Trauma-Informed Expressive Therapies Continuum: A Literature Review and Discussion of a Guide for Art Therapists Working with Veterans Experiencing Complex Trauma

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Trauma-Informed Expressive Therapies Continuum: A literature review and discussion of a guide for art therapists working with veterans experiencing complex trauma

Capstone Thesis

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This literature review aimed to integrate the expressive therapies continuum (ETC) framework and the posttraumatic growth (PTG) theory for veterans with complex trauma. The PTG theory was reviewed and referenced to understand growth after traumatic events. There are five identified domains to measure and understand positive psychological development following a traumatic event. The PTG theory has a quantitative assessment called 'posttraumatic growth inventory' (PTGI). The PTGI was referenced as a guide for questions art therapists can use to treat each domain. The ETC was used to integrate art therapy alongside the PTGI to guide future treatment. The ETC is challenging to use as a formal assessment due to the numerous variables such as directives, experiences, art materials, and mediums that are factors during treatment. By incorporating the ETC framework and the PTGI to create a guide, this critical literature review attempted to create a trauma-informed arts-based guide adapted from the PTGI and the ETC for veterans with complex trauma. The literature was reviewed to support notions in the presented guide in this literature review. Future research can be conducted with this guide and veterans with complex trauma of other trauma survivors.

*Keywords: Posttraumatic Growth, Expressive Therapies Continuum, Complex Trauma, Veterans*
Trauma-Informed Expressive Therapies Continuum: A literature review for art therapists working with veterans who experience complex trauma

**Introduction**

While complex trauma is not an official diagnosis according to the American Psychological Association (APA) (American Psychological Association, 2013), many research articles convey the prevalence of complex trauma among veterans (Currier et al., 2021; Landes et al., 2013; Letica-Crepulja et al., 2020; Solomon et al., 2008;). By integrating the posttraumatic growth (PTG) theory and the expressive therapies continuum (ETC) framework, a trauma-informed guide can be incorporated by art therapists who work with veterans experiencing complex trauma (Tedeschi & Calhoun, 2002; Hinz, 2009).

**Statement of Problem**

Trauma is "an emotional response to a terrible event like an accident, rape, or natural disaster" (American Psychological Association, 2020, p. 1). "At least 70% of adults experience one traumatic event in their lifetime, and 20% will develop Posttraumatic Stress Disorder (PTSD)" (The Recovery Village, 2020, p. 2). While many people experience trauma, not everyone that experiences trauma will develop PTSD. People can experience traumatic events through combat experiences, sexual traumas, traumatic brain injuries, military trauma surgery, and other traumatic experiences while enlisted or in the military reserves resulting in military-related trauma (Bellamy et al., 1986; Howard et al., 2019; Litz, 2007; Stansbury et al., 2007). In the United States, the prevalence of combat-related PTSD is between 20% and 30% for the veterans that serve in a combat environment (Reisman, 2016). 15.7% of military personnel and veterans report military sexual trauma, including harassment and assault, which does not include non-reported incidents (Wilson, 2018).
It is estimated that twenty-two veterans commit suicide every day (Kirsch, 2014). Kramer et al. (1994) found a strong correlation between trauma and thoughts of suicide among Vietnam veterans. The Diagnostic and Statistical Manual of Mental disorders (DSM-5) discusses the comorbidity of suicidality among individuals diagnosed with PTSD (5th ed.; DSM–5; American Psychiatric Association, 2013). Veterans experience many barriers to seeking treatment, such as stigma, not being ready for treatment, and logistical issues (Stecker, 2013).

**Purpose**

There were multiple purposes of this literature review. This literature review's primary purpose was to create a guide that included a trauma-informed ETC for the possibility to help veterans with complex trauma. An additional purpose is to review current arts-based research to understand current techniques and methods from a trauma-focused lens. Another purpose is to find arts-based research methods and techniques to foster growth within the PTG theoretical model. Lastly, the purpose of the literature review is to discuss and review the PTG theory and posttraumatic growth inventory (PTGI) to understand the validity and reliability of the quantitative measurements in the PTGI to guide art therapists working with veterans experiencing complex trauma.

The PTGI can measure growth or regression in the five domains of the PTG theory. Using the questions generated in the PTGI and incorporating various art therapy techniques and methods within the five domains of the PTG theory, this literature review attempted to creating a trauma-informed ETC guide. Using the creative processing hierarchal model to explain the creative processing and possibilities of growth with art, art mediums, art therapy, and art therapy techniques, this review attempted to find methods or techniques that complement the five domains of the PTG theory.
Researcher Contextualization, Intention, and Biases

This literature review is by a military veteran who has experienced various traumatic events in and out of the military, leading to complex trauma. As a veteran, I have experienced art therapy's healing aspects through the graduate program at Lesley University. Naturally, I wish to help other veterans have art therapy as an option to explore throughout their healing process. This intention summarizes the writer's statement of possible biases from being a veteran with complex trauma who experienced positive psychological changes through psychoeducation at Lesley University in the art therapy program.

Literature Review

Posttraumatic Growth

Understanding of the PTG Theory

Developed by psychologists Richard Tedeschi and Lawrence Calhoun (1999), the PTG theory focuses on psychological struggle following adversity. The PTGI is used and has given evidence to growth after traumatic events through five categories called domains (Tedeschi & Calhoun, 2004). The definition of the positive psychological change in the PTG theory is:

experience of individuals whose development, at least in some areas, had surpassed what was present before the struggle with crises occurred. The individual has not only survived, but has experienced changes that are viewed as necessary, and that goes beyond the status quo…the experience of positive change that occurs because of the struggle with highly challenging life crises. (Tedeschi & Calhoun, 2004, p. 2)

The theoretical framework includes a model of five domains. Each domain can be used to examine positive responses among people who experience trauma: appreciation of life,
relationships with others, new possibilities in life, personal strength, and spiritual change (American Psychological Association, 2016).

The PTG theory can be used as a growth model to explore and understand how to help veterans with complex trauma experience positive psychological development following the traumatic event. Initially, the PTG theory was created for any adverse events that may have caused an individual to experience trauma, stress, or other difficulties. Even though the PTG theory and model's language and usage have changed since the 1990s, it was never explicitly directed towards diagnosing PTSD from the DSM-5 (Tedeschi & Calhoun, 2004). Currently, the five domains integrated into the model for growth can be used as a tool for art therapists who work with trauma populations, such as veterans with complex trauma.

An increased appreciation for life and a changed sense of essential growth is an aspect of growth for people who have experienced trauma (Tedeschi & Calhoun, 2004). Participants have reported a significant shift in how they approached their lives due to an appreciation for life (Tedeschi & Calhoun, 2004). Appreciation for life can be acknowledgment or joy from things that were not appreciated or noticed before the change in their sense of what is important (Tedeschi & Calhoun, 2004).

Relationships with others can be complicated for veterans, which is an essential aspect of the five domains of PTG. Many studies have been conducted with veterans and their relationships, for example, the study regarding social relationships that combat veterans experience and veterans' perceived views on family (Wilcox, 2010; Ruscio et al., 2010). One specific study on the PTG theory and parents who experienced bereavement showed a positive psychological change in relationships (Calhoun et al., 2010). One bereaved parent said, "When he died, people just came out of the woodwork […] I realize that relationships with people are
really important now [...] and I cherish my husband a lot more" (Tedeschi & Calhoun, 2014, p. 6). The participant's ability to cherish their husband more is an example of progression in the relationship domain of the PTG theory. This domain is important for veterans because this population often experiences isolation as part of their trauma and a comradery loss following the military's termination of service. Relationships are significant for positive psychological growth (Tedeschi & Calhoun, 2004).

Another area of PTG is to identify new possibilities or find a new sense of purpose that a veteran did not acknowledge or see prior. Veterans often lose a sense of purpose leaving the military, possibly due to constant military purpose or constantly being given a direction. Helping veterans develop and identify new possibilities for their future can help enhance psychological growth. This area is significant for any trauma survivors because having hope for the future can foster growth (Tedeschi & Calhoun, 2014).

A sense of personal strength or acknowledging a personal strength is another aspect of PTG (Tedeschi & Calhoun, 2014). While veterans have many strengths, they might not identify these strengths. Knowing personal strengths can assist with other PTG model domains, such as identifying new possibilities (Tedeschi & Calhoun, 2014).

Spiritual change is the last domain of PTG theory. While a spiritual change was addressed, it does not disregard religious change or growth (Tedeschi & Calhoun, 2014). Spirituality can be defined in many ways, including religion or not.

Growth in the domain of spiritual and existential matters is another way in which some persons experience positive change in their struggles with stress and loss [...] Individuals who are not religious or who are actively atheistic can also experience growth in this domain. (Tedeschi & Calhoun, 2014, p. 6)
The definition of spirituality has changed over time since the original creation of the five domains (Tedeschi & Calhoun, 2014). Spiritual change has expanded since the model was created in the 1990s (American Psychological Association, 2016). "Out of spiritual doubt, there can emerge a deeper faith" (Tedeschi & Calhoun, 2014, p. 6). All five domains were the foundation for the PTGI, an essential quantitative assessment tool used with this theoretical framework and model (Tedeschi & Calhoun, 2014).

_post traumatic growth inventory_

An inventory was created to measure the five domains that indicate positive psychological growth (Tedeschi & Calhoun, 2014). Extensive research has been conducted using the PTGI (Baker et al., 2008; Calhoun & Tedeschi, 1999; Calhoun et al., 2000; Shakespeare-Finch & Enders, 2008). A study found that the PTGI was a valid and reliable form of quantitative assessment for the PTG theory to measure positive psychological changes within the five domains (Shakespeare-Finch et al., 2013). Two adapted studies were converted to Spanish and French, and both adapted versions of the PTGI were reliable and valid (Weiss & Berger, 2006; Cadell et al., 2015). This research is necessary because previous empirical research has been conducted to verify modified versions of the PTGI and how they did not affect validity or reliability (Weiss & Berger, 2006; Cadell et al., 2015). If the PTGI is modified using an art therapy framework changing the language to art therapy-based questions, the reliability and validity of the PTGI should not change because the questions and structure remain the same (Weiss & Berger, 2006; Cadell et al., 2015). An adapted version of the twenty-one questions on the PTGI can direct the language towards art therapy. The original PTGI has twenty-one questions; each question is correlated to one of the five domains scored on a psychometric response scale of zero to five, zero being no change and five is a great degree of change.
Using the original PTGI (Tedeschi & Calhoun, 1999), the questions can change to be directed away from the traumatic incident. Towards the art therapy sessions, a client has experienced implementing to address one or multiple areas of the five domains of PTG theory. This adapted questionnaire is a psychometric response scale. The adapted questionnaire is rated from zero to five, with zero being least likely, and five most likely answered by the client about their experience with the art therapy session. Adapted from the original PTGI (Tedeschi & Calhoun, 1999), the chart (See Figure 1) shows the twenty-one questions from the adapted PTGI and which question would correlate with each of the five PTG domains. Each domain has questions that can be answered by the individual that completes a session which can be used to add the zero to five scale using the psychometric response measuring method. Integrating these twenty-one questions and the ETC can guide art therapists and help them understand which domains the client is regressing or progressing in.

While the PTG model covers five crucial domains relevant to fostering PTG among veterans, there are endless possibilities when using art therapy and the ETC to help achieve PTG in each domain, including various experientials, different materials used, individual or group experiences, and more. The PTGI can be adapted to art therapy to create a pilot, combining aspects of the ETC and PTG theory. The questions were adapted to trauma-informed art therapy lens but not modified to the extent where the validity and reliability of the scoring system provided from the original PTGI have changed (See Figure 1) (Tedeschi & Calhoun, 2004). Knowing which domains are getting better or worse helps art therapists determine which level of processing the veteran is located among within the ETC hierarchy, giving them the ability to compare this to the ascending and descending scores within all five domains. The five domains can integrate art therapy for healing veterans that experience complex trauma. Art therapy can
promote positive psychological growth among all five domains, and art therapists can use the adapted questions (See Figure 1) as a guide for each domain to track progress. Figure 1 was created as a visual representation of the PTGI questions with the language directed towards art therapy.

Figure 2: The Adapted Posttraumatic Growth Inventory: 21 Questions to Guide Art Therapists.
Expressive Therapies Continuum

*Understanding the Expressive Therapies Continuum*

The ETC was reviewed for trauma-sensitive art therapy directives, how they can affect the person using them, and what mediums can be used for the five areas of PTG domains (Hinz, 2009). The ETC can understand how different media can affect an individual's use of art materials (Hinz, 2009). The ETC was created by two art therapists, Sandra Kagin and Vija Lusebrink (1978), a framework that can be utilized for art therapists and expressive therapists to understand human development and information processing (Hinz, 2009). The ETC includes a model that explains the levels of creative functioning (Hinz, 2009). The framework consists of a model, a hierarchy of three levels; each level has two components that correlate with left or right brain functioning and processing (Hinz, 2009).

The hierarchy can be applied to creative processes, such as an art therapy experiential, to understand the creative process and how they react to different materials and directives (Hinz, 2009). The three levels of the model include kinesthetic and sensory at the bottom, perceptual and effective in the middle, and cognitive and symbolic at the top (Hinz, 2009). The ETC includes a model of art therapists' materials to understand brain functioning and creative processing when interacting with various mediums (Hinz, 2009). The material used can range from fluid to resistive, which can help direct art therapists towards the best material to use (Hinz, 2009).

One of the healing aspects of the kinesthetic component on the first level of the model is that a natural experience with materials that influence creative processing on this level of the ETC can "be particularly helpful in accessing preverbal material" (Hinz, 2009, p. 39). This component works with left-brain processing and is processed in the brainstem and the lower
mammalian brain (Hinz, 2009). The kinesthetic component can be important when working with veterans with complex trauma that have dissociated their trauma or have an inability to verbalize their internal experiences. The kinesthetic component uses touch and physical experiences to regulate or deregulate stimulation or arousal in a client with natural experiences such as scribbling (Hinz, 2009). Often resistive mediums are used to create a release of energy and tension (Hinz, 2009). The resistive materials can help veterans find a rhythm the body is trying to express through natural experiences such as tearing paper; pounding, pushing, or rolling clay, sculpting stone or wood, painting to music, tapping nails into Styrofoam, or even throwing clay (Hinz, 2009). During the kinesthetic experiences, healing can happen through the interaction with the materials, such as increased arousal followed by relaxation, the expression of emotion, the perception of form, increased emotional awareness, and relaxation (Hinz, 2009).

The sensory component is used for information processing experienced through the senses (Hinz, 2009). On the first level, correlated with right brain functioning, the sensory component works at the brain stem and lower mammalian brain functioning like the kinesthetic component (Hinz, 2009). Suppose the focus was the sensory component during an art therapy session. In that case, directions can be given to explore stroking wet clay, painting to music, fingerpainting with scented paints, or any sensory explorations with their eyes closed or open (Hinz, 2009). The sensory component creates healing by focusing on internal sensations, matching internal state with external sensations, creating calming sensations, generating the ability to focus, memory stimulation, and increased depth and dimension to experiences (Hinz, 2009).

Moving up the hierarchy starting on the left-brain side, focusing on the perceptual component, "Information processing at this level may be emotional and raw, expressed in the
image without regard to form" (Hinz, 2009, p. 6). The second level of the hierarchy works within the limbic system for creative processing and brain functioning (Hinz, 2009). A person will likely express what is happening internally or externally in the perceptual component. At this level, people may begin to use mediums that create more detailed imagery using more controlled materials such as pens, pencils, crayons, or markers (Hinz, 2009). The use of these mediums and natural experiences can help organize thoughts and feelings, increase representational diversity, compare and contrast inner and outer self, enhance interaction with the external environment, and progress with perceiving another person's point of view (Hinz, 2009). Healing aspects of the natural experiences that occur on a perceptual level can develop insight regarding emotions, increased empathetic understanding, improved cognitive functioning, and increased self-awareness (Hinz, 2009).

On the right brain side of the second level, within the limbic systems processing and functioning, the affective component of the ETC focuses on developing moods or emotions (Hinz, 2009). In the affective component, natural experiences occur, which facilitate an increased awareness that affective states can be related to somatic symptoms, identification, and depiction of emotions, safe emotional space to represent emotions, and a way to capture a mood or feeling brought on by music or scent through visual representation (Hinz, 2009). Through these experiences, developing a safe expression of emotions, reflection, exploration of emotions, and reinforcement of emotions as signals and choices in responding to emotions can occur (Hinz, 2009).

On the third level correlating with left-brain function, the cognitive component is identified as complex and sophisticated information processing; it requires cognitive action, planning, and intuitive recognition (Hinz, 2009). At the cognitive level, verbalization might be
needed for this component because it is a more complicated cognitive process and uses multi-dimensional symbols (Hinz, 2009). At this level of the ETC, the creative processing and brain functioning is happening within cortical functioning (Hinz, 2009). The cognitive component is defined as the ability to "acquire knowledge and understanding through thought, experiences, and senses" (Hinz, 2009, p. 147). In the cognitive component, art therapy can be used for various natural experiences such as depicting relationships among objects in external reality, floorplans of childhood homes, lifelines, timelines, abstract depictions of family, topic-directed collaging, or following instruction on medium usage (Hinz, 2009). Through the natural experiences and interaction with materials, development within spatial relations, thinking through a course of action, focusing on a topic, holding information in the working memory to plan and execute steps can occur (Hinz, 2009).

On the right side of the third level, still using cortical functioning, the symbolic component represents the realization that a feeling, symbol, or experience can mean something greater (Hinz, 2009). The ability to discover personal strengths within the larger context of personal meaning is developed within the symbolic component (Hinz, 2009). On this level, natural experiences like collaging archetypal images, guided meditations or daydreams, mask making, sponge printing, self-portraits, or blot painting can help produce the discovery of internal wisdom, integrating all of oneself, inner strength, acceptance of parts of self, less repression of negativity, identification of one's journey, and listening and accepting hidden aspects of oneself (Hinz, 2009).

At the top of the ETC is the creative level defined by the "synthesizing and self-actualization tendencies of the individual" (Hinz, 2009, p. 169). When individuals are processing information on a creative level, they can implement both left and right brain functioning (Hinz,
At the creative level, natural experiences include an aware consciousness and the ability to actualize their potential; if even on a subconscious level, at the creative level, an individual can have an ability to heal without conscious interpretation or analysis (Hinz, 2009). The ability to realize potentials that were not being previously acknowledged and switch throughout the hierarchy components when wanted or needed is an essential aspect of artmaking at the creative level (Hinz, 2009). The synthesis of internal and external, the integration between the individual and the medium, and the combination between the natural experience and expressive components of the ETC is another vital aspect of the creative level (Kagin & Lusebrink, 1978). This information is essential for identifying if a person is functioning creatively. Suppose they are not, what level they are at, what component is most suitable, and what can help them perform at the creative level.

**ETC as a Guide**

The ETC can be used as an arts-based guide to inform art therapists of what is best for future treatment (Hinz, 2009). The ETC is "a theoretical and practical guide which provides a way to answer questions about what media to use, under what circumstances, and with which particular clients" (Hinz, 2009, p. 4). According to Hinz (2009), "the ETC represents a means to classify interactions with art media or other experiential activities to process information and form images" (p. 4). The ETC can be used as a guide for art therapists to understand creative and information processing (Hinz, 2009). The ETC "organizes media interactions into a developmental sequence of information processing and image formation from simple to complex" (Hinz, 2009, p. 4). The ETC allows the art therapist to assess what natural experiences and mediums can be used for someone based on their level of information processing, verbalization, cognitive understanding, and how they react to mediums (Hinz, 2009). The ETC
can be used as a pilot to synthesize with the PTGI to create a guide for art therapists working with veterans and complex trauma.

According to Hinz (2009), "Clients need to be free to choose materials and tasks to demonstrate their true preference for expression" (p. 194). With that being stated, directives may be used, but unstructured and nondirective natural experiences should occur (Hinz, 2009). Allowing the session to progress naturally can give the clinician the ability to observe information by what is occurring during the session (Hinz, 2009). Through the client's choices, interactions, mood, and preferences, the art therapist can locate a client on the ETC according to their relationship with the materials, their process, and their product to formulate potential art therapy treatment directions (Hinz, 2009).

**The ETC as a guide**

The ETC was explicitly included because it can be referred to at all treatment phases (Hinz, 2009). If a veteran whose scores for the initial PTGI were low in all five domains, all five domains needed to be addressed, the ETC would be referred to on the lower level of the hierarchy to start (Hinz, 2009). For Example, suppose the veteran with complex trauma is not ready to treat trauma, disasscontainers, or cannot verbalize their trauma. In that case, the kinesthetic or sensory components of the ETC can be addressed to help the veteran move to higher levels of the hierarchy (Hinz, 2009).

Based on this literature review, the ETC can be considered and used as a guide for future treatment within art therapy (Hinz, 2009). An adapted guide list was created from the ETC to establish three essential areas that need to be addressed when working with the ETC (See Figure 2)(Hinz, 2009; Tedeschi & Calhoun, 1999). Figure 2 was created to incorporate questions that are relevant to the ETC. The questions would allow the art therapist to keep track of previous
treatment conducted and assist an art therapist towards a direction of treatment based on the client's answers and the responsive psychometric scores of the adapted PTGI (See Figure 1). The questions would help the art therapist understand what areas of the PTG theory domains need work and what mediums or directives work best for each client. The guide includes relevant questions for both the client and the art therapist.

The ETC is a hierarchy that consists of the first level, kinesthetic and sensory components that can target any of the five PTG domains. The purpose of this level is to assist in expressing what is happening internally without the use of words, images, or other forms of expression (Hinz, 2009). The second level of the hierarchy, which includes the perceptual and affective components, is used at a level where verbal communication can or cannot be used (Hinz, 2009). Still, natural experiences can help create imagery or verbal expression (Hinz, 2009). The third level contains the cognitive and symbolic components that require verbal expression or imagery to help process what is happening externally or internally (Hinz, 2009). The top level of the hierarchy is creativity (Hinz, 2009). At this level, someone would have the ability to creatively express what is happening internally or externally, in which case, more specific directives or materials can be implemented for each domain of the PTG theory (Hinz, 2009). By monitoring the progress of what the veterans' likes or dislikes of an experience, method, technique, directive, experiential, medium, material, environment, level, or component of the ETC, the art therapist can continue to use the ETC as a guide and continue treatment in a manner that is best for the veteran (Hinz, 2009). Using the guide before and after the art therapy experiential can help art therapists understand which experiential successfully affects each progression or regression (Tedeschi & Calhoun, 2004).
There are various mediums and natural experiences that can help create positive psychological growth within each of the five domains of the PTG theory. This section of the literature review aims to use arts-based research and show how natural experiences can produce growth in the five domains.

The first domain is strength, which helps the individual identify strengths and resiliencies they have (Tedeschi & Calhoun, 2004). Strength identification can help construct positive psychological growth by assisting veterans in identifying obstacles they have survived that they might not have previously acknowledged (Tedeschi & Calhoun, 1999). Lobban (2014) worked with veterans diagnosed with PTSD. The art therapy sessions were filmed, and sessions throughout the process had shown veterans having the ability to identify strengths they did not see or acknowledge before starting the art therapy sessions (Lobban, 2014). Art therapy treatment can help veterans identify strengths they have to foster PTG.
The second domain is relationships (Tedeschi & Calhoun, 2004). Depending on the relationship, the medium and experience can be directed towards a specific relationship, such as spousal, parent/child relationships, or platonic relationships (Hinz, 2009). This domain's focus is to help build compassion, vulnerability, and intimacy within their relationships to develop a sense of closeness (Tedeschi & Calhoun, 1999). Wilcox (2010) found a correlation between veterans' social supports and positive engagement. Creative arts therapists have established a way to get veterans more connected socially through telehealth using art therapy, showing that art therapy can help social relationships, which is important considering the current shift in the mental health community due to the COVID-19 pandemic (Levy et al., 2018). Art therapy can help enhance relationships through different relationship-building experientials or group sessions to help with social relationships (Hinz, 2009).

The third domain is gratitude in helping veterans find meaning and appreciation through presence and mindfulness (Tedeschi & Calhoun, 1999). Alexander (2020) completed a quantitative study using art therapy with pre-and post- measures that concluded an increase in positive moods following the art therapy sessions. Using art therapy and positive psychology gratitude journals found that gratitude journals increased veterans' gratitude during the art therapy sessions (Adkins, 2020). Many arts-based therapy sessions can address both appreciation and mindfulness. Stopping to take time to look at the clouds or smell a flower on a walk and enjoying the "little things" are examples of different ways to encourage an increased appreciation for life. Art therapy can contribute to this domain through experiential treatment that helps participants find a new appreciation for life (Tedeschi & Calhoun, 2004).

The fourth domain is a new purpose (Tedeschi & Calhoun, 2014). Often when veterans leave the military, multiple factors such as loss of comradery or direction make it difficult for
them to figure out where they belong or what possibilities lie in front of them. Identifying new opportunities can help veterans have a new sense of purpose (Tedeschi & Calhoun, 1999). Walker (2017) completed art therapy sessions with veterans diagnosed with PTSD and TBI. Through creating masks, the veterans were able to express things they were not able to before verbally, and by being able to express what was once buried, the veterans were able to identify the possibility of new options for their lives that they had not seen prior (Walker et al., 2017). This is one example of how art therapy can help veterans find a new purpose in life (Walker et al., 2017).

The fifth and final domain of the PTG theory includes spirituality, in which spiritual and existential or religious exploration helps to find a higher meaning (Tedeschi & Calhoun, 1999). Having a higher power and exploring spirituality can help veterans in many aspects (Tedeschi & Calhoun, 2014). Delucia (2016) worked with transitioning veterans using an art therapy intervention. During the art therapy intervention, spirituality, among other things, was explored and discussed (Delicia, 2016). One of the positive psychological aspects that arose from the interventions was the veterans exploring their spirituality and realizing they wanted to help other veterans (Delucia, 2016). The study gives evidence to art therapy's ability to help veterans with complex trauma grow in three domains: the spirituality domain, the new possibilities domain, and the relationships domain (Delucia, 2016).

For each of the five domains, at least one art therapy example was given to discuss how art therapy can address and potentially help create positive psychological growth in each domain. While only one or two examples were used per domain, there are thousands of ways to use mediums or directives and natural experiences to foster growth (Hinz, 2009; Tedeschi & Calhoun, 2014). Even repeated directions with the same individual using the same art materials
will not foster the same results every time. There is so much to explore and understand within art therapy treatments.

**Discussion**

**Limitations**

One of the first limitations is this trauma-informed ETC guide has never been implemented or used in any research study, so there is no validity or reliability. Secondly, the review was created with a specific population in mind, veterans with complex trauma. While this trauma-informed ETC guide could be used for individuals diagnosed with PTSD or generalized to any trauma survivor, there is no current research to prove this guide's validity or reliability.

After extensive research, searching through previous literature and methods, no articles or information directly discuss a trauma-informed guide while finding correlations between the ETC framework and the PTG theory. This review is the first literature that attempts to combine the framework, the theory, and the assessment to create a trauma-informed ETC guide. There are endless combinations of mediums and natural experiences that could occur within each domain that has not been researched or studied yet.

While art therapy has researched a trauma-focused lens and the PTG theory has been used with veterans, little research has been conducted with the PTG theory or the PTGI coinciding with art therapy (Alexander, 2020; Belliveau et al., 2019; Habib et al., 2018; Mandić-Gajić & Špirić, 2018; Orkibi & Ram-Vlasov, 2019). Other limitations include the access for art therapists to conduct clinical and empirical research with veterans using the trauma-informed ETC as a tool. While there are limitations to this guide, there is a higher need to explore and understand the healing possibilities of art therapy for both the art therapy community and the veteran community.
Theoretical Applications

When attempting to work with a veteran who suffers from negative symptoms of complex trauma, using the original PTGI as a baseline and randomly throughout the treatment can help assess the adapted trauma-informed ETC guide's validity and reliability. For example, if the baseline showed all five domains needed improvement and the art therapist started working with strength-based theories and the strength domain in art therapy sessions, if the strength domain score rose on the trauma-informed ETC, then the original PTGI could be used again to see if the strength score (Tedeschi & Calhoun, 1999). The scores could show a correlation between art therapy and the PTG theory while verifying reliability and validity. The guide will give the art therapist a baseline to understand which directives or art therapy experiences could be used first to help generate positive psychological change in the necessary domains. Variations could include different questions on the informal quantitative aspect developed and adapted from the ETC framework.

Conclusion

No evidence combining the PTG theory, PTGI, and the ETC framework can help the art therapy field establish empirical evidence through informal quantitative and qualitative research. Future studies can be conducted to understand the correlation between the ETC framework and the PTGI assessment. By combining the adapted questions from the ETC framework and adapted PTGI assessment, art therapists can better understand which mediums work in which area of growth, which natural experiences work within which area of change, and can quantitatively and qualitatively collect data to inform the future of research. The trauma-informed ETC guide is essential for veterans suffering from complex trauma and those who may have experienced trauma in which current treatment forms are not helping.
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THESIS APPROVAL FORM

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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.

Thesis Advisor: Denise Malis