



Circles of resilience: Mandala therapy (drawing and coloring) as a window into trauma and healing in children affected by civil unrest in Myanmar

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Abstract

Children exposed to armed conflict, such as those affected by ongoing civil unrest in Myanmar, frequently experience complex psychological distress that may be difficult to express through conventional verbal therapies. This paper examines the application of mandala therapy, encompassing both drawing and coloring, as a trauma-informed, non-verbal intervention within the broader domain of arts therapies (AsT). Grounded in Jungian theory and contemporary art therapy (AT) practices, mandalas are conceptualized as symbolic representations of the self that can facilitate emotional expression, containment, and psychological integration. The paper synthesizes existing literature on trauma, projective drawing, and mandala-based interventions, and identifies key observable characteristics in mandala artworks produced by traumatized children, including structural disorganization, altered line quality, restricted or intense color use, traumatic symbolism, and boundary disruptions. It further outlines a structured, culturally sensitive procedure for administering mandala therapy, emphasizing safety, non-directive facilitation, and gradual emotional processing. The authors introduced a novel Mandala Analysis Coding Framework for Trauma (MACF-T) to support systematic interpretation in clinical and research settings. Ethical considerations and limitations are briefly discussed, particularly regarding the subjective nature of interpretation and the need for contextualization. Overall, mandala therapy is presented as a low-cost, adaptable, and clinically valuable approach for supporting emotional regulation, symbolic communication, and recovery in children affected by war-related trauma.

Keywords: Mandala therapy, trauma-informed care, children and war, art therapy, projective drawing

Introduction

Children exposed to armed conflict, such as the ongoing civil unrest in Myanmar, often experience profound psychological distress, including anxiety, hypervigilance, dissociation, and disruptions in emotional development [1]. Traditional verbal therapeutic approaches may be insufficient for these children, particularly when trauma is pre-verbal, culturally mediated, or difficult to articulate. Expressive art therapy, including varied arts therapies, offers an alternative pathway for expression, allowing children to communicate internal experiences symbolically and non-verbally [2]. Among various art-based modalities, mandala therapy (also known as mandala art therapy), which consists of drawing/designing and coloring, is especially relevant due to its structured, circular format, which has been associated with psychological containment and integration. Rooted in the work of Jung [3, 4], mandalas are understood as representations of the self, reflecting both conscious and unconscious processes. When painting, designing, or coloring a mandala, individuals can immerse themselves in a state of concentration and mindfulness, releasing accumulated tensions and worries. Mandalas are used as a form of art therapy that helps reduce anxiety, stress and depression. In trauma contexts, disruptions in mandala structure, color, and symbolism may mirror internal fragmentation and dysregulation, while progressive organization over time may indicate healing and integration [5, 6, 7].

Literature Review

Originating from Hindu and Buddhist traditions, mandalas are circular, often symmetrical designs that are commonly

used as spiritual symbols representing wholeness, balance, and the universe [8]. In psychological and therapeutic contexts, they are frequently used as a form of meditation and self-expression, where the process of creating or coloring a mandala [8, 9] can promote relaxation and emotional integration [10]. Jung [11] incorporated mandalas into analytical psychology, viewing them as representations of the self and a means of achieving psychological wholeness through the expression of the unconscious.

The idea of using mandalas therapeutically in psychology was later popularized by Carl Jung (b.1875-d.1961), a Swiss psychoanalyst, who used mandala drawings in the early 20th century as a way to explore the unconscious and promote psychological integration [11]. Jung never coined the specific term “mandala therapy.” In fact, it emerged later within the fields of art therapy and psychotherapy as practitioners built on the Jungian ideas and formalized mandala-based interventions [10, 12].

Drawing [8] and/or coloring [9] a mandala, which itself can be extended further by adding motifs or embellishment (e.g., petal-like shapes extending from a circle → more commonly called petals or radial motifs; small decorative shapes added onto larger forms → embellishments or details; and repeating outward patterns → layers or rings) can be used as a projective tool in arts therapies (AsT). At this juncture, it is important to differentiate between arts therapies (or therapy in singular) and art therapy (AT). According to Chia and Lim [13], AsT includes other creative therapies (e.g., dance and movement therapy, drama therapy, music therapy, poetry therapy, etc.) and it is a distinct discipline from the AT. “The AsT incorporates many creative methods of expression through visual art

media. The former as a creative arts therapy profession, originated in the fields of art and psychotherapy and may vary in its definition. The AT includes analytic art therapy (AAT), art psychotherapy (APT), and art as therapy (AaT). Then there are also other allied offshoots from either AT and/or AsT (we have chosen to call this form Allied Arts Therapy or AAsT for short) including Open Art Therapy (OAT), Arts-in-Therapy (AiT) and Dialogic Diagnostic Art Therapy (DDAT)" (p. 8) [13]. Within the domain of AsT, mandala drawing and/or coloring can provide symbolic insight into the internal emotional world of children exposed to severe trauma such as civil unrest, conflict or war.

The mandala therapy, when interpreted through the neurobiology of attachment, offers a promising complementary approach in the treatment of childhood trauma. Supporting traumatized children is inherently complex, particularly when the child lacks a stable and secure attachment relationship. The absence of consistent, nurturing caregiving can prolong trauma-related difficulties and disrupt developmental trajectories, especially in stress regulation and socio-emotional functioning [14, 15] (1,2).

Children without secure attachment often demonstrate impaired emotional regulation and may struggle to establish trust within therapeutic relationships, thereby reducing engagement and limiting intervention effectiveness [15, 16] (2,3). Neurobiological research indicates that early attachment experiences shape the development of key regulatory systems, including limbic and prefrontal circuits essential for resilience and recovery [15, 16] (1,3).

Within this context, mandala therapy provides a structured, non-verbal medium that supports emotional expression and regulation, particularly when verbal processing is limited [17, 18] (4,5). Emerging evidence suggests that such interventions may reduce trauma-related symptoms and enhance self-regulation, especially when embedded within a safe and attuned relational context [17] (4). Consequently, the therapeutic alliance remains central: therapists must intentionally cultivate a secure and responsive relationship, allowing the mandala process to function as a corrective attachment experience that facilitates integration and healing [15, 18] (2,5).

The mandala therapy is considered one of the projective drawing/coloring methods [8, 9] that have been widely used to explore experiences of abuse, trauma, and emotional distress in children [19, 20]. Although mandalas are traditionally associated with psychological integration and self-organization, disruptions in their structure, varied color use, and symbolic content may reflect underlying dysregulation, fear, and fragmented self-experience in traumatized children [3, 4, 6, 21]. In the context of children affected by the current armed conflicts, such as those in Myanmar, Gaza and south Lebanon, several recurring characteristics could have been observed.

One prominent feature is the frequent use of disorganized, fragmented, or asymmetrical structures within the mandala. While the common design of mandalas typically exhibits balance and radial symmetry, trauma may manifest as disrupted patterns, uneven spacing, or incomplete circular forms, suggesting a breakdown in a drawer's sense of safety and internal coherence. This aligns with the broader understanding that trauma alters how children perceive themselves and the world, often leading to disorientation and psychological fragmentation [22, 23].

Another key characteristic is the quality of lines drawn and pressure applied in line drawing or tracing. Traumatized children often produce harsh, jagged, or prickly lines, reflecting heightened arousal, aggression, or anxiety. Strong, heavy pressure or erratic strokes may indicate emotional tension or unresolved distress, whereas very faint or minimal markings may suggest withdrawal or emotional numbing. According to Brennan [20], children's trauma drawings consistently include jagged contours and intense line work as markers of inner turmoil and dysregulation, with empirical studies further demonstrating that these graphic indicators are significantly correlated with Post-Trauma Stress Disorder (PTSD) symptomatology.

Color usage in mandala coloring is also highly indicative. Children exposed to violence may favor dark, muted, or highly contrasting colors (e.g., excessive black, red, or grey), sometimes applied without blending or shading [24]. Such color patterns may symbolize fear, danger, grief, or hypervigilance. Conversely, limited color variety or repetitive use of a single color can reflect emotional restriction or fixation [2, 7]. Overuse of certain colors across different parts of the drawing may also indicate persistent affective states such as anger or sadness [2, 5].

The authors of this paper have noted that the presence of traumatic or violent symbols within the mandala drawing [8] is another critical indicator. Although mandalas are often abstract, children affected by war may incorporate imagery, e.g., weapons, explosions, dangerous animals, or chaotic elements intruding into the circular form. Even when not explicitly representational, symbolic elements of destruction, threat, or confinement may appear. Studies of trauma drawings highlight recurring motifs such as monsters, distorted figures, and symbols of death or danger, which reflect internalized fear and exposure to violence [19, 22, 24].

Moreover, omissions, distortions, or boundary issues within the design of a mandala drawn can also be noticeable or significant. For example, gaps in the circular boundary, poorly defined edges, or intrusion of elements beyond the frame of a mandala design may indicate challenges experienced with psychological containment and boundaries. Similarly, distorted or disproportionate elements within the mandala drawing may parallel findings from projective drawing research [25, 26], where missing or altered features are associated with trauma, conflict, disrupted body schema, or psychological functioning [20].

Finally, attention should be paid to the overall thematic tone and progression of the mandala. Traumatized children may produce images that lack coherence, vitality, or narrative integration, reflecting fragmented memory processing and emotional dysregulation [27]. However, the gradual emergence of more organized, colorful, and coherent mandalas over time may indicate therapeutic progress, increased emotional safety, and the integration of traumatic experiences, alongside improvements in mindfulness, emotional regulation, and overall psychological well-being, as supported by empirical studies on mandala-based interventions [7, 23, 36].

In summary, the key characteristics to observe in mandala therapy through drawing [8] and/or coloring [9] by children traumatized by civil unrest, conflict or war, include structural disorganization, aggressive or withdrawn line quality, dark or restricted color use, traumatic symbolism, boundary disruptions, and lack of thematic coherence [28, 29].

These features should always be interpreted cautiously, within the appropriate developmental milestones and cultural-specific contexts of these children, and ideally alongside other clinical assessments. The original goal of this paper was to find out how mandala therapy could be applied to identify and help children traumatized by the current civil conflict in Myanmar.

Research Method

A pragmatic mixed-methods design could have been used to study the application of mandala therapy (drawing^[8] and/or coloring^[9]) with children affected by civil conflict in Myanmar, combining brief pre-and-post measures of socio-emotional distress with qualitative analysis of mandala features (e.g., color use, symmetry, spatial organization) and observational field notes collected during flexible, trauma-informed sessions facilitated by trained paraprofessionals^[30, 31, 32]. However, conducting such research is still considered by the authors to be highly challenging due to instability in children's lives, including displacement, insecurity, disrupted schooling, and competing survival priorities (e.g., safety, food and shelter). As a result, these problematic issues often lead to inconsistent participation, high attrition, and fragmented data. In addition, the ongoing exposure to stressors has also further limited sustained engagement, necessitating adaptive, context-sensitive methodologies that prioritize flexibility over rigid research protocols^[33, 34].

Procedure in Administering Mandala Therapy

Mandala therapy (drawing^[8] and/or coloring^[9]) done with children traumatized by civil unrest, conflict and/or war, such as those in Myanmar and Gaza, should be conducted within a structured, trauma-informed, and culturally sensitive therapeutic framework. The process begins with establishing psychological safety and rapport, which is essential for children who may experience hypervigilance, fear, or mistrust due to prolonged exposure to violence^[35].

1. Steps taken in conducting the Mandala Therapy

Therapists and counselors as well as other healthcare and wellness practitioners (the authors have used the term *trauma professionals and paraprofessionals* or TPPs for short to call them) working with traumatized children should first create a calm, predictable environment, explain the activity in simple, non-threatening language, and emphasize that there is no "right or wrong" way to draw and/or color the mandala. This initial phase aligns with trauma-informed care principles that prioritize safety, choice, and empowerment^[2, 5, 35].

Once a safe space is established, the TPPs can introduce the mandala as a contained and protective space, often describing it as a "circle where feelings can stay safely inside"^[12]. This structured containment has been described as a core therapeutic feature of mandala work, supporting emotional regulation and psychological safety^[6]. Pre-drawn or ready designed mandalas are typically used in early sessions to reduce cognitive load and anxiety, especially for younger children or those with severe trauma. A TPP may offer a selection of simple mandala patterns and coloring materials, allowing the child to choose, thereby promoting a sense of control and autonomy. This is an important corrective experience for children whose environments have been unpredictable and disempowering^[2, 3, 4].

The next step involves guided but non-directive coloring, where the child is encouraged to begin coloring at their own pace. The TPP should observe behavioral and expressive indicators, but avoids imposing interpretations or instructions, instead offering gentle prompts (e.g., "You can start anywhere you like" or "Choose colors that feel right to you."). During this phase, the TPP carefully takes note of subtle behavioral cues (e.g., hesitation, intensity of coloring, or repetitive patterns) as these may reflect emotional states like anxiety, withdrawal, or hyperarousal. Such observational approaches are consistent with research linking drawing features to trauma-related symptoms^[19,20]. Maintaining a non-intrusive stance is critical, as overly directive approaches may trigger resistance or distress in trauma-affected children^[5].

As the child engages in coloring, the TPP may gradually introduce affect regulation and grounding strategies if needed. For instance, if the child becomes agitated or overwhelmed, the TPP can gently guide them to slow down, notice their breathing, or focus on repetitive coloring motions. The circular and repetitive nature of mandalas itself can promote calming and self-regulation by providing a predictable and rhythmic activity, which is particularly beneficial for children with dysregulated nervous systems due to trauma^[7]. Several empirical studies demonstrate that mandala activities improve mindfulness, spirituality, and subjective well-being^[7, 36, 37].

Following the coloring activity, the TPP facilitates a gentle reflection phase, inviting the child to share about their mandala if they feel comfortable. Open-ended prompts such as "Can you tell me about your picture?" or "How did you feel while coloring?" allow the child to assign their own meaning without pressure. Importantly, verbal expression is not forced, as some children may communicate primarily through visual means. The TPP listens attentively and validates the child's expressions, supporting the gradual development of emotional awareness and narrative integration^[2].

Should the child choose to draw rather than color a mandala, the TPP should support the activity as a form of nonverbal, client-led expression, while, at the same time, maintain a trauma-informed, culturally sensitive stance. Rather than interpreting the mandala prematurely, the TPP should invite the child to describe their drawing in their own words. This is to promote agency, emotional regulation, and narrative integration in the child; gentle, open-ended prompts (e.g., "Can you tell me about this part?") help the child externalize feelings safely. The TPP should also attend to signs of distress or dysregulation during the process and be prepared to ground the child using stabilization techniques (e.g., breathing, sensory awareness), ensuring the activity remains within the child's window of tolerance. Mandala drawing can facilitate containment and a sense of order, which is especially beneficial for children exposed to chaotic or threatening environments, but its use should be embedded within a broader, phased trauma treatment approach that prioritizes safety, trust, and gradual processing of traumatic material^[38, 39].

Over the repeated sessions during the mandala therapy program, the process evolves into a longitudinal therapeutic progression, where changes in mandala characteristics (e.g., increased symmetry, more varied color use, or clearer boundaries) may indicate improvements in emotional regulation and internal organization. The TPP may

occasionally invite the child to create their own mandala designs in later stages, reflecting increased confidence and creative agency. This progression mirrors Jung’s conceptualization of mandalas as symbols of psychological integration and wholeness [3, 4].

Finally, in the specific sociocultural context of Myanmar, it is important to incorporate cultural sensitivity and contextual awareness throughout the process. TPPs should be mindful of local symbolic meanings, religious influences (e.g., Buddhist mandala traditions), and the lived realities of conflict-affected communities. Engaging caregivers or community members, when appropriate, can further support the child’s sense of safety and continuity. Overall, mandala therapy serves not only as an expressive outlet but also as a

structured pathway toward emotional regulation, symbolic expression, and gradual healing in children affected by war-related trauma [5, 7].

2. Characteristics and Interpretations of Mandala Therapy in Traumatized Children

Table 1 below provides a structured table presenting key observable characteristics in the mandala therapy (drawing [8] and/or coloring [9]), such as extensions, motifs, or embellishments, shown by children traumatized by civil war (e.g., in Myanmar and Gaza) and their clinical interpretations, grounded in dialogic-diagnostic arts therapies and trauma literature.

Table 1: Key characteristics & interpretations of mandalas drawn/colored by traumatized Children

Characteristic in Mandala Therapy	Interpretation (Psychological/Emotional Meaning)
Disorganized or fragmented structure (broken symmetry, incomplete circle)	Indicates disrupted internal organization and impaired sense of safety or coherence; trauma often leads to fragmentation in self-experience and difficulty integrating emotions [3, 4, 23].
Irregular spacing and lack of radial balance	Reflects instability, confusion, and cognitive-emotional dysregulation; children may struggle with order and predictability after exposure to war-related chaos [2].
Heavy, jagged, or forceful line quality	Suggests heightened arousal, anxiety, anger, or hypervigilance; trauma is often expressed through aggressive or tense motor output in drawings [5].
Very faint, minimal, or hesitant markings	Associated with withdrawal, emotional numbing, or dissociation; may reflect avoidance or reduced emotional engagement [2].
Dominance of dark colors (black, grey) or intense red	May symbolize fear, grief, danger, or exposure to violence; color use in art therapy reflects emotional states and trauma-related affect [2, 7, 9, 24].
Limited color palette or repetitive use of a single color	Indicates emotional restriction, fixation, or limited affective range; trauma may constrain expressive variability [5, 9, 24].
Chaotic or non-integrated color application (no blending, abrupt contrasts)	Reflects emotional dysregulation and difficulty integrating feelings; may parallel fragmented trauma memories [7].
Intrusion of violent or threatening symbols (e.g., weapons, explosions, sharp forms)	Direct or symbolic representation of traumatic experiences; children often encode war-related imagery into drawings as a form of expression [23].
Use of sharp, spiky, or enclosing shapes	Suggests perceived threat, defensiveness, or need for protection; may reflect hypervigilance or fear responses common in trauma [5].
Distorted or disproportionate elements within the mandala	Indicates disrupted perception, emotional imbalance, or internal conflict; trauma can affect body schema and spatial organization in drawings [2].
Gaps or breaks in the mandala boundary (circle not closed)	Suggests weakened psychological containment, poor sense of boundaries, or vulnerability; the circle in mandalas typically symbolizes wholeness and protection [3, 4].
Overcrowded or overly dense patterns	May reflect internal overwhelm, intrusive thoughts, or inability to regulate emotional input; often seen in children experiencing chronic stress [5].
Empty or underdeveloped mandala (large blank spaces)	Indicates emotional withdrawal, avoidance, or lack of engagement; may reflect depressive or dissociative states [2].
Lack of thematic coherence or narrative integration	Suggests fragmented memory processing and difficulty organizing experiences meaningfully; trauma disrupts narrative continuity [7].
Gradual shift toward symmetry, color diversity, and completeness (over time)	Reflects therapeutic progress, improved emotional regulation, and integration of traumatic experiences; mandala work facilitates expression and self-organization [7, 9].

Key interpretations are supported by research showing that children’s mandala drawing and/or coloring [8,9] can reflect trauma exposure, emotional dysregulation, and internalized distress [13,19,21].

In the next sub-section 4.3, the authors provide their research-ready coding framework (rubric with scoring scales) for analyzing mandala artworks done by children exposed to trauma (e.g., civil war contexts such as Myanmar). It is designed for single-subject case studies, small-N designs, or mixed-method research, integrating principles from art therapy, trauma studies, and projective drawing analysis.

3. Mandala Analysis Coding Framework for Trauma (MACF-T)

Interpretations across the following domains are supported by multiple strands of research, including (1) projective drawing/coloring studies that link graphic indicators to trauma and PTSD [20], (2) the use of artworks (drawing and/or coloring) to explore experiences of abuse and emotional distress [29], (3) evidence of trauma expression in wartime drawings [22, 28, 29], and (4) findings on the therapeutic and regulatory effects of mandala-based interventions [6, 7].

The authors of this paper have identified eight key graphic indicators linking to trauma and post-trauma stress disorders [20] due to abuse and emotional distress [19], civil unrest/conflict and war [22, 28, 29]. Together, these key indicators are used to create the Mandala Analysis Coding Framework for Trauma (MACF-T) as follows:

Table 2: The eight key indicators of trauma and PTSD observed in mandala therapy

Key Indicators & Their Respective Abbreviations	Description for each of the Key Indicators
▪ Structural Organization (SO)	Degree of symmetry, completeness, and spatial coherence of the mandala.
▪ Boundary Integrity (BI)	Clarity and containment of the mandala’s outer boundary.
▪ Line Quality and Pressure (LQ)	Nature of lines in terms of pressure, fluidity, and control.
▪ Color Usage (CU)	Variety, intensity, and emotional tone of colors used.
▪ Symbolic Content (SC)	Presence and nature of symbols or imagery within the mandala.
▪ Spatial Use (SU)	Distribution of elements across the mandala space.
▪ Thematic Coherence (TC)	Degree of unity and meaningful integration across the mandala.
▪ Emotional Expression (EE)	Clarity and regulation of affect expressed through the mandala.

Table 3 below provides the scoring scheme (0-3) for each of the eight key indicators in MACF-T.

Table 3: Mandala Analysis Coding Framework for Trauma (MACF-T)

Key Indicator (Abbreviated)	Score	Descriptor	Indicator	Interpretation
1. SO	0	Highly disorganized	No clear circular form; fragmented, incomplete, chaotic layout	Interpretation: Lower scores suggest fragmentation & disrupted internal organization linked to trauma ^[10,22] .
	1	Poorly organized	Circle present but distorted; weak symmetry; uneven spacing	
	2	Moderately organized	Recognizable mandala; partial symmetry; some imbalance	
	3	Well-organized	Clear circular structure; balanced radial symmetry; coherent layout	
2. BI	0	Absent/fragmented	Circle incomplete, open, or broken	Weak boundaries may reflect poor psychological containment & vulnerability ^[11] .
	1	Weak boundary	Faint or inconsistent outline	
	2	Adequate boundary	Closed but uneven or irregular	
	3	Strong boundary	Clearly defined, continuous, stable circle	
3. LQ	0	Dysregulated	Extremely jagged, erratic, or overly forceful	Harsh or erratic lines indicate hyperarousal or distress; faint lines suggest withdrawal ^[2,5] .
	1	Tense/irregular	Uneven pressure; inconsistent strokes	
	2	Moderately controlled	Some variation but generally stable	
	3	Controlled/fluid	Smooth, consistent, deliberate lines	
4. CU	0	Constricted/negative	Dominance of dark/red tones; minimal variation	Restricted or dark palettes may reflect fear, grief, or emotional constriction ^[2,7] .
	1	Limited	Few colors; repetitive use	
	2	Moderate	Some variation; partial blending	
	3	Well-integrated color use	Wide range; balanced, integrated use	
5. SC	0	Traumatic/negative	Violent, threatening, chaotic symbols	Trauma-related imagery reflects internalized fear; adaptive symbols suggest processing and recovery ^[23] .
	1	Defensive	Enclosing, rigid, or repetitive shapes	
	2	Neutral/mixed	Abstract or ambiguous imagery	
	3	Adaptive/positive	Integrative, harmonious, or growth-oriented symbols	
6. SU	0	Extreme (over/underuse)	Overcrowded or largely empty	Overcrowding = overwhelm; emptiness = withdrawal or dissociation ^[5] .
	1	Imbalanced	Uneven distribution	
	2	Moderately balanced	Some clustering but acceptable use	
	3	Balanced	Even, harmonious spatial distribution	
7. TC	0	Fragmented	No clear theme; disjointed elements	Trauma disrupts narrative integration; coherence indicates psychological organization ^[7] .
	1	Weak coherence	Strong coherence	
	2	Emerging coherence	Some thematic linkage	
	3	Strong coherence	Unified, meaningful composition	
8. EE	0	Dysregulated	Intense, chaotic, overwhelming affect	Reflects affect regulation capacity; trauma often produces extremes ^[2] .
	1	Restricted	Blunted or minimal expression	
	2	Mixed	Some regulation but inconsistent	
	3	Regulated	Clear, modulated emotional expression	

Table 4 below provides the composite scoring (score range = 0-24) for MACF-T for the interpretation bands.

Table 4: Interpretation Bands

Score Range	Interpretation
0-6	Severe dysregulation / high trauma impact
7-12	Moderate trauma indicators
13-18	Mild dysregulation / emerging integration
19-24	Adaptive functioning / integrated expression

The authors have also provided an optional longitudinal coding for MACF-T scores, and it is recommended for case

studies. Note the following: “Track changes across sessions”:

- Change in the score over time: Improvement $\geq +3$ points suggests meaningful therapeutic progress.
- Monitor especially: SO, BI, CU, TC indicators as core recovery markers.
- Supplement with qualitative notes (e.g., emerging symbols, narrative explanations).

It is important to use at least two independent raters to establish inter-rater reliability, and combine findings with clinical interviews, behavioral observation, and developmental history to allow for triangulation. Raters should also avoid drawing diagnostic conclusions based solely on mandala analysis; instead, treat it as supportive,

projective data [2]. Additionally, the authors also reiterated that when interpreting symbols drawn in the mandalas, it is crucial to ensure cultural sensitivity, particularly within the Myanmar sociocultural context.

During an online search, the authors found no publicly available, ethically shareable mandala artworks (mandala drawing [8] and/or coloring [9]) created by traumatized children in Myanmar's civil unrest due to confidentiality concerns, and since such works are typically anonymized and rarely reproduced in research or therapeutic contexts, Figure 1 (below) instead presents six pre-prepared uncolored mandalas before being selected and colored by six randomly chosen traumatized children.

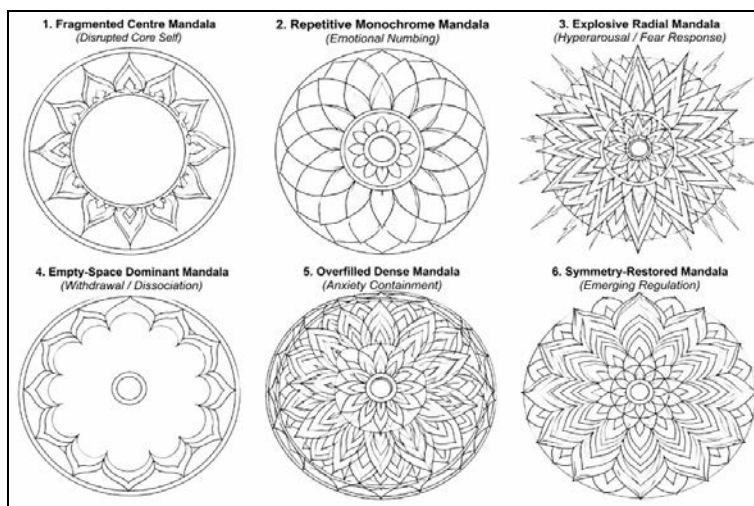

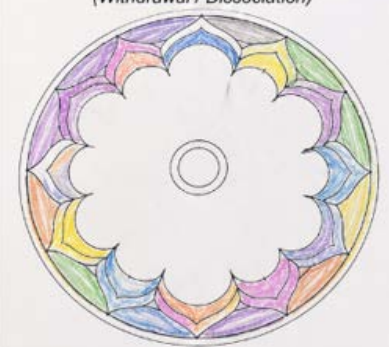




Fig 1: Mandalas drawn/ pre-prepared as they were before coloring

Below shows six representative mandala samples (drawn/prepared/colored), each with its description, colors,

pattern and interpretation, done by traumatized children aged between 10 and 15 years of age:

<p>1. Fragmented Centre Mandala (Disrupted Core Self)</p>	<p>Mandala Sample 1: Fragmented Centre Mandala (Disrupted Core Self)</p> <ul style="list-style-type: none"> ▪ Structure: Central circle left partially uncolored or scribbled over ▪ Colors: Dark reds, blacks concentrated in center ▪ Pattern: Outer rings neat, inner circle chaotic ▪ Interpretation: Suggests internal emotional disruption with attempts to maintain external control. ▪ Clinical note: Trauma often produces a “fractured core with controlled periphery” pattern.
<p>2. Repetitive Monochrome Mandala (Emotional Numbing)</p>	<p>Mandala Sample 2: Repetitive Monochrome Mandala (Emotional Numbing)</p> <ul style="list-style-type: none"> ▪ Structure: Entire mandala filled with a single color (e.g., blue/grey) ▪ Pattern: Highly repetitive, no variation ▪ Behavior: Child insists on using only one crayon ▪ Interpretation: Indicates emotional flattening or numbing, common in chronic trauma exposure ▪ Research link: Mandala coloring can reflect emotional regulation states and internal order-seeking

<p>3. Explosive Radial Mandala (Hyperarousal / Fear Response)</p> 	<p>Mandala Sample 3: Explosive Radial Mandala (Hyperarousal / Fear Response)</p> <ul style="list-style-type: none"> ▪ Structure: Sharp, jagged extensions radiating outward ▪ Colors: Bright red, orange, black contrasts ▪ Pattern: Lines break symmetry, extend beyond boundaries ▪ Interpretation: Represents hypervigilance, fear, or perceived threat ▪ Clinical analogy: “Explosion” imagery is common in war-affected children’s drawings
<p>4. Empty-Space Dominant Mandala (Withdrawal / Dissociation)</p> 	<p>Mandala Sample 4: Empty-Space Dominant Mandala (Withdrawal / Dissociation)</p> <ul style="list-style-type: none"> ▪ Structure: Large portions left blank ▪ Color use: Minimal, often pale or faded ▪ Pattern: Only outer ring colored ▪ Interpretation: Suggests withdrawal, avoidance, or dissociation ▪ Behavioral correlate: Child may disengage quickly from task
<p>5. Overfilled Dense Mandala (Anxiety Containment)</p> 	<p>Mandala Sample 5: Overfilled Dense Mandala (Anxiety Containment)</p> <ul style="list-style-type: none"> ▪ Structure: Every space filled densely, often beyond outlines ▪ Colors: Multiple colors layered repeatedly ▪ Pattern: No empty space; excessive detailing ▪ Interpretation: Reflects anxiety and an attempt to “contain” overwhelming emotions ▪ Research support: Repetitive, focused coloring can act as a regulatory mechanism for anxiety
<p>6. Symmetry-Restored Mandala (Emerging Regulation)</p> 	<p>Mandala Sample 6: Symmetry-Restored Mandala (Emerging Regulation)</p> <ul style="list-style-type: none"> ▪ Structure: Balanced symmetry, clear radial organization ▪ Colors: Harmonious palette (greens, blues, yellows) ▪ Pattern: Consistent repetition, clean boundaries ▪ Interpretation: Indicates emotional stabilization and improved self-regulation ▪ Therapeutic significance: Mandalas promote order, calm, and integration of emotional states

Ethical Considerations

It is important to emphasize that mandala therapy (drawing and/or coloring) interpretations function as interpretive indicators rather than diagnostic tools. In fact, any meaning derived must be carefully contextualised alongside the individual child’s verbal expressions, behavioural observations, and developmental level to avoid

overinterpretation or misrepresentation [30, 40]. Mandala designs, colours, patterns, and spatial use in mandalas may reflect emotional states, but these elements are inherently subjective and influenced by cultural, situational, and personal factors, requiring cautious, holistic analysis [11]. In a trauma setting, such as conflict-affected regions like Myanmar, mandala therapy (drawing/colouring) becomes

especially valuable as a non-verbal medium for emotional expression and self-regulation. It offers individuals, particularly children, a safe channel to communicate internal experiences when language may be limited, suppressed, or unsafe [41, 42]. As such, its ethical use lies in supporting expression and regulation rather than assigning fixed psychological meanings, ensuring that interpretations remain grounded in the broader psychosocial context of the individual.

Implications for Application of Mandala Therapy with Traumatized Children

Mandala therapy (drawing/coloring) [8, 9] offers several important implications for trauma-informed practice with children. First, it provides a safe and contained medium through which children can externalize overwhelming emotions without the need for direct verbalization, thereby reducing the risk of re-traumatization. The circular boundary of the mandala functions as a symbolic container, supporting emotional regulation and a sense of safety [3, 4, 6]. Second, the repetitive and rhythmic nature of drawing/coloring can facilitate physiological calming and self-regulation, which is critical for children with dysregulated stress responses [7, 36]. Third, the mandala artwork enables TPPs and clinicians as well as researchers to observe and track psychological processes over time, including shifts in design organization, color use, and symbolic content, thus serving as both an intervention and an assessment tool [5]. Additionally, the non-verbal and culturally adaptable nature of mandala therapy (drawing/coloring) makes it particularly suitable for diverse populations, including children in Myanmar, where linguistic, cultural, and contextual factors may influence therapeutic engagement. When integrated into a broader trauma-informed framework, mandala therapy can support emotional expression, resilience-building, and gradual narrative integration [2], aligning with broader findings on projective drawings as indicators of trauma and emotional states [14, 15].

Limitations of Mandala Therapy

Despite its therapeutic potential, several limitations of mandala therapy must be acknowledged. First, interpretations of mandala characteristics are inherently subjective and should not be used in isolation [2]. While projective drawing research supports their clinical value, there is a risk of over-pathologizing or misinterpreting children's mandala artwork without sufficient contextual understanding [19, 20].

Art-based assessments should therefore not be used in isolation but rather triangulated with behavioral observations, clinical interviews, and developmental history [2]. Second, there is a limited body of empirical, large-scale research specifically examining mandala drawing/coloring in war-affected child populations, including those in Myanmar. Much of the existing literature is based on case studies or small samples, which may limit generalizability, despite growing evidence of its psychological benefits [6,7]. Third, cultural variability in symbols, colors, and artistic expression may influence both the production and interpretation of mandalas, necessitating culturally informed frameworks. Finally, mandala therapy may not be equally effective for all children, particularly those with severe

cognitive impairments, sensory sensitivities, or resistance to structured tasks.

Conclusion

Mandala therapy (drawing and/or coloring) represents a valuable, low-cost, and accessible therapeutic approach for supporting children affected by trauma in conflict settings such as Myanmar. Its structured yet flexible format allows for the safe expression of complex emotions, while also providing TPPs and clinicians with insight into children's internal experiences [7, 36]. When implemented within a trauma-informed and culturally sensitive framework, mandala therapy can facilitate emotional regulation, symbolic processing, and psychological integration [6]. However, its use requires careful interpretation, methodological rigor, and integration with other assessment and intervention strategies. Projective drawing studies further reinforce its usefulness as a window into children's internal experiences, particularly in contexts of trauma and abuse [19, 20, 22].

Future research should aim to strengthen the empirical evidence base, develop standardized assessment tools, and explore culturally grounded adaptations to enhance the relevance and effectiveness of mandala therapy across diverse trauma-affected populations [2, 5, 7].

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