



Review paper

A Neuro-Informed Knowledge Translation Framework for Art Therapy: Conceptual Foundations and Mechanisms

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Abstract

Art therapy is a regulated mental health profession with demonstrated clinical benefits; however, its broader integration into mental health, educational, and policy systems remains limited by inconsistent definitions and limited access to its scientific foundations. Advances in neuroscience offer compelling explanations for art therapy's mechanisms of change, yet these insights remain underutilized across clinical, educational, and research contexts. This paper links art therapy with contemporary neuroscience and introduces BrainPalette™, a neuroscience-informed knowledge-translation framework developed through sequential mixed-methods research. Drawing primarily on cognitive neuroscience, and informed by affective and embodied perspectives, the framework translates complex concepts into accessible, mechanism-based guidance that supports clinical reasoning, graduate training, and research design without diagnostic or prescriptive intent. The paper illustrates how neuroscience-informed knowledge translation can strengthen mental health literacy, clarify mechanisms of change, enhance competency-based education, and support interdisciplinary communication across professional contexts.

Keywords: Art Therapy; Neuroscience; Knowledge Translation; BrainPalette™

Introduction

Exposure to extreme stressors is increasing worldwide, creating a growing need for mental-health approaches that address the psychological, sensory, relational, and neurobiological processes shaped by such experiences. While traditional psychotherapy remains an essential component of care, research shows that stress and trauma influence multiple brain and body systems, including affect regulation, sensory–motor integration, memory, and threat detection, often limiting the effectiveness of treatments focused solely on verbal or cognitive processing (Gantt & Tinnin, 2009; Lanius et al., 2010; van der Kolk, 2015). These insights highlight why creative, embodied, and relational modalities are necessary complements, and in some contexts, clinically essential alternatives.

Across cultures and throughout history, humans have turned to the arts for expression, emotional release, meaning-making, and connection (Dissanayake & Brown, 2018; Newton et al., 2024). Contemporary research demonstrates that creative engagement supports emotional resilience, cognitive flexibility, and embodied integration, with measurable psychological and physiological benefits (Fancourt & Finn, 2019; Macri & Limoni, 2017; Stuckey & Nobel, 2010). From a neurobiological perspective, artistic experiences can be understood as modulators of stress, emotion, empathy, and social attunement, processes that align

closely with core therapeutic aims in trauma-informed care (King & Parada, 2021; Magsamen & Ross, 2024; Vaisvaser et al., 2024).

Art therapy is practiced internationally under diverse educational, regulatory, and professional frameworks, resulting in variation in terminology, scope, and implementation across countries. For the purposes of this paper, art therapy is situated within the United States context, where it is recognized as a regulated, standalone mental health profession grounded in psychotherapeutic training, ethical standards, and defined scopes of practice (AATA, 2019). This framing is adopted for analytic clarity rather than as a normative claim about international practice, and it provides a stable reference point for examining mechanisms of change and translating neuroscience concepts into clinical reasoning, education, and research design. While arts-based practices across Arts and Health play important roles in promoting well-being (Fancourt & Finn, 2019), this paper focuses specifically on art therapy as a psychotherapeutic discipline to support conceptual precision and interdisciplinary communication.

Within this context, art therapy involves the intentional integration of creative expression, psychological theory, and the therapeutic relationship to support emotional regulation, learning, and meaning making. Empirical research supports its

effectiveness in trauma recovery, stress regulation, and psychological well-being across populations and settings (Regev & Cohen-Yatziv, 2018; Slayton et al., 2010; Uttley et al., 2015; Van Lith et al., 2013). Because traumatic stress is inherently multisensory, relational, and embodied, interventions that engage these domains are not merely adjunctive, but often necessary for effective treatment.

Despite this foundation, the profession continues to face challenges related to inconsistent definitions, variable training standards, and limited communication of its scientific underpinnings. At the same time, advances in cognitive, affective, and embodied neuroscience offer increasingly robust explanations for the mechanisms through which art therapy exerts its effects, particularly in relation to regulation, prediction, learning, and meaning making (Djebbara, Mazumder, & King, 2025; King & Parada, 2021). As contemporary health systems increasingly emphasize mechanistic and evidence-based justification, there is a pressing need not only to expand the scientific literature, but also to translate existing neuroscience into forms that are accurate, usable, and clinically relevant. This gap underscores the need for frameworks that support shared language and interdisciplinary collaboration (King, 2018; Malhotra et al., 2024).

This paper addresses this need by synthesizing representative evidence from contemporary cognitive neuroscience,

supported by affective and embodied perspectives, and by presenting the conceptual framework that underlies BrainPalette™, a neuroscience-informed knowledge-translation (KT) system developed through sequential mixed-methods research (King, 2024). The framework organizes and translates neuroscientific principles that are already well-established across cognitive, affective, and embodied domains into mechanism-based guidance relevant to art therapy practice, education, and research. Accordingly, the next section outlines key neuroscience foundations necessary for understanding how art therapy engages processes of regulation, learning, prediction, and meaning making, which together inform the structure of the proposed framework. Proprietary decision logic, implementation details, and outcome data are beyond the scope of this manuscript.

Neuroscience Foundations of Art Therapy

Contemporary neuroscience provides increasingly coherent explanations for processes long observed in art therapy practice, particularly those involving sensory regulation, emotional integration, symbolic expression, and relational attunement. Advances across cognitive, affective, and embodied neuroscience now converge on systems-level models that emphasize learning, prediction, and adaptation rather than isolated brain

functions. These developments offer a scientifically grounded foundation for understanding how art therapy engages brain–body–environment dynamics to support psychological change, while also highlighting the need for frameworks that translate complex neuroscience into clinically meaningful guidance.

Embodied Cognition and Brain–Body–Environment Dynamics

Traditional models of cognition conceptualized the brain as a largely disembodied information processor. In contrast, embodied cognition proposes that thinking, feeling, and meaning making emerge through ongoing sensorimotor interaction with the environment (Varela et al., 1991; Wilson, 2002; Shapiro, 2019). Cognition is not confined to the brain alone, but is distributed across brain, body, and world, shaped by movement, sensation, perception, and relational context.

Art therapy directly engages this embodied system through the intentional use of materials, movement, and sensory exploration within a therapeutic relationship (Czamanski-Cohen & King, in press). Artmaking activates visual, tactile, proprioceptive, and motor systems while simultaneously engaging emotional and cognitive processes, creating opportunities for integration across domains that are often fragmented following trauma (Lusebrink, 2004; Lusebrink & Hinz, 2020; King & Parada, 2021).

From an embodied cognition perspective, therapeutic change can occur through action and sensory experience, not solely through verbal reflection. This framework provides a neurobiological rationale for art therapy’s emphasis on materials, methods, and process as active contributors to regulation and meaning making.

Predictive Processing and Model Revision

Building on embodied accounts of cognition, predictive processing offers a unifying model of brain function that is increasingly influential across cognitive neuroscience. In this framework, the brain is understood as a generative inference system that continuously generates predictions about sensory input and updates internal models to minimize prediction error, which is the mismatch between expectation and experience (Friston, 2005; Clark, 2013). Perception, emotion, and meaning are shaped not only by incoming stimuli, but by how well those stimuli align with existing predictions derived from prior learning.

Traumatic stress can disrupt this process by reinforcing rigid or threat-biased internal models that persist even in safe contexts (Vaisvaser et al., 2024; Villiger, 2025). When predictions are repeatedly violated without opportunities for adaptive updating, individuals may experience heightened vigilance, emotional dysregulation, or diminished flexibility. Cre-

ative engagement in art therapy provides a unique context for revising these models. Through image-making, clients externalize implicit assumptions and internal representations, transforming them into concrete, perceivable forms that can be explored, modified, and reinterpreted. This process generates new sensory evidence in emotionally tolerable conditions, supporting gradual model revision and increased flexibility (Djebbara, Mazumder, & King, 2025; Vaisvaser et al., 2024).

Active Inference and Creative Action

Active inference extends predictive processing by emphasizing that the brain does not merely update beliefs passively but actively engages the body and environment to reduce uncertainty (Friston, 2010; Parr et al., 2022). From this perspective, action itself becomes a central mechanism of learning and regulation. Individuals move, explore, and manipulate their surroundings in ways that test predictions and generate new information about safety, agency, and meaning.

Art therapy aligns closely with this action-oriented account. Creative processes such as shaping, moving, assembling, or transforming materials function as embodied experiments through which clients enact new possibilities and test alternative ways of relating to internal and external experience (Vaisvaser et

al., 2024). For example, externalizing a traumatic memory through artmaking allows an overwhelming internal prediction (e.g., “the world is unsafe”) to be transformed into something tangible and revisable. Through repeated engagement, clients actively participate in updating internal models via cycles of perception, action, emotional insight, and relational attunement. In this way, art therapy can be understood as a learning process that unfolds through embodied action rather than solely through cognitive reinterpretation (Bouton, 2021; Siegel, 2012; Villiger, 2025).

Large-Scale Brain Networks and Systems Integration

Large-scale brain network (LSBN) research provides a complementary systems-level account of how these processes are coordinated across the brain. Rather than attributing functions to discrete regions, LSBN models describe dynamic interactions among networks such as the default mode network (DMN), central executive network (CEN), and salience network (SN), which support internally oriented cognition, executive control, and attentional relevance, respectively (Menon, 2011). Creative engagement has been shown to recruit and integrate these networks, supporting shifts between internal reflection, emotional salience, attentional focus, and embodied action (Beaty et al., 2016).

This network-level integration offers a neurobiological explanation for why art therapy processes often involve movement between sensory regulation, emotional expression, and symbolic meaning-making. Kinesthetic and sensory engagement preferentially recruits sensorimotor and salience systems; perceptual and emotional processing engages limbic and visual networks; and symbolic or reflective work draws on default mode and executive systems (Lusebrink & Hinz, 2020; Malhotra et al., 2024). Therapeutic change emerges not from activating a single system, but from coordinating multiple systems in flexible and adaptive ways, an observation long embedded in art therapy frameworks and now supported by neuroscience.

Translational Significance for Art Therapy

Taken together, these contemporary neuroscience models provide a coherent explanatory foundation for understanding core art therapy mechanisms, including regulation, learning, symbolic meaning-making, and adaptive change. Rather than introducing new theory, this synthesis clarifies how established clinical processes observed in art therapy practice can be situated within systems-level accounts of brain–body–environment interaction, supporting translation into research design, education, and interdisciplinary communication.

At the same time, the complexity and disciplinary specificity of contemporary neuroscience pose challenges for clinical application, education, and interdisciplinary communication. Although these models offer powerful explanatory potential, they are often encountered in fragmented or abstract forms that are difficult to translate into day-to-day therapeutic reasoning or teachable competencies (King, 2024). This gap underscores the need for structured knowledge-translation approaches that organize neuroscience-informed mechanisms into accessible, clinically relevant frameworks. Addressing this translational challenge is essential for advancing art therapy practice, education, and research, and provides the foundation for the knowledge-translation framework presented in the following section.

Knowledge Translation in Art Therapy

Despite substantial growth in research linking art therapy with cognitive, affective, and embodied neuroscience, the profession continues to face challenges related to visibility, definitional clarity, and the communication of its scientific rationale. These challenges are compounded by the increasing complexity and interdisciplinarity of contemporary neuroscience, which can make mechanistic explanations difficult to access, apply, and teach. This situation

reflects a broader issue across healthcare systems: even when strong evidence exists, it does not automatically translate into everyday practice. This persistent “know – do gap” highlights the disconnect between what is known scientifically and what clinicians, educators, supervisors, and administrators are able to use in real time (Bennett & Jessani, 2011; Straus et al., 2013).

Translational science offers a unifying approach for bridging research, practice, education, and policy by emphasizing the systematic movement of scientific knowledge into meaningful health outcomes through interdisciplinary collaboration, iterative refinement, and real-world application (Austin, 2018; Titler, 2014). Within art therapy and the creative arts therapies, a translational perspective is particularly valuable because it helps clarify how creative, sensory, relational, and symbolic processes operate as mechanisms of change rather than as loosely defined techniques. Central to this work is the Knowledge-to-Action (KTA) framework, which conceptualizes translation as a cyclical process involving evidence synthesis, contextual adaptation, implementation, and feedback (Straus et al., 2013; Field et al., 2014).

Knowledge Translation (KT) extends this foundation by focusing not simply on dissemination, but on the active transformation of complex scientific findings into concepts, language, and tools that are understandable, usable, and relevant

across professional contexts. In art therapy, KT involves translating neuroscience-informed insights about regulation, prediction, learning, embodiment, and relational attunement into forms that support clinical reasoning, graduate education, supervision, workforce development, and research design. Importantly, KT in this context supports explanation, reflection, and decision-making processes rather than diagnosis or prescriptive intervention protocols, thereby maintaining appropriate ethical and professional boundaries.

Neuroeducation is particularly well suited to mechanism-based disciplines such as art therapy, where understanding how and why interventions work is as important as demonstrating their effectiveness. Similar to psychoeducation, neuroeducation bridges theory and practice by helping clinicians and clients make sense of lived experience through accessible explanations of brain–body processes (Briere & Scott, 2015; Luke et al., 2020). Its interdisciplinary foundation across neuroscience, psychology, education, and cognitive science provides a shared language for describing cognition, emotion, learning, behavior, and somatic functioning (Nouri, 2016; Wood, 2022). This shared language enhances professional communication and positions neuroeducation as a powerful translational tool in therapeutic contexts. Toolkits have emerged as an increasingly common KT strategy for organizing and

disseminating complex scientific knowledge in accessible, actionable formats. Across healthcare and allied professions, toolkits have been shown to promote consistency in practice, support evidence-informed reasoning, and facilitate implementation across organizational levels (Barac et al., 2014; Hempel et al., 2019; Wittmeier et al., 2022). In counseling and mental health fields, neuroeducation toolkits in particular serve as structured resources that integrate neuroscience concepts, clinical principles, and practice-relevant examples to support learning, reflection, and application. Such tools have demonstrated value in trauma-informed care by enhancing clinicians' understanding of underlying mechanisms and supporting implementation of evidence-based strategies (Brooks et al., 2016; Carise et al., 2009).

Effective KT models consistently show that evidence becomes meaningful only when it is adapted to local contexts, communicated clearly, and refined based on practitioner feedback. In art therapy, neuroeducation operationalizes these principles by translating neuroscience into accessible metaphors, intuitive visual structures, and experiential learning processes (King, 2024). These approaches help practitioners explain why sensory engagement supports regulation, how symbolic imagery activates memory and meaning-making systems, and why creative experimentation fosters learning and neuroplasticity (King & Strang, 2024).

At the same time, careful translation helps prevent the overextension or misinterpretation of neuroscience by grounding explanations in established principles rather than isolated findings or popularized “brain myths” (Strang, 2024). Within this translational landscape, the need for a coherent, mechanism-based framework becomes increasingly apparent.

Building on the neuroscience foundations outlined above, the following section introduces BrainPalette™ as a structured knowledge-translation model rather than a new theoretical framework.

The BrainPalette™: A Neuro-Informed Knowledge Translation Model

BrainPalette™ is introduced in this paper as a neuro-informed knowledge-translation model designed to organize and communicate how art therapy works from a mechanistic perspective. At the conceptual level, the model integrates contemporary neuroscience with core art therapy processes and trauma-relevant clinical mechanisms to explain how creative, sensory, symbolic, and relational engagement supports psychological change. Rather than privileging a single theoretical orientation, BrainPalette™ synthesizes established scientific principles with clinical observation to provide a shared explanatory structure.

As a KT model, BrainPalette™ translates established neuroscience principles into

practice-oriented, mechanism-based language that is accessible to clinicians, educators, researchers, and interdisciplinary stakeholders. This translation supports clinical reasoning and professional communication without functioning as a diagnostic system or prescriptive intervention protocol.

The conceptual architecture of BrainPalette™ integrates three domains that are often treated separately in research and training. The first domain encompasses foundational neuroscience concepts, including sensory and motor processing, memory systems, learning and neuroplasticity, predictive and embodied models of brain function, and large-scale network coordination. The second domain reflects core mechanisms of art therapy, such as embodiment, externalization and concretization, symbolic meaning-making, creative experimentation, and relational attunement (deWitte et al., 2021; King & Strang, 2024). The third domain focuses on trauma-relevant clinical processes, including regulation, integration, reconsolidation, and adaptive learning. By unifying these domains within a single explanatory system, the model provides a shared language for understanding how creative engagement supports psychological change.

This shared language serves multiple professional contexts. For clinicians, BrainPalette™ offers a mechanism-informed lens for planning, pacing, and explaining interventions. For educators,

it provides a coherent structure for teaching neuroscience-informed art therapy without overwhelming learners with fragmented or overly technical information. For researchers, it highlights mechanistic pathways that can guide study design, operational definitions, outcome measurement, and interdisciplinary collaboration. Administrators and policymakers may also use the framework to understand and communicate the scientific rationale underlying art therapy in clear, non-reductionistic terms.

For the purposes of this manuscript, BrainPalette™ is presented at the conceptual model level only. Proprietary elements of the toolkit, including decision-support logic, workflow architecture, algorithms, and implementation data, are intentionally beyond the scope of this paper and will be disseminated through future publications and product development. By focusing on the framework itself, the paper illustrates how neuro-informed KT models can strengthen scientific credibility, enhance interdisciplinary communication, and support trauma-informed care while respecting intellectual property boundaries.

Limitations

Several limitations should be acknowledged. First, this manuscript synthesizes existing theoretical and empirical literature but does not present new experimental or clinical outcome data. Accordingly, the neuroscience–art therapy

connections described here should be understood as theoretically grounded and empirically plausible rather than as direct causal claims. Future interdisciplinary research, including neuroimaging, psychophysiology, behavioral analysis, and mixed-methods designs, is needed to test and refine the specific mechanistic pathways proposed.

Second, although the BrainPalette™ model integrates foundational neuroscience, art therapy mechanisms, and trauma-relevant processes, this paper presents only its conceptual architecture. The proprietary components of the toolkit, including its decision-support systems and implementation data, remain under development. This boundary necessarily limits independent evaluation of the full system's functionality and usability at this stage.

Third, while the paper includes global considerations, it does not capture the full breadth of sociocultural diversity across international art therapy practices. Neural processes, aesthetic experiences, and trauma responses are shaped by cultural context, and future research should incorporate culturally situated neuroscientific and clinical perspectives, particularly in regions where art therapy is emerging or where trauma histories differ from those reflected in Western literature.

Finally, although neuroscience offers a valuable lens for clarifying mechanisms

of change, there is an inherent risk of reductionism when translating brain-based findings into clinical practice. This paper seeks to mitigate that risk by grounding interpretations in well-established principles and emphasizing translation rather than prescription. Ongoing interdisciplinary dialogue remains essential to ensure that neuroinformed frameworks enhance, rather than oversimplify, the complexity of art therapy.

Conclusion

Art therapy has long demonstrated its clinical value through creative expression, sensory regulation, symbolic communication, and relational attunement. Contemporary neuroscience now provides a shared language that helps clarify why these processes support psychological change, particularly in trauma treatment. Yet persistent challenges related to visibility, definitional precision, and scientific articulation continue to limit the profession's integration within evidence-driven mental health systems.

This paper synthesizes evidence across cognitive, affective, embodied, interpersonal, and sociocultural neuroscience to demonstrate how art therapy's core processes align with established biological principles. In doing so, it highlights the central role of knowledge translation in converting complex scientific findings

into practice-oriented concepts that support clinical reasoning, education, and interdisciplinary communication.

Within this translational landscape, BrainPalette™ is presented as a neuro-informed KT model that integrates neuroscience, art therapy mechanisms, and trauma-relevant processes into a coherent conceptual framework. Although proprietary decision-support components are not detailed here, the model illustrates how translational approaches can strengthen the profession's scientific credibility while maintaining ethical boundaries and clinical integrity. By helping practitioners articulate how creative engagement interacts with neural systems involved in regulation,

prediction, learning, and meaning-making, the framework addresses central challenges in trauma recovery.

As trauma prevalence continues to rise globally, the need for accessible, scientifically grounded, and culturally responsive approaches becomes increasingly urgent. Neuro-informed knowledge-translation models offer a pathway for unifying research, education, and practice, enabling the field to communicate not only that art therapy works, but how and why it works. In this way, BrainPalette™ exemplifies the promise of translational innovation for advancing art therapy within contemporary mental health, educational, and policy contexts.

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