orientierte Kunsttherapie: Arbeit am Trauma

Dieser Artikel zeigt die Anwendung *Focusing-orientierter Kunsttherapie* (FOAT) als einen klinischen Ansatz für die Arbeit mit Klienten und Klientinnen mit einer traumatischen Vergangenheit. Focusing-orientierte Kunsttherapie verbindet Gendlins (1981, 1996) sechsstufige Focusing-Methode und die Prinzipien Focusing-orientierter Therapie mit Kunsttherapie. Der Artikel gibt einen Überblick zur FOAT, beschreibt ihre Anwendung bei einem Trauma und die Integration mit Judith Hermans Genesungsmodell (1992), bietet eine Falldarstellung und erwägt den Nutzen von FOAT bei Traumata.

Terapia de arte orientada al focusing: Trabajando con trauma

Este escrito presenta la aplicación de la *terapia de arte orientada al focusing* (FOAT, sus siglas en inglés) como enfoque clínico al trabajo con clientes con una historia de trauma. La terapia de arte orientada al focusing sintetiza el método de focusing de seis pasos de Gendlin (1981, 1996) y los principios de la terapia la terapia enfocada al focusing con la terapia de arte. Este escrito presenta una descripción general de la FOAT, describe su aplicación a casos de trauma y la integración con los modelos de recuperación de Judith Herman (1992); presenta un caso que lo ilustra y considera las ventajas de la FOAT en el trabajo con trauma.

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L'Art-Thérapie dans l'Approche Focusing: Le travail avec des personnes traumatisées (ou le travail avec le trauma)

Cet article décrit l'application de *l'art-thérapie dans l'approche Focusing* (ARAF) en tant qu'approche clinique auprès de clients ayant une histoire de trauma. L'art-thérapie dans l'approche Focusing synthétise la méthode de Focusing de Gendlin (1981, 1996) en six étapes ainsi que les principes de la thérapie dans l'approche Focusing avec celles de l'art-thérapie. L'article présente une vision d'ensemble de l'ARAF puis décrit son application au trauma et à l'intégration selon le modèle de Judith Herman (1992) pour émerger d'un trauma en offrant une étude de cas pour l'illustrer et enfin il analyse les bienfaits de l'ARAF dans le travail avec le trauma.

A Terapia pela Arte Orientada pelo *Focusing*: Trabalho com Clientes com Vivência Traumática

O presente artigo defende a aplicação da terapia pela arte orientada pelo *focusing* (TAOF) enquanto abordagem clínica para o trabalho com clientes com vivências traumáticas. A TAOF sintetiza o método de seis passos do *focusing* de Gendlin (1981, 1996) bem como os princípios da terapia orientada pelo *focusing* na terapia pela arte. O artigo apresenta uma perspectiva geral da TAOF, descreve a aplicação desta forma de terapia a situações traumáticas e a integração do modelo de recuperação de Judith Herman (1992), fornece a ilustração de um caso e pondera os benefícios da TAOF em vivências de trauma.

フォーカシング指向アートセラピー：外傷体験を抱えたクライアントとの面接

本論文では、フォーカシング指向アートセラピー(FOAT)を臨床的アプローチとして用いた、外傷体験のあるクライアントとの心理面接の事例を取り上げる。FOATはジェンドリンの6段階のフォーカシング技法(1981, 1996)とフォーカシング指向心理療法の原則を統合したものである。本論文はFOATの概略を解説し、外傷体験への適用の仕方とジュディス・ハーマンの回復モデル(1992)との統合について述べ、事例を掲載し、外傷をもつ事例へのFOATの効用について考察する。

Focusing-oriented art therapy is a methodological and theoretical approach that integrates Gendlin's (1981, 1996) focusing method and principles of focusing-oriented therapy with art therapy (Rappaport, 2009). Although *focusing-oriented art therapy* is a relatively new term, the integration of the two approaches has been explored by both focusing therapists (Ikemi, Yano, Miyake, & Matsuoka, 2007; Leijssen, 1992; Marder, 1997; Murayama & Yuba, 1988; Neagu, 1988; Santen, 2007; Tsuchie, 2003), as well as expressive arts therapists (Knill, 2004; Merkur, 1997; Rappaport, 1988, 1993, 1998, 2006, 2008, 2009). In addition, both focusing (Armstrong, 1998; Morse, 2003; Turcotte, 2003) and art therapy (Arrington, 2007; Carey, 2006; Hagood, 2000; Hass-Cohen & Carr, 2008; Johnson, 1987; Malchiodi 1990, 2008) have been used in the treatment of trauma. Although focusing-oriented art therapy is viewed within the person-centered approach, it is applicable to all orientations, including psychodynamic, cognitive and behavioral.

FOCUSING-ORIENTED ART THERAPY WITH TRAUMA

Focusing-oriented art therapy (FOAT) was developed by the author (Rappaport, 2009) after integrating art therapy with Gendlin's focusing approach in relation to a variety of clinical populations (clients diagnosed with schizophrenia, bipolar disorder, depression, anxiety, posttraumatic stress disorder (PTSD) and addiction) over a period of thirty years.

FOAT begins with foundational guidelines of presence, the focusing attitude, clinical sensitivity, grounding, and empathic reflection that emphasize the client's safety prior to guided focusing or other therapeutic interventions. Presence begins with the therapist's awareness of his or her own state and willingness to be present and clear for the client. The therapist helps the client to bring a focusing attitude of being "friendly" toward the client's felt sense of an issue, situation, or experience – and adapts focusing to the pace and readiness of each client. Additionally, the therapist ensures that a client knows how to ground themselves as a preliminary step to guided inner focusing (for example, body awareness of feet on the ground, breath awareness, safety phrases such as "I am safe now"). Therapists also demonstrate empathic understanding through listening to their client's experiencing, artistic mirroring (where the therapist may reflect the client's art with a similar artistic response), and body mirroring (reflecting the client's nonverbal expression through gesture or movement).

In FOAT, Gendlin's six-step focusing method (1981) is integrated with art therapy (see Table 1) and is interspersed within a psychotherapy session similar to Gendlin's focusing-oriented therapy approach (1996) where steps are suggested in accordance with the client's moment-by-moment experiential process (not necessarily in a particular order).

Step 1: In CAS-Art¹ (Clearing a Space – Step 1), the client begins with a safe, peaceful place and then identifies issues in the way of feeling "All Fine" and imagines placing them at a distance outside the body. Imagery is incorporated in helping to clear the space. For example, the client might imagine wrapping each up in a package and setting it at a comfortable distance or putting concerns on a boat and letting it float out on a lake. Art is incorporated to concretize and symbolize the felt sense. After clearing the issues, the client gets a felt sense of the "All Fine Place" and symbolizes it in art.

CAS-Art can be used as a practice unto itself for stress reduction, emotion regulation, and dis-identification from difficult feelings. It also helps clients to have an experiential knowing that there is a self separate from the trauma and related issues, and that there is a place of inherent wholeness within.

Steps 2–6: Clients can either work on something that they set aside during CAS-Art or the therapist can begin with a focusing check-in – How am I on the inside right now? Therapists may also invite the client to access a felt sense during a session as they hear the client on the edge of a feeling or seeming unclear. Once the therapist is certain that sufficient safety has been established for the client to bring attention inside the body, the therapist invites the client to bring a friendly attitude and to notice the sensations and *felt sense*, to find a *handle/symbol* as an image (or word, phrase, gesture, or sound), check it for a sense of rightness (*resonate*), and express it in art (Figure 1). If the symbol comes as a word, phrase, or gesture, the client is encouraged to express it in visual art in terms of size, color, shape, etc.

1. CAS-Art has three versions (I, II, and III) depending on the stage of treatment. III does not use inner guided Focusing and only uses art. I and II use nondirective and directive imagery (Rappaport, 2009).

Table 1. *Gendlin's Focusing Steps and Focusing-Oriented Art Therapy*

Gendlin's Six-Step Focusing Method	Focusing	Focusing-Oriented Art Therapy
1. Clearing a space	Inwardly sense what is in the way of feeling all fine	CAS-Art Use art materials to set things at a distance; artistic representation of "All-Fine Place"
2. Choose something to work on and felt sense	Choose something from issues set aside during clearing a space	Choose something from issues set aside during clearing a space; Or ask: "How am I right now?" or "What's needing my attention right now?"
3. Handle/symbol	A word, phrase, image, gesture, or sound	Image (or word, phrase, gesture, sound)
4. Resonate	Check handle against felt sense to see if it is right	Check handle against felt sense to see if it is right; Sense the right art materials to match the felt sense; Express handle/symbol in art
5. Ask	Ask the felt sense questions: What makes it so _____? What's the crux of it? What would it be like all resolved? What's in the way? What's needed? What's a small step in the right direction?	Ask the felt sense questions: What makes it so _____? What's the crux of it? What would it be like all resolved? What's in the way? What's needed? What's a small step in the right direction? Dialogue with art: Active imagination What do you have to say to me? What do you need? Dialogue with different parts. Use Gestalt methods (e.g. say "I" for the image, colors, etc.)
6. Receive	Receive and welcome what comes (from the felt sense)	Receive and welcome what comes from the felt sense and from the art

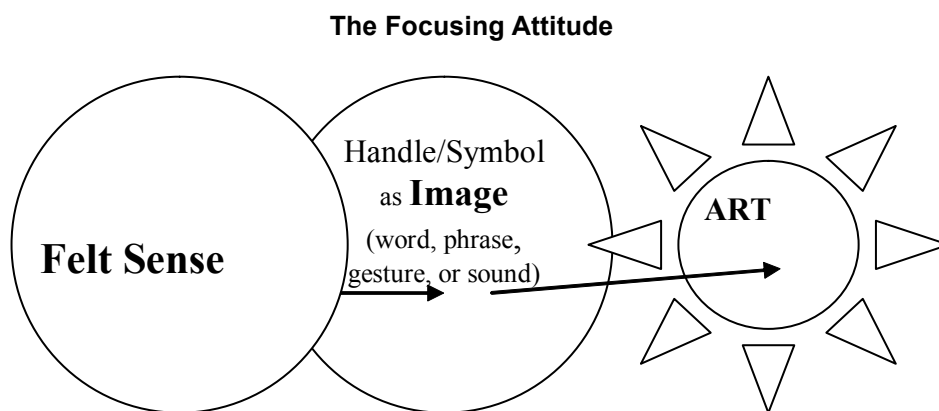


Figure 1. Expressing the Handle/Symbol in Art

Once expressed, the therapist can guide the client to *ask* the felt sense or the art questions and *receive* the answer that comes from the felt sense and/or the art. Questions to the felt sense and art include: What makes it so [felt sense symbol]? What's the crux of it? What would it be like all resolved? What's in the way? What's needed? What's a small step in the right direction? Art therapy methods can be used to access the meaning of the art, for example, by giving voice to the art through Jung's active imagination method or using Gestalt therapy to speak as "I," or have parts of the artwork dialogue with each other.

Integrating focusing with art therapy enables the expression of preverbal, nonverbal, and implicit memory that can be experienced on a sensory level and expressed in visual art. Sharing about the art and the focusing experience integrates the verbal left hemisphere of the brain with the right hemisphere where imagery and art are processed. Siegel (2006) states,

By integrating domains of our experience within a receptive form of awareness, we develop a more connected and harmonious flow in our lives. Such linkages include implicit and explicit memory, left- with right-hemisphere modes of processing, and mindful awareness with body sensation" (p. xiv). Art therapist and trauma specialist Cathy Malchiodi (2008) states, "creative interventions ... have special characteristics not always found in strictly verbal therapies used in trauma intervention ... (1) externalization, (2) sensory processing, (3) attachment, and (4) arousal reduction and affect regulation. (p. 14)

FOAT concurs with trauma specialist Bessel van der Kolk's view on what is needed for effective trauma treatment. He states:

Traumatized individuals, first and foremost, need to learn that it is safe to have feelings and sensations ... [T]o deal with the past, traumatized people need to activate their medial prefrontal cortex, their capacity for introspection. Therapy needs to help them develop a curiosity about their internal experience. This curiosity is essential to learning

to identify their physical sensations and to translate their emotions and sensations into communicable language – communicable mostly to themselves. (2006, pp. xxv–xxvi)

In addition, trauma experts espouse the need for phase-oriented treatment (Herman, 1992; Luxenberg, Spinazzolla, Hidalgo, Hunt, & van der Kolk, 2001; Ogden, Minton, & Pain, 2006; van der Kolk, McFarlane, & Weisaeth, 1996). Coffeng (2008) states, “According to the official ‘state of the art,’ the therapy of dissociation has three phases: (1) stabilization and symptom reduction; (2) treatment of traumatic memories; and (3) reintegration and rehabilitation” (p. 148). The stages do not necessarily unfold linearly but rather overlap one another (Coffeng, 2004, 2008; Herman, 1992; Luxenberg, Spinazzolla, Hidalgo, et al., 2001). At times clients regress from a later stage to an earlier one. It is essential that safety be emphasized and established from the beginning and throughout treatment. It is also important for therapists to distinguish between acute or single and recent trauma (Type I) with complex trauma (Type II) in which there is a repetition of trauma or where the trauma began in childhood (Coffeng, 2004), as progress through the phases tends to differ with complex trauma typically taking longer through phase one.

FOAT WITH JUDITH HERMAN’S THREE-PHASE MODEL

Herman’s three-stage model of recovery – establishing safety, remembrance and mourning (working through the trauma), and reconnection with ordinary life – serves as a framework for implementing FOAT with trauma. Each stage is described and includes the corresponding steps of FOAT. A case example follows.

Stage I: Establishing safety

The first step in working with clients with trauma is to build a sense of safety for the client, regulate emotion, teach self-soothing, and foster trust in the therapeutic relationship. Similar to Coffeng’s (2008) application of Prouty’s (2003) pre-therapy, the emphasis is on helping clients to “restore contact with reality, with one’s feelings, and to communicate with others” (p. 148). This is accomplished by establishing the foundational principles previously described (presence, focusing attitude, clinical sensitivity, grounding, reflection). In addition, it is important to encourage the client to attend to their physical, energetic, and emotional needs for boundaries, such as setting the right physical distance between the therapist and the client. While focusing is frequently conducted with a gentle closing of the eyes to sense inwardly, it is important in this first stage for the client to begin with the eyes open, in order to establish trust and safety. Often clients who have experienced sexual abuse and other types of trauma experience a hyper-vigilance and need to be able to see what is going on around them in order to feel safe.

During this stage, art directives that help clients access safety and self-soothe are useful, such as: draw a safe place (one that is known or imagined) (Figure 2); draw a protector; and decorate a container to hold difficult feelings (Figure 3).



Figure 2. Safe Place



Figure 3. Safety Container

Although the therapist does not guide the client with eyes closed toward an inner felt sense, the therapist uses words to point to the client's felt sense, such as "Imagine a place of safety ... *sense how the safety feels* ... what are the colors or images to represent it? ..."

Once safety is established within the client and in the relationship, CAS-Art (the first FOAT step), can be taught. CAS-Art helps clients learn to set disturbing issues and felt experiences at a distance, enhancing distress tolerance and self-regulation. During this stage, a variety of art materials can be used such as markers, oil pastels, clay, objects, feathers, stones, as well as boxes, containers, and bags to place the issues in to keep them contained.

Stage II: Remembrance and mourning (working through the trauma)

Once the client feels safe to connect with the body, to notice and listen to the felt sense inside, they can gently move towards working through the traumatic experience. During this stage,

the FOAT steps (2–6 in Table 1 and described previously) are integrated into the session: felt sense, symbol, handle, ask, and receive. Clients may express the felt sense of the terror or pain and symbolize it in art. Life-forward questions (for example, “Ask inside, what is needed?” or “Imagine what it would be like . . .”) help to bring self-soothing to the traumatic experience. This stage parallels Coffeng’s (2004, 2008) second phase where he sees a change from pre-experiential to experiential with clients more ready for inner focusing.

Stage III: Reconnection to ordinary life

During this stage, the client’s focus shifts to more present concerns, such as work, relationships, intimacy, leisure, hobbies, travel, etc. During this stage, the FOAT steps (2–6 in Table 1 and described previously) are integrated into the session.

Example: Alissa

Alissa is a 39-year-old woman who came to see me for art psychotherapy. Several years earlier, Alissa remembered that she had been sexually abused as a child. Alissa had already done some work on the abuse and wanted to find new ways to heal from the trauma.

Stage I: Establishing safety

Our initial session begins with listening to Alissa, reflecting her experience, attuning to foster a sense of safety and development of our therapeutic relationship. In the process we clarify Alissa’s goals for therapy, review relevant history, and talk about how focusing-oriented art therapy can be used to help Alissa to meet her goals.

During the third session, Alissa talked about being overwhelmed with a dreadful fear. Instead of going into the fear right away, I told Alissa that sometimes it can be helpful to have an image of a Protector, which can be created in art. Most trauma survivors feel there was a lack of protection, which contributed to the experience of trauma. Alissa expressed interest in accessing a Protector. I do not lead Alissa in a formal focusing way, but rather I stay quiet and calm, accompanying Alissa silently while she listens inwardly. I do not invite Alissa to close her eyes to focus, as I want to make sure she stays grounded and feels safe. Alissa draws an outline of an angel with a smiling face, a heart outlined in red and colored in with a yellow oil pastel (Figure 4). As Alissa shares about the art and process, I listen to her experiencing.

Alissa: I saw the image of an angel. She looks like a guardian angel for children.

Therapist: You received a guardian angel. Can you sense how that feels inside?

Alissa: It feels comforting . . . and warm.

I keep the drawing in my office and set it out each week before Alissa comes in for therapy, to greet her as a symbol of safety. The art serves as a consistent reminder that this image of “the Protector” is an internalized part of herself that she is getting to know and with which she is deepening her connection.

In a subsequent session, I teach Alissa how to clear a space with art in order to help her learn how to find a safe way to access disturbing or difficult feelings and to find a place within herself that is safe. After I describe the CAS-Art exercise, Alissa uses different colors and torn



Figure 4. Alissa, Felt Sense, Protector

shapes of construction paper to symbolize the issues in the way of feeling “All Fine” (see Figure 1). She chooses a large black shape to represent the dark cloud of the trauma, red for her family, pink for work insecurity, and a cream color to portray her anxiety and fear. Alissa also uses magic markers and draws three figures representing family members, and a green shape above the black to represent health (Figure 5).



Figure 5. Setting Issues Aside

After completing the piece of art symbolizing her felt sense of the things in between her and feeling “All Fine,” Alissa creates a new drawing of the “All Fine” place (see Figure 6). Using markers, she draws a bright yellow sun with radiating dashes.

Alissa shares, “When I tore the paper I felt something release inside, like some of the feelings moving out of me. It felt good. Afterwards, I had an image of the sun that felt warm inside.” The art provided a cathartic release as well as a felt sense of inner warmth.

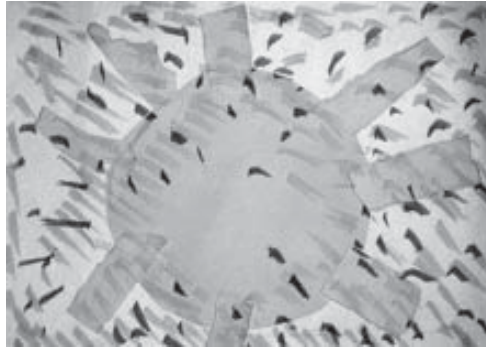


Figure 6. "All Fine Place"

Stage II: Remembrance and mourning

After it is clear that Alissa has a safe connection within her own felt experience and in the therapeutic relationship, we move to explore the unresolved issues of the trauma. At this point Alissa feels safe to close her eyes to focus. During one session Alissa begins to talk about growing up in her family and feeling alone and neglected. As I listen, I notice Alissa's face become more flushed with increased tension. This is a place in the therapeutic encounter where the client is at the edge of something, not yet known. I invite Alissa to take a moment and focus: "Can you take a moment to see what's there – in your body right now as you are speaking about it?" Alissa reaches for the oil pastels in front of her and draws a young figure with thin squiggly lines for arms and legs. The figure does not have feet and is floating above red lines, depicting a shaky ground. Blue tears are falling down the figure's face (Figure 7).



Figure 7. Alissa, Felt Sense

Alissa: This is how I felt as a child – alone, sad, and vulnerable.

Therapist: You felt alone, sad, and vulnerable as a child—and I see the tears (in the art).

To help Alissa keep the felt sense company and help it to unfold, I incorporate the asking and receiving steps of focusing:

Therapist: Imagine sitting down next to the younger sad and shaky Alissa ... see if you can be friendly to her [focusing attitude], and ask, “Where do the tears come from?” [asking]

Alissa: (Tears flow and move into deep sobs. I keep Alissa company, allowing a safe space for the pain to get released into. The crying stops after a few moments.) I was innocent. No one saw me or protected me. I was invisible.

Therapist: There’s a deep sadness about your innocence, not being seen and protected ... and being invisible [experiential reflection].

Alissa: (Breathes softer, muscles relax, face softens): Yes. I just feel for that part me.

Therapist: You feel for what happened to the child part of you. Can you ask that child part what she needs? [asking]

Alissa: (after a few moments): When I look at the drawing ... it’s like I had no idea she was in there. Being seen, heard, and accepted is all she needs. And to know, “it will all be OK.” [receiving]

Therapist: The adult you and I can hear her and let her know, “it will all be OK.” Would you like to add anything to your drawing to convey that?

Alissa adds the words “It will be okay” and added yellow around the figure of her (Figure 8). I asked Alissa to check to see how it felt inside after adding the words and yellow color. After a few moments, she said, “more caring for her.”



Figure 8. It will be okay (Felt Shift)

Stage III: Reconnection with ordinary life

We worked together for a couple of years, working further through the traumatic experience, the after-effects of depression, fear, and anxiety, while always building on strengths and resilience. Alissa left a dysfunctional work environment, changed careers to something currently meaningful, traveled, and became part of a spiritual community.

As we began the process of termination, I invite Alissa to reflect on where she was when we started therapy and where she is now – to focus and get a felt sense. After a few moments, Alissa opens her eyes, reaches for an oil pastel, and begins drawing a tree. She starts with wide roots and a ground line, extending into the sky – bursting with open, graceful, bright green, purple, and pink leaves extending upwards. Alissa shares: “I feel like I am beginning to live, feeling rooted in the earth with nourishing elements around me to help open and grow.” I invite Alissa to focus again, and to see if there’s a word or phrase that matches the felt sense that could possibly be a title for the drawing. After a few moments, Alissa opens her eyes, picks up a green oil pastel, and titles her art “LIFE” (Figure 9).



Figure 9: Alissa, Felt Sense, LIFE

Focusing-oriented art therapy helped Alissa to begin with a sense of safety within herself and in the therapeutic relationship by bringing the focusing attitude of being friendly toward the complexity of experience from childhood sexual abuse. The art provided a safe container to hold the rage, anger, sadness, and grief – while the asking and receiving steps of focusing provided gentle access to the vulnerable parts of self in need of being heard. Focusing-oriented art therapy provided an avenue to release the trauma on a sensory level while strengthening the witnessing and other parts of self that could stand outside of the trauma. Changes are seen in Alissa’s art from the tentative lines and images of fear, to the yellow light and reassuring words, “It will be okay,” surrounding the figure, unfolding into a later image of strength, aliveness, and beauty. Gendlin (1996) describes this movement of the felt sense as a felt shift. He states, “... a felt sense will shift if you approach it the right way ... When your felt sense

of a situation changes, you can change – and therefore so does your life” (p. 27). “... such a step feels good; it releases energy. What one may find may feel good or bad, but its emergence – the step of finding – always brings relief, like fresh air” (p. 26). In FOAT the felt shift is felt in the body and the mind and seen in the art. As Alissa worked on traumatic effects from her past, she continuously harnessed what Gendlin (1996) describes as the life-forward direction – thereby creating inner and outer changes while embracing “Life.”

HOW FOAT AIDS THE THERAPEUTIC PROCESS

There are various ways in which integrating the art dimension into FOT assists the therapeutic process.

Promoting empathic attunement

In focusing, the therapist carefully attunes to the moment-to-moment of the client’s unfolding experience. The art product enables both the therapist and client to *see the same image* that symbolizes the felt sense.

Separating the trauma from the person

FOAT teaches the client to clear a space with art and set issues at a comfortable distance. Clients experience an aspect of self, an “I,” that can stand outside of the trauma in order to be present to work on it. CAS-Art also helps the client to have an experiential knowing of the *self* that is whole.

Finding the right distance

Both focusing and art therapy provide ways to obtain a healthy distance from the trauma in order to be able to work on it without being overwhelmed or flooded by the experience. Art therapy provides materials to contain, symbolize, and externalize the felt sense into the art process. For clients who are too distant (or dissociated) from their experience, focusing and art therapy provide ways to find safety in making closer contact with the felt experience.

Bearing witness

Focusing incorporates the focusing attitude which helps clients learn how to sit down next to the wounded parts affected by the trauma and listen to them with friendliness or compassion. Since trauma is often accompanied by shame, it can be deeply healing for the client to experience the compassionate witnessing that comes from an inner experience of the focusing attitude, as well as from the external witnessing of the therapist.

Catharsis

Strong feelings and the felt sense from trauma can be sublimated and released in a safe, cathartic way through making art.

Documenting change and helping to carry it forward

Visual art conveys the felt sense, documents the felt shift, and carries it forward. The client can take the art with them as an affirmation and reminder of the change and steps toward growth and healing.

Resilience and the life-forward direction

Focusing and art therapy harness the body's wisdom and creative intelligence that carry one in a life-forward direction. Focusing incorporates forward-moving questions, such as "What's needed for a healing?" or "What's a good small step in the right direction?" Art therapy accesses life-affirming properties that transport one toward growth and healing.

Empowerment, inner knowing, and creative intelligence

FOAT helps the client to access their own inner knowing through the felt sense and creative intelligence. This helps the client to be the "author of her [or his] own recovery" (Herman, 1992, p. 133).

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