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**Being with Shame: A Literature Review Exploring Focusing-Oriented Expressive Arts  
Therapy for Survivors of Childhood Sexual Abuse**

Capstone Thesis

Lesley University

May 3, 2024

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## **Abstract**

This literature review thematically explores the potential benefits of the Focusing-Oriented Expressive Art Therapy (FOAT) approach as a treatment for shame for adults survivors of childhood sexual abuse. The goals of this literature review are to discuss the characteristics, consequences and prevalence of childhood sexual abuse (CSA) and its impact on subsequent pathology as well as outline terms and themes related to shame, dissociation, and avoidance; explore treatment models for working with shame-based negative sequelae for CSA survivors; investigate the theoretical models and benefits of Compassion Focused Therapy (CFT) and Sensorimotor for working with trauma and the body; condense the extensive evidence for mindfulness and self-compassion practices; highlight the literature on arts-based activities for trauma and shameful self-schema; ultimately, to provide perspective on the FOAT's potential for bringing healing for adult survivors of CSA. The research was chosen and prioritized based on how recently the the research was performed as well as how precise in regards to the intersection of shame symptomology, expressive arts, FOAT and CSA. Two studies are reviewed: one phenomenological study by Mills & Daniluk (2002) assessing the impacts of Dance Therapy (DT) on a purposively sampled female adult survivors of CSA for helping survivors reconnect to their bodies and one true experimental study by Collier and Wayment (2019) on on the impact of art-making incorporated with mindfulness for mood-repair while intentionally focusing on (i.e. not dissociating from) a distressing event. In addition to critically reviewing these studies, this literature review seeks to thematically provide a descriptive and comprehensive scope on all the research on shame, CSA, dissociation, and mindfulness as well as self-compassion based creative practices. The evidence suggests that the lasting shame from childhood sexual abuse are

benefitted by the therapeutic factors of self-compassionate mindfulness paired with embodied art-making through the FOAT approach.

*Keywords:* childhood sexual abuse, self-compassion, shame, expressive art therapy, sensorimotor, mindfulness

*Author Identity Statement:* As a survivor of childhood sexual abuse, I recognize the particular perspective shaped by my identity as a White woman from the Midwest, where my exposure to diverse racial and gender experiences was limited. Therefore, in undertaking this research, I deliberately pursued a broad range of artists, research sources, and personal narratives that reflected racial and gender diversity, aiming to ground this thesis in the lived realities of individuals and communities beyond my own.

## Being with Shame

### Introduction

I remember, quite vividly, the first time I felt truly un-self-consciousness; a moment of buoyancy that wiggled itself through my body. It took until March of my Freshman year, surrounded by other artists, silent, inside a buzzing warehouse studio on campus that smelled of turpentine and cleaning supplies. I had spent the previous semester that year changing majors again and again and again, finding my way in and out of relationships and departments in search of belonging or just a place where landing felt possible. When I walked into the art building, I was instantly met with the strange scent of developer and fixative and a long hallway of torsos in charcoal, twisting into themselves. I had never made art outside of being a child and while there were parts of me that wanted to flee, I was also too intrigued, too entranced to leave. The assignment was for my first sculpture class. We were expected to create a design from wires based on a word drawn out of the professor's dirty ball cap. My word was "ascend". So, as the warm earth just outside of the studio slowly melted away the lingering remains of winter, I caught myself — back bent, taming a tangled mass of stubborn wires upward — actually enjoying myself: light and free. It was this encounter that led me to Lesley and to a study of how the arts might hold some mysterious, inherent power to unlock that same kind of freedom in trauma survivors like me.

Childhood Sexual Abuse (CSA) is considered one of the most prevalent forms of child and adolescent trauma (Jin et al., 2022). Unlike with an isolated incident of sexual assault as an adult, CSA survivors may not fathom an alternative way of living because of the chronicity and early onset of their sexual perpetration (Saltzman et al., 2013). As I will expand on later in this

thesis, a CSA survivor is likely to interpret the sexual abuse from their child perspective and place that meaning at the center of their understanding of themselves, their relationships, and the world around them (Saltzman et al., 2013). Furthermore, the dissociative strategies that are protective in dealing with the childhood abuse involve fragmentation of self and separation from sensory and emotional experience and can inhibit healing from trauma (Price, 2005).

Specifically, the attempts to forget, distort, or dissociate from the memories and experiences of abuse, as mentioned by Platt and Freyd (2015), are strategies used to maintain a relationship with attachment figures.

As a survivor of CSA, I have been particularly interested in shame: how insidious and pervasive it can feel. Shame is not a single memory or a moment, it is a deeply felt, never-ending mirror. Through my research, I explored the ways that shame and early childhood abuse are painfully intertwined. Particularly because CSA is frequently cloaked in secrecy and carried out under the pretense of love and protection, it often leads to deep-seated feelings of shame and severe breaches of trust (Noll, 2021). Especially in cases of CSA where physical force or violence is absent — a common scenario in prolonged grooming — survivors frequently find it difficult to attribute blame to the perpetrator and, as a result, tend to blame themselves (Noll, 2021, p. 8). Additionally, due to the developmental stage of children at the time of the abuse, they may also be persuaded that their disclosures of abuse will be met with disbelief, or that revealing the abuse could have adverse effects on their own lives or those of their family members (Murray et al., 2014). Additionally, children may worry about the repercussions for the perpetrator, especially since these individuals are often known to the child and have established relationships with them, creating a confusing and complex dynamic for the child to navigate

(Murray et al., 2014). For both boys and girls, feelings of guilt and shame, such as believing they are responsible for the abuse, a sense of dishonor, and diminished self-worth, can hinder their willingness to disclose the abuse (Murray, et al., 2014). Consequently, the abuse often goes unnamed and therefore continues, leading to an internalization of the abuse while concretizing dissociative coping strategies required to sustain the relationship in the midst of the abuse.

When survivors internalize the abuse and dissociate from their pain, they inadvertently turn against themselves. This is how shame is painfully born. Unlike guilt, shame uniquely finds its way into the identity of a person causing the person to feel inherently bad or flawed, defective and diminished (Capous-Desyllas & Goulah-Pabst, 2022). While during the abuse, the body protects itself through fight, flight, or freeze, when challenged emotionally as adult survivors, these reactions become a self-destructing triad of self-criticism, self-isolation, and self-absorption (Rappaport, 2014). Survivors don't just feel bad—they feel they are bad. Perpetuated by dissociative coping strategies, unaddressed shame festers, posing a threat to CSA survivors as it is often thought of as a “sleeping” that remains hidden from awareness, finding its outlet through often-disguised presentations such as perfectionism, self-criticism, and self-blame (Lewis, 1971; Westerman et al., 2020). Shame acts as a kind of barrier to processing the trauma of the abuse, leading to an increase in complex PTSD symptomology (Feiring & Taska, 2005).

Currently there is no consensus on the most effective treatment for negative shame-based sequelae of adult survivors of CSA but what does emerge from the current research is the influence of mindfulness-based programs (MBPs) and compassion-based programs (CBPs) which might offer an alternative approach to more cognitive interventions and their often shame-inducing qualities in therapeutic contexts (Kimbrough et al., 2010). The attitude of mindfulness

is not an attempt to make things be a certain way, it's an attempt to relate to whatever *is* in a certain way (Shapiro, 2009). This mindful, accepting attitude intentionally brings patience, compassion, and non-judgment to the practice and thereby relinquishes the habitual tendency of continually striving for pleasant experiences, or of pushing aversive experiences away (Shapiro, 2009). This speaks to survivors' struggle with avoidance and the way this avoidance exacerbates shame-based sequelae. Bare awareness of whatever exists in that moment occurs, but within a context of gentleness, kindness, and acceptance (Shapiro, 2009). Both Gilbert and Proctor (2006) as well as Neff et al. (2003) allude to self-compassion being "the holy grail" when it comes to alleviating maladaptive shame, self-judgment, and self-criticism. While mindfulness is acceptance of the *experience*, self-compassion is the acceptance of the *experiencer*.

This thesis is a literature review in support of creating connections and clinical context between dissociation and shame, self-compassion and mindfulness, and body-based approaches through the Creative Arts Therapies when working with adult CSA survivors. In particular, I explore Focusing, developed out of research by Eugene Gendlin, is a mind and body method of listening in a mental, compassionate way to the wholeness of our being and accessing the inherent wisdom in the body (Cornell, 1996; Purton, 2004; Gendlin, 1981, 1996). An extension of Focusing, I explore Focusing-Oriented Expressive Arts Therapy (FOAT) which has been highlighted to be particularly beneficial for trauma survivors as the gentle, compassionate, embodied art-making approach that offers a way of listening to the inner self, to the felt sense, that helps the client to be the author of their own recovery while the art making provides concrete expression of the Focusing process, serving as a visual guide and reminder of where to go on the journey of recovery (Rappaport, 1998). FOAT asks the accepting question of "are you



present in your own body, mind, and spirit?” (Costello, 2022). Bessel Van der Kolk discusses how paying attention to the body’s physical sensations, “we can recognize the ebb and flow of our emotions, and with that, increase our control over them” (2014, p. 208 in Costello). In the Appendix, I share the art pieces that resulted from my practice of the FOAT method while working with my own survivor shame throughout the course of writing this thesis. As an ode to my 18-year-old self, the one that started this relationship with the arts, I wanted to carry the torch and honor that beginning moment in my healing by creating a clinical context of the journey of hurt and healing in the body.

### **Method**

The literature was discovered primarily through the “Lesley Library Database” as well as Google Scholar including database titles such as ProQuest Central, ScienceDirect, SAGE Journals, and Directory of Open Access Journals. Data was gathered to draw information available that overlapped elements of shame, Childhood Sexual Abuse (CSA), disembodiment, self-compassion, and the Expressive Arts Therapies. Boolean keychain searches within the databases included key phrases such as “childhood sexual abuse”, “shame”, “disembodiment”, “dissociation”, “self-compassion”, “expressive arts therapy”, “art therapy”, and “trauma”. Additional sources were discovered through the references listed in the articles and studies I discovered through my research through the “Lesley Library Database”. While initial searches offered predominately white, female perspectives on shame and CSA, a deeper, more culturally and gender inclusive lens provided perspectives and validated themes that were cross-cultural and non-gendered. In particular, I included research of “male CSA” and “trans CSA” in my search.

Included in these searches were both quantitative, qualitative, and arts-based studies as well as theoretical literature. Attention was given to the chronology of recent studies as well as the landmark works that established theoretical frameworks for topics of CSA, shame, self-compassion, and mindfulness. The literature was evaluated and organized within the following content categories: Arts and Healing, Shame, Childhood Sexual Abuse (CSA), Focusing-Oriented Expressive Arts Therapy (FOAT). Within those folders I had a series of sub-folders which included Overcoming Shame, CSA and Shame, Dance and Movement Therapy (DMT) and CSA, Expressive Arts Therapy (ExAT) and Shame, Mindfulness, Compassion Focused Therapy and CSA, Treatment of CSA and Treatment of Shame. In each of these folders, I gathered Arts-based Research, Arts-based Qualitative Data, and Arts-Based Quantitative Data as well as Non-Arts based Qualitative Data and Non-Arts based Quantitative Data.

The more educational material that provided overviews of literature on topics were also within these folders and included topics such as Trauma and Adult Survivors of CSA, Shame and CSA, Shame and Trauma, and Self-Compassion and Shame. These served as categories in a larger Google Sheet document as I read and referenced each article in one category and included a paraphrased note along with key quotes in a neighboring column. I also had a personal folder of my own art reflections when using the FOAT method when working with my own shame which was categorized under a separate folder of Personal Practice. Paraphrased content as well as direct quotes was then thematically transferred into a pages document. I took images of my artwork and scanned in the journal entries, saving them as separate files of .jpg and .pdf media files. I included the material that was most relevant to my reflection on the FOAT process in the Appendix section.

## **Literature Review**

### ***Childhood Sexual Abuse***

According to the US Centers for Disease Control and Prevention (CDC), child sexual abuse is “any completed or attempted (non completed) sexual act, sexual contact with, or exploitation (ie, non-contact sexual interaction) of a child by a caregiver” (Leeb et al., 2008). Ultimately, due to the requirement of reaching the legal age of majority for consent, any sexual activity involving an adult and a minor, even if the child agrees, is by definition considered child sexual abuse (Murray et al., 2014). So while CSA encompasses many types of sexually abusive acts toward children and is not limited to the ones outlined here and although there are many differences among these, the unifying term of “child sexual abuse” is used throughout this paper to describe commonalities across these experiences (Murray et al., 2014).

CSA is linked to a range of detrimental outcomes such as anorexia nervosa, bulimia, borderline personality disorder, post traumatic stress disorder (PTSD), anxiety, depression, anhedonia, addiction, self-harm, suicidality, sexual dysfunction, deteriorating physical health, substance abuse, depression, anxiety, engagement in high-risk sexual activities, and increased suicidal tendencies (Noll, 2021). Those who survive CSA are also more likely to encounter additional risk factors like insecure attachment, avoidance behaviors, and emotional dysregulation, all of which are identified as mechanisms contributing to the development of psychopathological issues in CSA survivors, as well as in individuals who endure traumatic experiences and adversity early in their lives (Noll, 2021). Exposure to CSA also increases the risk of subsequent exposure to violence (Briere & Elliot, 2002). The accumulation of these stress

factors has a profound effect on the body, causing issues like developmental abnormalities in the brain, alterations in epigenetics, precocious puberty, and heightened inflammation (Noll, 2021).

The prevalence of child sexual abuse is alarmingly high, as evidenced by the latest incidence report from the United States indicates that in 2018, there were over 63,000 confirmed cases of child sexual abuse, marking a 6% rise from 2017 and signifying the first increase in such cases in more than 15 years (Finkelhor et al., 2020). Additionally, there are likely substantial numbers of CSA cases that are never brought to the attention for authorities, never disclosed and thus potentially untreated. A compilation of research findings has highlighted five major themes that show the long-term and widespread effects of shame on CSA victims, including psychological effects and trauma symptoms like dissociation, impact on relationships and social connections or disconnections, challenges of disclosure, issues related to self-concept, and recovery (MacGinley et al., 2018).

### ***Shame***

“To experience shame is universal; to recognize shame is not” (Scheff, 2014, p.130). Whereas guilt involves reflection on action and evaluates if one has done something wrong, shame, described as a ‘wordless state’, is a deeply self-defined and subjective experience (Tangney et al., 2007; Herman, 2011, p. 263; Brown, 2006). Guilt says, “I did something bad”, while shame says, “I am bad”.

Finkelhor and Browne (1991) explain how victims of CSA often internalize the negative, stigmatizing beliefs associated with the abuse, which becomes a foundational element of their shame. Shame can be understood as either state-dependent or dispositional (Lopez-Castro et al., 2019, p.2) State shame is a temporary, situation-specific emotion, while dispositional shame

refers to a dysfunctional level of sensitivity where an individual frequently feels shame in a wide range of situations, even those that typically wouldn't elicit shame (Rüsch et al., 2007; Lopez-Castro et al., 2019, p.3). Dispositional shame, also referred to as shame-proneness or trait shame, is defined as the propensity for shame across an array of situations (Tangney, Dearing, Wagner, & Gramzow, 2000; Lopez-Castro et al., 2019). Dispositional shame can be particularly problematic, leading to difficulties in effective problem-solving, reduced self-confidence, and interpersonal issues (Covert et al., 2003). Throughout this paper, I will be using the term “shame” as a reference to dispositional shame. For survivors of CSA, their struggle isn't context-specific or tied to a universally embarrassing moment but persistently arising as an interpretation to a myriad of situations (Scheel et al., 2014; Tangney & Dearing, 2002).

Several studies have found that people who reported CSA also reported more shame than people who denied CSA (Lanius, 2020). This is because survivors often self-blame due to difficulty in accusing the abuser (Noll, 2021). In fact, when the abuser acts also as a caregiver, children are prone to rationalize the mistreatment as *deserved* rather than facing the harsher reality that their caregivers are harmful and unpredictable (Herman, 1997; Feiring & Taska, 2005; Ross et al., 2019). As Platt & Freud (2015) aptly describe, “betray my trust, shame on me”. Feiring, Taska, and Lewis (2002) conducted a study on the relationships among CSA-specific factors, overall feelings of shame, attribution styles, and psychological distress in a group of 142 children and adolescents with a history of sexual abuse found that the number of CSA incidents increased so did the level of overall shame. Due to these factors, CSA survivors become experts at avoidance over their lifetime.

An empirical review of 39 studies of adults coping with CSA showed that survivors employ increased use of avoidant coping strategies both in the immediate aftermath and over time (Walsh et al., 2010). These avoidant strategies such as disengagement, emotional suppression, and denial, have also been associated with current and continued psychopathology as discovered in a recent meta-analysis of 212 studies (Compas et al, 2017). As aforementioned, shame, in particular, is often described as a “sleeper” that remains hidden from awareness, finding its outlet through often-disguised presentations such as perfectionism, self-criticism, and self-blame (Lewis, 1971; Westerman et al., 2020). For CSA survivors, shame becomes a means of avoiding the reality (and pain) of the abuse and serves as a barrier to processing the trauma of the abuse, leading to an increase in complex PTSD symptomology (Feiring & Taska, 2005). In a mixed-methods study conducted over a short term, it was found that trauma-related shame contributes to more severe symptoms of PTSD (Øktedalen et al, 2014). This is because shame is recognized as one of the primary emotions that is not only impacted by traumatic experiences but also significantly affects the recovery process from the traumatic experiences (Øktedalen et al, 2014). Due to the shame of shame itself, survivors might interpret the intensity of their symptoms as their failure to effectively manage them. This perception can intensify their self-criticism and activate pre-existing shame schemas, worsening their psychological distress (Lee et al., 2001).

### ***Dissociation and the Disconnected Body***

Embodiment, characterized by a keen awareness of the body, manifests as a lively and expressive reaction to being conscious of one's immediate experience, such as an involuntary exhale, a smile, or a burst of joyful movement (Tantia, 2014). However, for survivors of CSA,

there's a distinct separation between body and mind due to the trauma they've experienced (Tantia, 2014). Trauma resides and is experienced within the body, leading individuals to suppress or shut out any sensations associated with the trauma, which in turn causes them to disconnect from their bodily experiences (Tantia, 2014). As a result, those who have endured trauma are often the ones who are most eager to reconnect with their bodies, yet simultaneously feel the most unsafe there (Tantia, 2014).

Rooted in skills of avoidance, dissociation is the survivor's strategy to deny painful internal experiences in the body (Price, 2005). Rothschild (2000) describes dissociation as "the mind's attempt to flee [the body] when flight is not possible" (p. 66). The dissociative strategies that are protective in dealing with the childhood abuse involve fragmentation of self and separation from sensory and emotional experience in the body (Price, 2005). As with avoidant coping strategies, dissociation is the survivors' attempt to endure the experience and maintain relationship with the abuser without being overwhelmed by the reality of the abuse. However, due to this bodily disconnect, survivors lose touch with the innate wisdom necessary for emotional healing while also cutting themselves off from the impact of shame (Treleaven, 2018). Inevitably "what survivors do to not feel bad is likely to make them feel worse" (Shapiro & Carlson, 2017, p. 10).

Dissociation leads to both psychological and physical discomfort and is linked with conditions such as post-traumatic stress disorder (PTSD), difficulties in regulating emotions, psychosomatic symptoms, and gastrointestinal health issues (Price, 2005). Sexual symptoms and dysfunction, also frequent consequences of sexual abuse, are strongly related to dissociation from the body (Price, 2005). Women who have experienced childhood sexual abuse exhibit

higher levels of psychological and physical distress compared to those who have not been abused (Price, 2005). This heightened distress is likely a contributing factor to the often observed clinical phenomenon of diminished emotional and sensory awareness, or a lack of connection to the body, in this population (Price, 2005). Dissociation leads to hyperarousal symptoms due to repression's mounting shame and self-blame (Batchelder et al., 2018, p. 14).

### **Treatment Approaches**

Traditional approaches to treating CSA encompass group therapy, eye movement desensitization and reprocessing (EMDR), cognitive-behavioral therapy (CBT), and psychotherapy (Adeniyi, 2014). Mills and Daniluk (2002) noted that clinicians treating CSA have tended to embrace more directive approaches that emphasize the provision of instructions, recommendations, and explanations designed to promote effective coping and to encourage more adaptive behavioral responses. Yet, studies indicate that more directive methods can potentially lead CSA survivors to experience a sense of despair, powerlessness, and potential re-traumatization (McGregor et al., 2006). Survivors struggling with shame are in the habit of blaming themselves for their PTSD symptomology. In light of this, this literature will primarily focus on treating shame for adult survivors of CSA approaches that incorporate self-compassion, mindfulness, and utilize embodied, expressive art-making.

### ***Mindfulness***

“When you have enough energy of mindfulness you can look deeply into any emotion and discover the true nature of that emotion. If you can do that, you will be able to transform that emotion” (Hanh, 2001, p. 89) (as cited in Rappaport, 2014, p. 206). As aforementioned, currently there is no consensus on the most effective treatment for negative shame-based sequelae of adult



survivors of CSA but what does emerge from the current literature is the influence of mindfulness-based programs (MBPs) and compassion-based programs (CBPs) which might offer an alternative approach to more cognitive interventions and their often shame-inducing qualities in therapeutic contexts (Kimbrough et al., 2010).

Kabat-Zinn (2005) defines mindfulness “as moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible” (p.232). Mindfulness involves welcoming whatever emerges internally without trying to alter it or engaging with it for the purpose of change, but rather to simply experience it as it exists (Shapiro & Carlson, 2017). Mindfulness practices empower individuals to exercise an increased sense of control with an attitude of kindness, gentleness, acceptance and self-compassion in the face of past trauma histories (Treleaven, 2018). In Mindfulness-Based Stress Reduction (MBSR) programs, participants are invited to become aware of the persistent and familiar negative patterns of thought as they begin to arise, and to change their *relationship* to the thoughts by witnessing them without judgment (Shapiro & Carlson, 2017). Therefore, unlike with traditional Cognitive Behavioral Therapy (CBT), survivors are taught not to purposefully change any thoughts or replace distorted thought with healthier alternatives, with MBSR, it’s about seeing them for what they are (Shapiro & Carlson, 2017).

A mindfulness approach helps survivors remain with the unwanted material without attempting to change it (Shapiro, 2009). When survivors can step back and observe emotions like shame instead of avoiding it, they enhance their ability to choose how to respond rather than reacting unconsciously. Research by Kross, Ayduk, and Mischel (2005) found that facing

negative emotions from this “self-distanced” perspective rather than a “self-immersed perspective” allowed for reflection on negative feelings and situations without reactivating negative affect and rumination (Shapiro & Carlson, 2017). This distance helps survivors view shame as helpful information rather than something to ignore or react against. Survivors can then address the emotion and decide on self-regulation strategies that promote better health and well-being (Shapiro & Carlson, 2017). Furthermore, this detachment not only teaches survivors how to observe inner judgments, it also encourages survivors to stand back from his or her “story” about who and what he or she ultimately is (Shapiro & Carlson, 2017). Identity, therefore, begins to evolve from the contents of awareness (shame) to awareness itself (observer of shame) (Shapiro & Carlson, 2017).

In relationship to shame, mindfulness-based stress reduction decreases the fear of being judged, as well as reduces aversive self-conscious experiences (Brown et al., 2007). Furthermore, research has posited that mindfulness may act in the brain to reduce negative affect by enhancing prefrontal cortical regulation of affect (Shapiro & Carlson, 2017). While shame was not a specific outcome measure, a study of MBSR in Kimbrough et al. (2010) of 27 adult survivors of CSA demonstrated statistically significant findings of assessment of “negative psychological distress often associated with shame: depressive symptoms, PTSD and anxiety” with a follow-up of the same study 2.5 years later revealing continued and significant long-term improvements in all previously measured outcomes (Westerman et al., 2020, p. 1829).

### **Self-Compassion**

In the Buddhist tradition, mindfulness and compassion are considered equally important, like two wings on one bird (Morgan & Morgan, 2005). Compassion literally means, “to suffer

with,” and although there are various definitions, Gilbert (2009) says “its essence is a basic kindness, with a deep awareness of the suffering of oneself and of other living things, coupled with the wish and effort to relieve it” (p. 35). As aforementioned, both Gilbert & Proctor (2006) as well as Neff et al. (2003) allude to self-compassion being critical to alleviating shame. Self-compassion seeks to sit with and understand, not change or avoid the source of shame — or as Dorahy & Clearwater (2012) named “self as shame” (p. 156). The very act of extending compassion to oneself deactivates the ego-threat system and engages the caring soothing system, creating a calming effect on autonomic hyper-arousal and “effectively softening negative evaluation, self-criticism and fear of failure” (Gilbert & Proctor, 2006; Johnson & O’Brien, 2013).

Increases in self-compassion have been found to correlate with a decrease in psychiatric symptoms, interpersonal problems and personal pathology (Schanche et al, 2011). Survey research using scales of self-compassion such as Self-Compassion Scale (SCS) and the Mindful Attention Awareness Scale (MAAS), show self-compassion correlated with lower levels of mental health distress, anxiety and depression as well as an increase in life satisfaction, psychological well-being, and social connection (Van Dam et al., 2011), well-being (Neff et al, 2007; Neely et al., 2009; Allen & Leary, 2014; Barnard & Curry, 2011; Macbeth & Gumley, 2012; Zessin, Dickhauser & Garbade, 2015). Neff and Vonk (2009) demonstrated that self-compassion has significant positive benefits to overall self-esteem, such as optimism, happiness, and positive feelings, but with fewer drawbacks like social comparison, conditional self-esteem, and narcissism. This leads to a more stable sense of self-worth that doesn't rely heavily on specific results. A one-year follow-up revealed that people who practiced mindful self-

compassion experienced a notable increase in life satisfaction, indicating that regular self-compassion practice improves life quality over time (Gerner & Neff, 2013).

Self-compassion is part of what MacBeth and Gumley (2012) call the “third wave” of cognitive behavioral therapies, all of which emphasize the powerful therapeutic value of positive emotions (Williams, 2018). The third wave cognitive therapies emphasize mindfulness, kindness, and the importance of developing a compassionate or non-judgmental attitude toward one’s problems as a means of reducing stress. There are many therapeutic approaches that are specifically combining mindfulness and self-compassion such as Dialectical Behavioral Therapy (DBT), Action and Commitment Therapy (ACT), Mindfulness-Based Cognitive Therapy (MBCT), and the germinal Mindfulness-Based Stress Reduction (MBSR) which was established in 1979 from founder Kabat-Zinn’s work at the University of Massachusetts Medical Center’s Stress Reduction Clinic (Shapiro & Carlson, 2017; Wilson, 2011). In particular, Compassion-focused therapy (CFT), pioneered by Paul Gilbert, is a practice that incorporates mindfulness and self-compassion specifically developed for people who have mental health problems primarily linked to high shame and self-criticism who were experiencing difficulties generating kind and self-supporting voices when engaging in traditional therapy (Leaviss & Uttley, 2014). Studies of CFT illuminate how these practices activate the caring soothing system and gives rise to positive emotions by activating the attachment/affiliation system which evolved alongside the caring soothing system (Depue & Morrone-Strupinsky, 2005). This system leads to positive feelings like peace, well-being, satisfaction, and a state often called “rest and digest.” It also enhances social connections and calming actions, reducing the harmful impacts of negative situations (Coan et al, 2006).

### *Creativity & Flow*

Similar to mindfulness, the act of art making engages the individual in a state of being, also known as a *flow* experience which fosters psychological well-being (Rouse, 2022, p.87; Csikzentmihalyi, 1996). Csikzentmihalyi (1996) defines *flow* a psychological state characterized by complete immersion and engagement in an activity to the point where nothing else seems to matter. Flow is the optimal state of attention and engagement, of the merger of action and awareness, with a loss of self-consciousness, an increase in self-control, a phenomenological experience of time, and an intrinsically rewarding experience (Nakamura & Csikszentmihalyi, p. 100, 2002). Csikszentmihalyi (1992) described flow as a special state where people are completely absorbed in what they're doing, tuning out everything else around them. The activity almost runs on autopilot, but they remain aware and open to new ideas. Essentially, flow is a mix of doing things automatically while still being fully attentive and mindful (Costello, 2022).

### *Creativity as Healing*

Creativity represents the ability to engage in divergent thinking and disengage from other accepted theories or practices and explore novelty through discovery (Costello, 2022). Since the mid-20th century, art therapists, who are mental health professionals, have been helping clients by using art materials, the creative process, and the art they create to help them understand their emotions, resolve emotional problems, increase self-awareness, control behavior and addictions, build social skills, better grasp reality, lower anxiety, and boost self-confidence (AATA, 2017). Numerous therapists have reported the benefits of creativity and art-making in their settings (Chapman, Morabito, & Ladakakos, 2001; Brett & Ostroff, 1985; Howard, 1990; Klorer, 2000; Rankin & Taucher, 2003; Yates & Pawley, 1987).

Art making serves as a refuge, with the profound capacity to safely reveal, hold, and transform parts of personal experience that are difficult to express with words (Avrahami, 2005; van der Kolk, 2006; Rouse, 2022, p. 87). Even though cognitive therapies focus on making changes through conscious thought, studies suggest that quick, non-conscious signals related to emotions and social interactions are mostly understood and responded to on a deeper, subconscious level (Schoore, 2003). This means that the main improvements from psychotherapy happen in the underlying, automatic thoughts and feelings we have about relationships and ourselves, rather than in our explicit, conscious thoughts (Schoore, 2003).

Visual arts, movement, clay and other tangible forms offers additional entry points to self-awareness, especially when thoughts and feelings are ambiguous and confusing (Franklin, 2014). The artwork itself is the externalization of personal experience, translated into shape and form which can be carefully observed. Therefore, just as mindfulness is the practice of observing rather than reacting to thoughts, the artist detaches and observes their inner landscape, directly reflected in their artwork (Rappaport, 2014). While creating art is illuminating because working with colors and textures can trigger emotional memories from deep in the brain while using the art material provides a chance to express, understand, and blend emotional responses right in the moment (Hass-Cohen & Carr, 2008). Art making is both an entry point and a release.

### ***Sensorimotor's "Bottom Up" Approach***

Trauma is experienced and stored in the body (Tantia, 2014). Inevitably when clients try to avoid or ignore the feelings connected to their trauma, they also end up ignoring or shutting out their physical sensations and experiences (Tantia, 2014). As van der Kolk (2015) states, "people who feel safe in their bodies can begin to translate the memories that previously

overwhelmed them into language” (p. 275). However, activating visual images of traumatizing memories and talking about trauma can be emotionally overpowering and may reawaken amygdala fear responses (Hass-Cohen & Carr, 2008). Therefore, before coming to terms with traumatic memories or feelings (such as shame), it is important to achieve, even for brief periods, “actual and perceived behavioral, personal, interpersonal, and social stability” (King, 2016, p. 121). Under these circumstances, even mindfulness applied as attention to the body can feel overwhelming and possibly re-traumatizing.

Furthermore, art serves as a form of *nonverbal* communication, a strong connection among the private worlds of the mind of the creator (Costello, 2022). In most common treatments for trauma-related disorders, the main emphasis is on what the patient can put into words. However, traumatic memories are stored non-verbally and exist as images, bodily sensations, movements, smells, sounds, wordless emotions, and automatic reactions (Courtois, Ford, Fisher & Ogden, 2009). In the sensorimotor approach, the therapist doesn't just focus on talking. Instead, they help the client pay attention to how their experiences are affecting their thoughts and body (Courtois, Ford, Fisher & Ogden, 2009). Art-making accesses this nonverbal, sensory part of the mind that stores the trauma in what's defined as a “bottom-up” approach (Malchiodi, 2023; Courtois, Ford, Fisher & Ogden, 2009).

Not only does utilizing the senses through the creative arts help access the subcortical regions of the brain where the trauma is felt and provide grounding for working with destabilizing material, it also increases the chances of creating new connections. Studies have found that when individuals respond to challenging emotions using multiple senses, individuals use more parts of their brain (Kabat-Zinn, 2005, pp. 187-197). This creates many connections in

the brain's network, making the new way of reacting stronger (Kabat-Zinn, 2005). For example, when feeling flooded with shame, a survivor choosing to work with clay rather than self-harm is likely to engage the somatosensory cortex and create somatic associations between the feeling of shame and an adaptive response of tactile engagement with the clay (von Daler & Schwanbeck, 2014).

While there have been very few systematic reviews specifically on the impact of arts-based activities for survivors of CSA, systematic reviews examining the impact of arts practice for individuals with mental health problems illuminate powerfully positive effects such as increased self-understanding, self-acceptance and self-esteem; sense of meaning and purpose empowerment and increased resilience (Rouse, 2022). However, in a rare qualitative systematic review of using art as a resource in recovery from the impact of sexual abuse in childhood, art-based interventions proved to illuminate and address the challenges of CSA survivors' "distorted and fragmented experience of self" due to shame of the abuse and the subsequent disconnection and dissociation from the body, offering a creative process of "externalization, reconnection and integration of these different aspects" leading to a "establishing a new sense of self, that was whole and authentic" (Rouse, 2022). Rouse (2022) found themes revolving around reclamation of the self with accounts of how "perceptions of self that were based on 'deficit' could shift" (p. 102). It is through this shift that survivors were able to move from a shaming "self-identification as victim to survivor and wounded healer" (Lemelin, 2006, p. 339).

In "Her Body Speaks: The Experience of Dance Therapy for Women Survivors of Child Sexual Abuse" Mills and Daniluk (2002) phenomenologically explore "the lived experience and meaning of dance therapy" with purposively sampled female adult survivors of Childhood



Sexual Abuse, and in the process identified the universal-in-the-subjective healing components of Dance and Movement Therapy (DMT) for helping survivors reconnect to their bodies, identify barriers to expression, revive a sense of intimate connection with others, create opportunities to encounter a sense of empowerment and liberation as well as emotional release and catharsis (p. 77-85). While focusing primarily on movement, this study demonstrates how this dance practice became a process of “getting back into their bodies” as well as expressed a newfound gratitude for their bodies as a way to “anchor themselves in the safety of the present time” — much like the practice of mindfulness to bring the experiencer to the present (p. 80). Additionally, participants noted that dance offered them a way to be with discomfort, express themselves authentically and “be present in the body without a sense of control” or hyper-vigilance (p. 81). The participants also remarked an increased capacity to observe or witness, noting how non-verbal modes of expression were more fruitful for making connections to their inner world (p. 82). Fostering presence, acceptance, reconnection and freedom while remaining in the body, the participants noted that “the whole approach was different than talk therapy”... “it just freed us up to let that stuff go” (p. 82).

In “Enhancing and Explaining Art-Making for Mood-Repair: The Benefits of Positive Growth-Oriented Instructions and Quiet Ego Contemplation,” Collier and Wayment’s (2019) randomized control study discovered that through flow and focusing on a growth orientation during stimulating art making, participants experienced immediate rejuvenation and subjective well-being. In particular, Collier and Wayment (2019) had participants focus on a personally distressing event while making art (instead of distracting themselves) and incorporating elements of high flow, high arousal, low rumination, and decrease in self-focus through a brief

mindfulness intervention, called quiet ego contemplation (QEC). QEC utilizes detached awareness, inclusive identity, perspective taking, and growth mindedness to explore the impact on negative and positive mood in the context of high flow, high arousal, and low rumination by introducing guided mindfulness prior to art making that decreases self-focus and orient the person toward growth and transcendence (Collier & Wayment, 2019, p. 363). This study demonstrates how incorporating guided meditation with art-making can provide a capacity to not only focus on personally distressing material without becoming overwhelmed but also to experience immediate rejuvenation and an increase in well-being.

### ***Expressive Art Therapy***

The expressive arts approach, in particular, can be a powerful way to embrace the body while using the arts to address shame and its contents in a safe and relational container for survivors. Rogers (1993) defines expressive arts therapy as using “various arts-movement, drawing, painting, sculpting, music, writing, sound and improvisation— in a supportive setting to experience and express feelings” (p. 115). In considering the power of shame in the body to hide itself and stunt self-expression, the expressive arts allows a safe, disarming entry point to be any modality (Lewis, 1971). McNiff (1981) notes that one form of artistic expression tends to flow into another, each complementing the other and it is rare that action within therapy is ever limited to a single mode of expression. As with the benefits of mindfulness, each art form offers opportunities to both access an inner witness and to be completely absorbed into present-moment experience — speaking to a synergistic relationship between mindfulness and the Expressive Arts (Rappaport, 2009, p. 70).

In a quasi-experimental study involving a 90-minute, embodied, enactive, multimodal Creative Arts Therapy workshop called Arts for the Blues, researchers studied the importances of psychological flow in a creative embodied and inactive psychological therapy approach (Parsons et al., 2022). Utilizing dance, writing, music, and visual arts, the researchers examined whether participants would have an increased positive affect post-workshop and significant increase self-rated progress towards their immediate goals attributed to specific properties of flow (Parsons et al., 2022). The results revealed a positive increase in affect and progress toward immediate goals directly related to properties of flow (Parsons et al., 2022).

### ***Focusing-Oriented Therapy (FOT)***

Pioneered in 1981 by Carl Rogers and Eugene Gendlin, *Focusing* (1981) grew from their review of hundreds of therapy records and discovering that clients who could tap into their feelings and experiences beyond just thinking about them were the ones who demonstrated the most improvement (Purton, 2004; Gendlin, 1981, 1996). The Focusing method was his approach to help clients access this inner experience. The Focusing method is similar to MBP's and CFT as it can be used for body-mind centering and through mindfulness, accessing the authentic self, cultivating self-acceptance, and strengthening relationships through increased compassion and presence (Cornell, 1996, pp. 5-8).

FOT's focus on getting in touch with one's felt sense, the direct experience that is something in its preverbal form, is what makes it important for CSA survivors who are often in the habit of operating detached from their inner experience through avoidance and dissociation (Gendlin, 1996, pp. 18-21). In simple terms, it is a meaningful sensation felt in the body (Chidanand, 2014). The felt sense is then worked with by identifying a handle in the forms of an

image, gesture, word, or sound (Gendlin, 1996). The handle acts as a way to communicate what these deep feelings are seeking to express. Focusing is about being with a bodily experience of something unclear until it “comes into focus” (Gendlin, 1996, p. 34). Similar to self-compassion and mindfulness, Focusing is done with an attitude of “being friendly to”, welcoming, accepting, compassionate, curious and “keeping company with...” what arises (Gendlin, 1996, p.44).

Focusing on their inner physical sensations helps survivors see how these feelings link to emotions like shame (Tantia, 2014). Furthermore, by incorporating mindfulness, FOT helps the survivor access what the Sensorimotor approach defines as the “inner observer” or what contemplative traditions refer to as the “witness”; from this vantage point of a calmer, clearer head space, survivors can look at shame more clearly—and therefore respond with greater consciousness and creativity (Shapiro, 2017). Despite the scarcity of research on Focusing-Oriented Therapy (FOT), numerous books on the topic have been published over the last twenty years (e.g. Amodeo, 2001; Cornell, 1996; Stapert & Verliefde, 2008).

### ***Focusing-Oriented Expressive Arts Therapy (FOAT)***

Focusing-Oriented Expressive Arts Therapy (FOAT) incorporates a mindfulness-inspired approach consisting of foundational pillars of “presence, grounding, Focusing Attitude [i.e. friendly attitude], listening and reflection, and clinical sensitivity - [which] serve to establish mindfulness and are designed to ensure the respect and safety of client throughout all phases of treatment” while using a multi-modal approach to expression (Rappaport, 2014, p.194). In the FOAT approach, Focusing offers a way of listening to the inner self, to the felt sense, that helps the client to be the author of her or his own recovery while the art making provides concrete expression of the Focusing process, serving as a visual guide and reminder of where to go on the

journey of recovery (Rappaport, 1998). There are four main FOAT approaches: FOAT Basic Step; Clearing a Space with Arts (CAS-Arts); Theme-Directed FOAT; and FOAT-Psychotherapy (Rappaport, 2014) (See more information on studies exploring the FOAT method in Appendix A).

FOAT combines multi-modal art-making and the Focusing method (Rappaport, 1998). With FOAT, word or phrase becomes poetry or free-writing, gesture becomes movement, sound becomes music, image becomes visual art. By offering a choice of how the handle is identified, the arts are incorporated in a safe, disarming entry point to be any modality (Lewis, 1971). Additionally each art form allows individuals to make sense and meaning in a specific way which, for CSA survivors, offers the opportunity for self-reclamation (Malchiodi, 2023; Rouse, 2022).

Furthermore, in the FOAT process, the body is incorporated from the very beginning. From employing centering the body in the here-and-now through exercises of The Basic Step to creating a place of safety and roundedness in the activity of Clearing a Space (CAS). The FOAT process progresses at the pace that is most fitting to the client due to the “back and forth checking in with the body, image, art materials, body, image and so forth” (Rappaport, 2009, p. 153). This back-and-forth process is a mental approach that offers a safe access point while working with the body with survivors. This is similar to what Florence Cane (1951), one of the founders of art therapy, described as the need for the creative process to have both “active and receptive states” survivors can alternate between looking inward and focusing on mental images with their eyes closed, and the external expression of these images through their art which can both help bring attention to external environment for relief as well as expressive release

(Rothaus, 2014, pp. 433). This is also referred to as surrender and initiative (McNiff, 1998) or doing an deflection (Rubin, 2011; Rothaus, 2014).

### ***The FOAT Basic Step***

The FOAT Basic Step consists of bringing the Focusing Attitude of “being friendly” to the bodily felt senses and is a posture in each FOAT approach (Rappaport, 2009). It is also characterized by qualities of accepting, nonjudgmental, and welcoming toward one’s inner felt sense in an effort to cultivate self-compassion (Rappaport, 2014). This is reminiscent of Neff’s (2003) “kind and gentle manner” in which one responds to the self in a self-compassion practice (p. 33). Rome and Martin (2004) describe the Focusing attitude as “akin to the Buddhist virtue called maitre—lovingkindness or friendliness directed toward oneself. It is potent and at times quite magical way of making way friends with oneself” (Rappaport, 2014, p.60). This lovingkindness theme also finds itself in CFT and other MBP’s.

### ***Clearing a Space with the Arts***

In the Clearing a Space with the Arts (CAS-Arts) approach, clients use their imagination and various art forms to symbolically represent the obstacles and issues that prevent them from feeling "All Fine." They also use the arts to depict what the "All Fine Place" looks like for them (Rappaport, 2009). Using the arts allows individuals to externalize their problems, making the issues and the "All Fine Place" more tangible. This process is helpful for calming, reducing stress, making things clearer, and separating oneself from their problems (a key aspect of mindfulness). It also aids clients in experiencing a deep sense of their own complete worthiness. These are all essential steps in healing from "self-as-shame" for those who have survived childhood sexual abuse (CSA) (Rappaport, 2009).

### ***Theme-Directed FOAT***

As aforementioned, while the FOAT approach offers the foundational exercises of Basic Step and Clearing a Space, it also offers theme-directed exercises such as Working on an Issue (Rappaport, 2016). In this way, FOAT offers the opportunity to specifically work on the issue of shame for survivors but with its fundamentally gentle, relational approach (being “friendly to” whatever arises) (Rappaport, 2014). In this exercise of Working on an Issue, the therapist helps the client bring mindful awareness into the body with an attitude of friendly curiosity in order to get a Felt Sense of the issue, and then to access the body’s knowing by asking the Felt Sense questions (Rappaport, 2014). The exercise emphasizes that the issue is welcome and understandable, harkening back to the self-compassion and mindful precepts of acceptance and non-judgement.

### ***Focusing-Oriented Arts Psychotherapy***

In Focusing-Oriented Arts Psychotherapy, Focusing, listening, and the arts are interwoven throughout the unfolding psychotherapy process. The Focusing Attitude helps clients to simultaneously be in touch with a witness aspects of self while also experiencing their felt sense of an issue, situation, or experience. This is especially beneficial when working with strong or overwhelming feelings, such as shame.

### ***My Own Experience with the FOAT method***

As a CSA survivor myself, I utilized the personally guided meditations led by Laury Rappaport (2016) on her website, particularly the track “Working with an Issue”, to identify my felt sense with the Focusing Attitude of being friendly to whatever arose. In this process I uncovered how the process was less about directly working and healing the specific feeling of

shame but instead, was about bridging a relationship to my body's signals in a way that quieted judgment about what was there. This evolved into creating ceramic sculptures where I could concretely externalize and physically hold the felt sense (see Appendix B). I'd often hold the object, either incorporating music or dialoguing with it through writing. The art object was not a mere object, it became a part of me worth listening to. It became much easier to care compassionately for my feelings and respect the body's messages when I could, from a regulated and mindful state, interact with the object with curiosity and interest. As a result of this embodied art-making, I was reminded of that moment of un-self-consciousness felt fifteen years ago, surrounded by other artists immersed in flow.

### **Conclusion**

In an effort to uncover a safe, embodied way to target and work with the feeling of shame for survivors of CSA, I discovered how embodied art-making and mindfulness through the FOAT practice can help create a way of being with oneself that is inherently shame-healing even if shame, itself, is not what is being directly addressed. FOAT's approach provides a safe and soothing approach to working with the unwanted, the uncomfortable, and the unseen. It builds a nonjudgmental relationship with the body's felt sense, repairing the relationship the survivor has with their body and reconnecting them with their innate, embodied intelligence. Through my research, I learned how mindful art-making powerfully joins with the Focusing Attitude to externalize and work with the body's felt sense in a way that diminishes shame. Avoidance of shame only intensifies it over time while sitting with it compassionately diminishes it. After all, "when you have enough energy of mindfulness you can look deeply into any emotion and



discover the true nature of that emotion. If you can do that, you will be able to transform that emotion” (Hanh, 2012, p. 89, as cited in Rapport, 2014, p. 206).

My research, in particular, explored the important relationship between the arts to bring the maker into a mindful state and how that mindful state can enhance the survivors’ capacity to be with challenging emotions with curiosity and self-compassion. This is because the actual activity of art-making can ground mindfulness in the body through the sensory engagement of making and experience it (Rappaport & Kalmanowitz, 2014). Expressive Art Therapy can be a way to expand, anchor, and hold what is experienced in the inner world through mindfulness by giving it tangible form in the external world. The act of utilizing art exercises cultivates practices that focus on external attending, particularly helpful for survivors who cannot focus on their breath or sense their body without becoming overwhelmed and therefore can still benefit from the focus and calming effects of mindfulness (von Daler, 2022). Additionally each art form allows individuals to make sense and meaning in a specific way which, for CSA survivors, offers the opportunity for self-reclamation (Malchiodi, 2023; Rouse, 2022). Furthermore, as with the Sensorimotor approach, nonverbal art-making is a bottoms up approach that addresses the way trauma is stored and processed in the body (Courtois, et al., 2009).

In application, the FOAT method can be applied a number of ways based on the level of need of the client, the comfort the client has in their body or with the therapist. While this can be facilitated between a therapist and a client, there are also ways that clients can guide themselves through the FOAT process. Additionally, there are some of the methods that lend themselves to a group therapy structure such as Theme-Directed FOAT. Moving forward, I could see this being incorporated as a foundational practice for all Art and Expressive Arts therapists to incorporate

mindfulness and the arts into working with CSA survivors whether as a brief check-in at the beginning of the session or as a way to strengthen the client's capacity to benefit from therapy by increasing their capacity to recognize and articulate what's arising to the therapist in session.

There is ample opportunity for further research. In particular, further exploration into attachment disruptions due to CSA and the relationship between the therapist and the adult CSA survivor is an important aspect not covered in this literature review. Furthermore, while this literature review distinguished the importance of not solely relying on cognitive-based therapies, further research into the efficacy of group therapy, individual therapy or self-directed guided meditations would enhance our understanding how these approaches impact survivors. As aforementioned, while there have been many books written on Focusing as well as FOAT, there have been very few studies. A series of arts-based as well as quantitative studies would provide necessary data for understanding when and to what extent these particular methods, as alternatives to cognitive-based therapies, are helpful to CSA survivors long term.

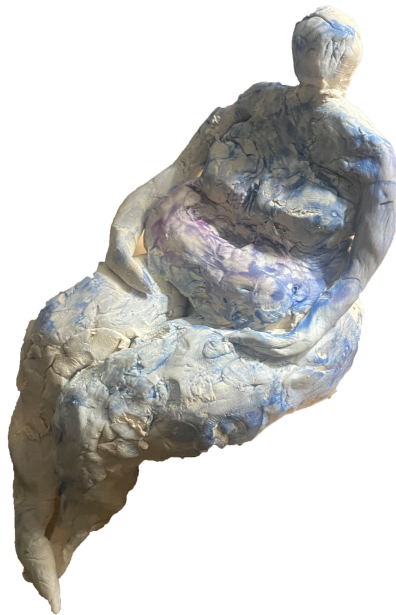
### **Appendix A: Research on FOAT method**

In a mixed-method study by Weiland (2012), the results provide a link between FOAT and a decrease in both stress and an increase in self compassion, combining many of the themes identified above. In 2005, Klagsbrun et al. explored the combinations of Expressive Art Therapy and Focusing as an intervention on the quality of life for 18 women with breast cancer in a mixed-methods experiment demonstrating improvement in physical, social, emotional, and spiritual well-being. Additionally, Castalia (2010) explored the effects of CAS-Arts with reducing stress in sign-language interpreters. The 9 participants consisted of 5 women and 4 men, and 8 out of 10 were trained sign-language interpreters. The intervention was implemented over three sessions utilizing three variations of CAS-arts , and one measurement (i.e., State-Train Anxiety Inventory [STAI]) was administered at the beginning and end of the study. Overall, there was a measurable decrease in stress (Chadinand, 2014). This points to the way the process of using the arts with mindfulness through the FOAT process alleviates, stress, anxiety and increases self-compassion — all critical components when working with shame and combatting dissociation and avoidance tendencies with CSA survivors.

## Appendix B: My Own Experience with the FOAT method



*Figure 1: Cowering: A Study on Shame's Origins*



*Figure 2: A Body That Contains and Contains and Contains*



*Figure 3: Being With Shame*



*Figure 4: Allowing Anger*



*Figure 5: I see you, I see-ee you*

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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