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A Literature Review:
Posttraumatic Growth in Trauma Recovery Using Art Therapy:
“How a Superhero Learns to Fly”
Capstone Thesis
Lesley University

August 16, 2022

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Art Therapy

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Abstract

This literature review examines posttraumatic growth (PTG), a psychological construct based on the phenomenon of transformative, positive changes experienced by an individual or a community after struggling with trauma(s) and adverse life events. The intention of this capstone thesis is to explore processes in art therapy (AT) that enable PTG and broaden trauma recovery practices by focusing on well-being rather than pathology. This review examines quantitative, qualitative, and arts-based research that explored PTG directly and indirectly using AT, which revealed large gaps in PTG and AT research. Creativity, positive art therapy, social and community support, mindfulness, spirituality, and channeling confidence and resilience to persevere through metaphorical identification with superheroes and heroines were themes in the literature that enabled PTG. I discovered these same themes were related to the AT process leading to PTG and corresponded to similar aspects in the five outcomes of the theoretical model of PTG and in the Posttraumatic Growth Inventory (PTGI). Based on this literature review, AT interventions paralleled these themes, which included mindfulness, positive art therapy, community open studios, visual journaling, and narrative exposure therapy (NET), superhero play therapies and art making for achieving creative self-efficacy (CSE). I propose a holistic, multi-dimensional approach for trauma treatments that enable PTG using AT and I suggest conducting further research to find multidisciplinary solutions that employ AT to address these commonalities on a broader scale.

Keywords: Posttraumatic growth, transformation, trauma, crisis, art therapy, creativity, positive mood

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Introduction

“Every day, every hour, turn that pain into power”, sings Danny O’Donoghue on Superheroes.

This literature review study presents an examination of a psychological construct in trauma recovery called “posttraumatic growth” (PTG) (Tedeschi & Moore, 2020/2021) using AT methodology and related interventions. I have chosen this subject to gain competence to help those who have suffered traumas and adversities, and who continue to suffer in these troubled times. I will examine the elements of growth and transformation after trauma that have become synonymous with the term PTG because of their commonalities. I will investigate PTG using AT literature and sources that explore these same aspects of PTG.

Mohr (2014) described trauma as a “rupture in one’s ongoing sense of self-integrity (Watkins & Shulman, 2008), whether from physical, emotional or psychological danger” (p. 156). Artmaking was suggested to enter the liminal area between past and present and repair the rupture by expressing the pain and discomfort while giving power to one’s imagination to see possibilities for how positive change can result (Mohr, 2014). In furthering the value of AT, Mohr (2014) stated that “an experience with art therapy can help a person find new life through a process of creative expression and awareness” (p. 156). These connections relate to this paper’s findings concerning recovery from trauma, PTG, creativity and awareness, since traumas seem to be multiplying in our turbulent, present times. In the past, trauma protocols have implemented methodologies based upon a diagnosis of mental illness and pathology.

This paper explores the psychological elements of PTG using AT and the expressive therapies in literature pertaining to trauma. Before introducing AT definitions, I wish to

emphasize that various aspects of PTG have recently advanced into a plethora of positive, individualized possibilities which Joseph (2011) has attributed to the popularization of positive psychology and the shift in trauma treatments from pathology focused to positive, growth orientations. He viewed the superheroes in Marvel Comics as metaphors for PTG. Tedeschi et al. (2018) also argued how PTG should be incorporated into the trauma recovery process. Germane to this literature review and reiterated here is that trauma literature has been negligible in comparison to other mental health problems and illnesses. I have learned how the potent healing powers of positivity and PTG presented in AT research studies contributed to erasure of the mental illness stigma. However, there has been a shift away from pathologizing trauma to normalizing it. There is a more positive attitude relating to PTG described in the third phase of recovery found in the traditional three-stage trauma model originated by Judith Herman (1992/2015), which is still widely accepted today.

Van der Kolk (2014), who is highly regarded for treating trauma with mind-body and mindfulness meditation connections, was asked why he continued to treat individuals who experienced trauma. In response, he replied that he believed that recovery from trauma was possible. Therefore, this theme was included in the findings (per literature review section) which directly linked positive results to the combination of mindfulness meditation, AT, and PTG. I view this alignment as evidence supporting the importance of this literature review in promoting the concept of PTG using art and expressive therapies to draw attention to the increased need for more research and recognition for PTG and AT in all trauma treatment protocols.

I have chosen option two, a literature review. My personal, traumatic experiences propelled me to investigate and gain a deeper understanding about the many facets of PTG. Within this literature review, I will expand on PTG topics. My primary method of research was

employing online resources and researching peer-reviewed literature using search engines through the Lesley University Library, which included ProQuest, JSTOR, PubMed, Gale, and others. Google Scholar and the internet helped me to expand my search. Not only did I employ online resources, but also utilized literature to inform myself and deepen my understanding of PTG, trauma, and AT in trauma along with my courses at Lesley University. Once the resources were compiled, I uploaded them to the Mendeley software. I gathered and accumulated the sources by using the Mendeley software, which saved PDFs and I organized them into folders according to my findings.

Literature Review

Contextualization, History, and Definition of PTG

The term “PTG” was originally coined by Lawrence Calhoun and Richard Tedeschi (1995) in their first book entitled *Trauma and Transformation: Growing in the Aftermath of Suffering*. After short descriptions of trauma and growth stories and excerpts from philosophy, literature and religion, Tedeschi and Calhoun aimed to “understand this apparently mystical process from a contemporary psychological perspective” (Tedeschi & Calhoun, 1995, p. 13). They defined the meaning of transformations following a trauma. Posttraumatic growth connotes an evolution within an individual after enduring a trauma or adversity where one positively grows following the event/events (APA, 2016). Oftentimes, PTG can be misconstrued with resilience when Kanako Taku (2016) contends,

Resiliency is the personal attribute or ability to bounce back, PTG, on the other hand, refers to what can happen when someone who has difficulty bouncing back experiences a traumatic event that challenges his or her core beliefs, endures psychological struggle,

and then ultimately finds a sense of personal growth. It's a process that takes a lot of time, energy, and struggle. (Collier, 2016, p. 48)

Affirming Taku, Tedeschi (1996 as cited in Collier, 2016) ascertained how someone who demonstrates resilience after a trauma will not experience PTG because

a resilient person isn't rocked to the core by an event and doesn't have to seek a new belief system. Less resilient people, on the other hand, may go through distress and confusion as they try to understand why this terrible thing happened to them and what it means for their world view. (p. 48)

After Tedeschi and Calhoun (1995) examined prior literature regarding people who derived benefits from negative events as perceived by survivors, they constructed their “Model for Coping with Trauma” (p.13). They developed an assessment tool, the post traumatic growth inventory (PTGI), which is still used today with minor revisions (PTGI-R) and culturally adapted for use. This model was developed in 1995, which evaluates PTG and developments a person endures following a traumatic event. There is a 21 item six-point scale that was constructed based on Tedeschi's five factor model. The model has a “total score, and five subscales which include: relating to others, new possibilities, personal strength, spiritual change, and appreciating life” (Tedeschi & Calhoun, 1996, as cited in Strouse et al., 2021, p. 5). The PTGI model is among the most valid and reliable models and resources to assess individual growth post a stressful situation (Steffens & Andrykowski, 2015).

There has been abundant research that stressed methods of health and well-being involving resilience and PTG (Joseph, 2011). Herman (1992/2015) also noted there has been a dramatic shift away from the pathology viewpoint when she originated her well-known trauma recovery model, which is currently employed as the structure of psychological and AT research

and treatment plans. Malchiodi (2016/2020) and Tedeschi et al., (2018) emphasized the significance of expressive healing when they maintained that many who have overcome pain and suffering by achieving PTG within trauma recovery scenarios have participated in art and expressive therapies. While trauma recovery and PTG research using trauma-informed AT has increased from negligible in the last decade to recent breakthroughs in research, there remains a great need to continue this trend. After Tedeschi and Calhoun (1995) publicized the concept of PTG, Joseph (2011) noted there was nearly a two-decade hiatus before PTG was taken seriously in research. As a positive psychologist, he attributed the rise in PTG and the emphasis on wellness as both coinciding with and caused by the increasing popularity of positive psychology.

The determinants of PTG depend on whether the individual has experienced and or perceived a positive change or transformative shift after the trauma or negative events (Tedeschi & Calhoun, 1995). Posttraumatic growth consists of three conceptual categories of positive, psychological changes, changes in self; changes in relationships; and changed philosophy of life as demonstrated in the five outcomes of growth: personal strength, relating to others, new possibilities in life, appreciation of life, and spiritual/ existential change (Calhoun & Tedeschi, 1995; Calhoun & Tedeschi, 2013; Cohen et al., 1998; Jayawickreme & Infurna, 2021; Joseph, 2011; Tedeschi et al., 1998/2018; Tedeschi & Moore, 2021). These outcomes were determined to be descriptive of PTG elements because they were statistically found to be most prevalent in reports by people of their growth experiences (Calhoun & Tedeschi, 2013; Tedeschi et al., 2018). Tedeschi and Calhoun (1995) also noted that “even the worst traumas can result in transformation” (p. 137). After a period of initial coping, the transformation process can take years --especially for extreme trauma. However, an important consideration is that “treatment for

trauma may never be complete” (Tedeschi & Calhoun, 1995, p. 137, as cited in Herman, 1992/2015). Managing and coping with trauma can be a lifelong process.

Art Therapy in PTG Research

Calhoun and Tedeschi (2013) recommended therapeutic perspectives in the PTG process as an expansion of current best practices for trauma. Others cited a need for multidisciplinary solutions for PTG potentials (Blackie et al., 2017; Jayawickreme & Blackie, 2014). The general lack of AT research has necessitated my including earlier AT research as well as broadening the article selection that explore the elements and outcomes of PTG without explicitly referring to PTG. There is much groundwork and progress using AT, but there is a need for further research to complete the connections. Although still scarce by comparison, art and expressive therapies are becoming more accessible and popular in the general population (Malchiodi, 2016; Matousek, 2022) and are being recommended and researched for their potential in trauma recovery and PTG (Malchiodi, 2016/2020); Tedeschi et al., 2018).

Art therapy Creates Value for Trauma Treatments and PTG

Art therapy provides integrative enrichment to the lives of individuals, families, and communities. Art-making and creative processes engage the mind, body and spirit in ways that verbal communication alone cannot accomplish. When words fail and individuals cannot articulate their words, memories, feelings, or thoughts, art provides another channel for communication and self-expression (American Art Therapy Association, 2016). Rubin (1980) described two major approaches in the field of art therapy that were created by two major pioneers, Naumburg and Kramer. Naumburg’s approach first involved art as psychotherapy with emphasis on the product and the process. The art would help reveal and implicitly communicate information about the client while helping the client develop self-awareness and overcome

conflicts. Secondly, Kramer's approach used art as therapy with an emphasis on the therapeutic healing potential of the creative process itself. Both are major AT theories today dating back to the 1940s and both operate where art functions as the channel to self-expression (Junge, 2016). Because AT is both relational and community oriented, it has helped in enhancing social skills, resolving conflicts, and improving the environment. Other benefits of art making have included increases in self-esteem, self-awareness, insight, and emotional resilience (American Art Therapy Association, 2016). Malchiodi (2007) recognized the success of AT in trauma treatment because it helped individuals process inner pain nonverbally and less directly, while providing emotional distance. Malchiodi (2007) posited how art making has been rediscovered for "personal growth, self-expression, transformation, and wellness" (p. 9). Similar themes were found in this literature review that support AT trauma treatments that foster the transformative process of PTG.

Creativity

Creativity Fosters PTG using AT and Expressive Therapies

Zhai et al. (2021) conducted quantitative research in China that explored the potential for emotional creativity to foster PTG during the COVID-19 pandemic. PTG can be defined as "a set of cognitive abilities related to the originality of emotional experience and expression" (p. 1). Emotional creativity includes "preparedness, novelty, and a combination of effectiveness and authenticity" (Averill, 1999, 2000, 2009, as cited in Zhai et al., 2021, p. 2). Zhai et al. (2021) elaborated on the original creativity research model by Orkibi and Ram-Vlasov (2019), but their goal was to explore the impact upon individual PTG in grave public events such as the COVID-19 pandemic. The researchers investigated whether emotional creativity improved PTG and lessened the adverse effects of the pandemic on mental health; and secondly, if this assumption

was seen as reasonable, they tried to determine how the mechanisms of emotional creativity affected psychological aspects of mental health. The college student and employed participants were recruited online and voluntarily signed up ($N = 439$) consisting of 157 men and 282 women who ranged in age from 18 to 51 years from different regions with varying degrees of COVID-19 risk in China. The researchers administered questionnaires and tests for emotional creativity, which included regulatory emotional self-efficacy, PTG, perceived social support, mental health, and COVID-19 related tests. Their results exhibited significantly positive correlations between emotional creativity and each of the preceding measures and negative correlations with mental health problems. Zhai et al.'s (2021) study corresponded to Orkibi and Ram-Vlasov's research (2019) because emotional creativity might positively predict PTG. Also, regulatory emotional self-efficacy, which is confidence in regulating one's emotional state, played a similar role to creative self-efficacy (CSE). Zhai et al. (2021) also emphasized the role of positive emotions as they correlated positively to PTG. In agreement with Zhai et al. (2021), although earlier, Malchiodi (2016/2020) confirmed that experiencing positive emotions compared against negative emotions are conducive for art protocols when helping individuals heal from trauma, as she supported AT in fostering PTG.

Zhai et al. (2021) connected perceived social support to emotional creativity and PTG, while these positive social connections enabled PTG. They were also found in the community AT open studio interventions (Kalmanowitz & Ho, 2017; Mohr, 2014). Some weaknesses of Zhai et al.'s (2021) study were small sample sizes and a lack of diversity preventing generalizability, and the possibility that other unknown variables shared in the results. Finally, since the cross-sectional study design only allowed comparisons of variables at the same levels, Zhai et al. (2021) recommended using a "cross-lagged design, longitudinal study" (p. 7), which

would have allowed reciprocal measurements of the variables over time in determining a more dynamic process. Zhai et al. (2021)'s study indicated there were two key, predictive aspects of emotional creativity: (1) regulatory emotional self-efficacy, which Zhai et al. (2021) described as positively correlated with self-esteem and positivity; and (2) perceived social support.

During the height of the COVID-19 pandemic in Israel, a study was conducted using quantitative research. Orkibi (2021) measured his concept of *creative adaptability* (CA) during times of crisis. He defined CA as “the personal ability to generate new and effective cognitive-behavioral-emotional responses to stressful situations” (p. 1). The COVID-19 pandemic has been linked to mental health struggles such as increased anxiety, depression, emotional instability, confusion, outrage, and frustration. However, Orkibi (2021) concentrated this study on an analysis of CA in finding that CSE was a key mediator, but he did not connect this finding to PTG directly. Participants were selected for two separate exploratory studies. Study one included a sample of 310 adults recruited from an online panel service during the Covid-19 pandemic in Israel. They were 51% female, aged 18 to 84, 85% born in Israel. General validity was increased by randomly dividing the groups in two. Orkibi (2021) hypothesized that CA would positively correlate with CSE (including openness to experience, and spontaneity) and well-being and that this association would be mediated by CSE. Lastly, CA will lessen the negative association between COVID-19 concern and well-being. After administering five self-reported measurements, including the CA scale developed in study one specifically to record participant's cognitive-behavioral-emotional abilities to respond creatively and adapt to high pressure scenarios, the outcomes illustrated how CA and well-being were facilitated by CSE and that CA may lessen the impact of COVID-19 on their well-being (Orkibi, 2021). In study two, a two-wave short-term longitudinal design examined whether CA would predict lower stress over a

two-week period during the rise of COVID-19 and resulting lockdown using the CA scale developed for study one, and to examine the test-retest reliability of the CA scale. Participants included 77 students, aged 18-40, of whom 94% were female and were born in Israel. Results in study two displayed how CA predicted lower psychological stress across the two-week, longitudinal testing period and added to the results in the cross-sectional results in study one and test-retest reliability.

In conclusion, Orkibi (2021) emphasized that creative-expressive work may strengthen clients' belief in their ability to creatively respond (CSE) and adapt (CA) to stressful situations, which may enhance their well-being. This study's positive correlations with health and well-being, its negative correlation with COVID-19 concern, and the prediction of decreased psychological stress serve as evidence for how CA could play a personal protective factor. Also, CA could function as a stimulus for further research to help individuals cope with daily challenges. However, studies were limited due to the inability to conduct causal relationships. Generalizability was weakened due to small sample size, lack of diversity, and the short timeframe. Lastly, Orkibi (2021) noted that measurements relied solely on self-reported data, which indicates the study could be unverifiable and based on individual perceptions, thus producing potentially unreliable data.

Creativity Promotes PTG using Positive Affect and Self-efficacy in AT

In a short-term pilot study over four months, Kaimal and Ray (2017) used a mixed methods quasi-experimental design to investigate how free artmaking in an open AT studio might influence changes in affect and self-efficacy. Participants were recruited at a university in the northeastern region of the United States. Thirty-nine healthy individuals were chosen, aged 18 to 60, of which 33 were women and six were men. The race and ethnicity of study

participants included African Americans ($n = 2$), Asian-Americans ($n = 13$), White Americans ($n = 21$) and multiracial ($n = 3$). Kaimal and Ray (2017) examined how non-directive art making might change a participant's self-reported affect and self-efficacy by offering a 45-minute session using collage materials, modeling clay or markers. Their goal was to change from a pathological lens to that of art making for "self-expression, well-being and envisioning change" (Allen, 2008, as cited in Kaimal & Ray, 2017, p. 155). The role of the art therapist as facilitator was to create "an environment for safety, curiosity, openness and non-judgmental self-expression" (Kalmanowitz, 2016, as cited in Kaimal & Ray, 2017, p. 155), and to "hold the space" and be "fully present" both to the participants and to their own art making (Gadiel, 1992, as cited in Kaimal & Ray, 2017, p. 155).

Completing standardized measures using the Positive and Negative Affect Schedule (PANAS) and General Self-Efficacy Scale (GSES) questionnaires before and after allowed for member checking. Adding free artmaking, and creating narrative summaries contributed to the process of triangulation, which is a strategy that provides credibility to qualitative studies because multiple sources of data are employed for comparisons. However, because answers were self-reported, there was a lack of validation and trust. The results found statistically significant support for improved positive affect and self-efficacy and reduced negative affect in most participants. Because the free art making space caused increases in self-efficacy, this indicates that by art making, participants felt more confident in their abilities to obtain their artistic goals. This practice could translate and lead to PTG and resilience in overcoming traumatic events. Since improved positive affect and self-efficacy were like the emotional creativity (including positive emotion) and creative self-efficacy (CSE), that increased and led to PTG (Orkibi & Ram-Vlasov, 2019; and Zhai et al., 2021). This AT intervention might also aid in trauma

recovery and fostering PTG. A limitation of this study is that Kaimal and Ray (2017) claimed that participants did not share the same positive results, which necessitated further research. A lack of persistent observation due to the short timeframe was another possibility for uneven results. Since Kaimal and Ray (2017) asserted it would be useful to understand different outcomes using various media, and art making both with and without a therapist in clinical populations that struggle with physical or mental health issues, the next article by Forgeard et al. (2021) follows this suggestion.

Innovative, quantitative research was conducted by Forgeard et al. (2021) that explored real-world clinical contexts in a brief, partial program in a private psychiatric hospital called McLean Hospital in Belmont, Massachusetts in 2015-16 (NewsRX editors, 2021). Mood changes were observed in two studies in art-making groups composed of individuals experiencing acute psychological symptoms in an intensive day treatment program. The most prevalent diagnosis was major depression while 14.9% suffered from posttraumatic stress disorder. The preliminary study one was conducted to develop and validate the brief Art Group Questionnaire for usage in the main study two. Participants ($N= 193$) were recruited using the program Amazon MTurk, which dropped to 179 by attrition. They were 38.3% women and 75.1% White and non-Latinx. The purpose of this instrument was to examine seven variables as they related to positive mood changes as follows: positive and negative mood, general self-efficacy, creative self-efficacy (CSE), activation, mindfulness, and social connectedness. In study one, Forgeard (2021) employed a self-assessed, seven-item questionnaire, which they theorized “demonstrated adequate convergent/divergent validity” (p. 6), which meant that outcomes related positively to results shown on similar tests and negatively to undesirable items, except for the unexpected

results of mindfulness item, which was not positively correlated. The researchers noted participants possibly had difficulty rating “mindfulness” in the present moment.

In study two, participants, who attended at least one art group, included 175 ($N = 175$) patients (mostly in middle adulthood, 54.9% women, 42.3 % men, and 1.7% non-binary with 86.9% non-Latinx white, and 13.1% other race/ethnicity). While engaging in this 50-minute unstructured art group using art making, general self-efficacy, and mindfulness improved mood over and above the other outcomes, which conflicted with study one, creating ambiguity. Because general self-efficacy was found statistically significant for positive and negative mood, it is related to the creativity study by Orkibi & Ram-Vlasov (2019) which linked CSE significantly to PTG. However, this was not so when general self-efficacy was viewed simultaneously with CSE, thus creating inconsistencies. If an individual can achieve creative self-efficacy and utilize a combination of AT and mindfulness, one can overcome trauma and foster PTG where AT functions as the catalyst to accomplishing this.

Forgeard et al. (2021) recommended adding concrete activities in which the patient created a piece of artwork aiming to increase confidence and self-esteem. Forgeard et al., (2021) reasoned that since the program was originally developed by an occupational therapist with AT training, the goals were focused on coping and leisure interests through artmaking. Art activities were not conducted by an art therapist, an inherent weakness which might have lessened CSE (Forgeard et al., 2021; NewsRX editors, 2021). While gender diversity was witnessed, racial and ethnic diversity was lacking. Forgeard et al. (2021) noted that self-assessing was a weak point and recommended longitudinal studies and adding control groups which were precluded in the hospital. This study demonstrated a first step in utilizing AT that addressed changes in positive mood using seven variables which connected to the five elements that represented positive

changes in PTG (Tedeschi & Calhoun, 1995). The results indicate that further studies which observe and analyze patients' art-making experiences in clinical environments are necessary to understand how art making improves mood. Also, further research and combinations of AT and trauma recovery interventions with PTG elements are needed to expand this subject matter.

Positive Art Therapy

Understanding and Defining Positive Art Therapy

Positive psychology concentrates on an individual's strengths and motivates individuals to build their strengths instead of addressing their weaknesses. Also, it helps individuals obtain a more positive and hopeful view to help enrich people's lives. In conjunction with AT, positive psychology identified the potent nature of art in promoting happiness. Positive psychology is closely associated with humanism, which assumes that all humans are intrinsically well-meaning and want to self-actualize and fulfill their purpose potential (Chilton & Wilkinson, 2013).

Art therapists have integrated AT with positive psychology to help augment positive emotions and accumulate strengths to focus on the process, rather than product and to encourage free expression (Collier, 2011; Gerity, 2009; Hinz, 2011; Lambert & Ranger, 2009; Lee, 2009; Malchiodi, 2006; Puig, Lee, Goodwin, & Sherrard, 2006; Voytilla, 2006 as cited in Chilton & Wilkinson, 2013, p.8). Art therapy has the potential to boost positive emotions to instill hope, reflection, meaning, and "...most especially, the love that Moon (2003) called 'the driving force of art therapy'", and achieve "global well-being" (Chilton & Wilkinson, 2013, p. 8).

Elaborating on the principles of positive psychology, the term *positive art therapy* was proposed by Chilton and Wilkinson in 2009 for the purpose of "identifying the intersection of positive psychology and art therapy" (Chilton & Wilkinson, 2013, p. 5). Positive art therapy is considered an integration of positive psychology's tenets with the healing power and creativity of AT. The

unique benefits of the AT process can increase client strengths, generate flow, mastery and engagement, promote positive emotions, and contribute to meaning making and life purpose, all of which are attributes found in positive psychology (Chilton & Wilkinson, 2013). To increase positive emotions and accumulate strengths, rather than weaknesses, art therapists can inject creativity, playfulness, mindfulness, appreciation of beauty, etc. to help lead to transformation to manage stress while also appreciating life's beauty.

Positive AT Expresses Creativity, Positive Emotions, Resiliency, Coping, Meaning-Making, and New Possibilities in Life to Enable PTG

Hass-Cohen (2019) promoted creativity, imagination, and artmaking to manage the impact of trauma and support resiliency, a “current traumatology focus” (p. 44). Using an original four-drawing AT protocol in a quantitative study, the researchers based this trauma model on AT relational neuroscience (ATR-N) principles aligned with memory reconsolidation (MR) research. Using nine hypotheses, they questioned whether the protocol would measure a decrease in the negative effects of the trauma, including negative affect and pain, and increases in resiliency-based resources, understanding, posttraumatic growth (PTG) cognitions and relational security. Participants (mean age of 30) recruited from graduate students included females ($n = 27/31$; 87%) and the rest male, who were white and Hispanic/Latino ($n = 13/31$; 42% for each) and Black/African American and Asian/Pacific Islander ($n = 2/31$; 7%). Results showed that the negative effects of trauma and negative affect were significantly decreased. Resources showed significant increase, and understanding was changed, but no change was evidenced in PTG. The researchers noted gender and diversity bias, but the lack of control groups diminished statistical comparisons. They noted a possible bias due to participants' prior knowledge, but felt that implicit, non-verbal art mitigated the bias. By drawing one's

resources e.g., optimism, joyfulness, creativity, novelty, gratitude, empathy, and meditation, Hass-Cohen et al. (2019) emphasized the effectiveness in managing trauma by applying positive art therapy to the construct of resilience.

In a qualitative, pilot study, Reilly et al. (2021) presented cancer research related to cancer recovery and PTG. Researchers examined the psychosocial and emotional impact of participation in an AT group on the experiences of women living through breast cancer in a tertiary care cancer center. Enabling PTG and existential growth (EG), a concept related to PTG, was the goal. Reilly et al. (2021) employed design paradigms based upon a socially constructed reality accessed through shared meaning and language. Researchers combined a qualitative case study with cross-case comparisons to delve into individual experiences. The ten female patients, ages 41 to 67 with unknown races and ethnicities, were recruited using convenience sampling from the teaching hospital in Montreal, Canada. In a nine-week AT group using the open art studio method, two-hour sessions were held at the hospital's Breast Cancer Clinic, which were facilitated by one of the authors (Laux) of the study, an art therapist. The art was grounded in experience in the open studio method, which permits for working alongside others, with no directives or interpretations given by facilitators who shared in the artmaking (Reilly et al., 2021, p. 248). Art therapy groups included a check in, guided visualization, and then a variety of art media was presented at each session such as oil/chalk pastels, pencils, tempera/acrylic paints, brushes, high quality papers, tissue papers, boxes, mirror tiles, beads, glitter, fabric/yarns, photo collage materials, glue, clay, wire, and found natural objects natural materials (Reilly et al., 2021, p. 248).

According to a data analysis of transcripts, meanings were grouped, and codes emerged that led to the findings. Triangulation, which is a feature that increases credibility by using

“either multiple sources of data or multiple informants, or both” (Cruz & Tantia, 2017, p. 79) was achieved by combining sources of data, e.g., artist statements and artwork. The transcripts were coded separately by two team members and agreed upon by the group, which increased verifiability. Reilly et al. (2021) found PTG and EG related themes such as existential growth, a quest for authenticity, fulfillment and freedom, community, meaning and purpose, ability to meet future challenges, and a greater appreciation for life (pp. 249-250). Reilly et al. (2021) defined PTG as positive psychological changes during and after adversities in a transformation of “significant life-changing shifts in thinking and relating to the world that signifies deeply meaningful change” (p. 249). Multiple PTG elements were reported as findings in the art process of all 10 participants, which included “deeper compassion for others, the emergence of new opportunities and possibilities, the ability to meet future challenges, and a greater appreciation for life” (Reilly et al., 2021, p. 249). Participants expressed how AT helped instill changes, insights, and transformations. They felt art was a means to connect and reconnect with their present selves and the past self or past or current relationships. One participant named Gabriella reported, “every time I explore my “innerscape”, I learn a little bit more about my true self, inner peace, the beauty and the joy of being myself, and feeling connected as a whole being” (Reilly et al., 2021, p. 250). Reilly et al. (2021) concluded these women reported, redefined, and changed identities both in their artwork and in narratives in dealing with life-threatening illnesses. Thus, according to researchers, “this impacted their sense of self and provided rich soil for EG and PTG” (p. 250). This research represented evidence of the increase in PTG research as enabled through AT. This AT study was strengthened by results that found each participant experienced all PTG elements (Reilly et al., 2021).

Art therapy can function as an important supplement to standard breast cancer treatment, which creates an environment of reflection and PTG. The activities permitted participants to physically create art to express their thoughts, feelings, struggles or triumphs, intentionally or unconsciously, at symbolic, metaphoric, and literal levels. Art therapy created contemplative spaces that supported the positive individual changes that characterize EG and PTG. Through AT, participants were given the time and space to reflect and actively create meaning about their cancer experiences and themselves in relation to cancer. Reilly et al. (2021) suggested more research was necessitated to further analyze the exact therapeutic elements. The study was weakened by the short-term nature and unknown race and ethnicities.

Relational/Community and Social Support

Social Validation and Support Contributes to Trauma Recovery and PTG using AT

Posttraumatic growth was explored in an AT open studio named the “Artful Grief Studio” (AGS) which took place at the “Tragedy Assistance Program for Survivors” (TAPS) National Suicide Survivors Conference. The program was initiated in 2009 by Sharon Strouse, an art therapist and suicide survivor (Strouse et al., 2021). The goal was to provide nonverbal, non-stigmatizing and non-pathological support services with creative, imaginative approaches to trauma, grief, and loss for the “military suicide survivor” who was defined as a bereaved individual who was grieving the suicidal death of a family member in the military (Strouse et al., 2021, p. 1). Art therapy grief interventions implemented collage and assemblage, memory books, memory sticks and doll making, all of which have been used in trauma and loss events. Using mixed methods research, qualitative findings expanded and provided further support to the quantitative results, as they were grouped into comparable themes. Participation in a one-time AT intervention was offered to all attendees upon entering the studio (Strouse et al., 2021),

which prevented pressure and partiality. The purpose of the study was to evaluate the AGS, as AT research for this population was lacking.

In the quantitative analysis, Strouse et al. (2021) hypothesized that social validation would increase, social invalidation would decrease, PTG cognitions (calculated from the overall subscale scores of the PTGI) would increase, and that positive changes would occur in each of the five domains or subscales of the PTGI. Thirty-nine participants ($N = 39$), all of whom were grieving the suicidal death of a family member in the military volunteered for the study. The majority of the sample were female ($n = 34$; 87.2%) and white ($n = 29$; 74.4%). Some reported on who had died, e.g., 41.7% husbands, 25% fathers, 16.7% brothers, and 16.7% wives. Gender bias was unavoidable due to mostly females participating. Ethnic and racial diversity statistics were not offered. These domains were as follows: relating to others, new possibilities, personal strength, spiritual change, an appreciation of life (Tedeschi & Calhoun, 1995; Tedeschi et al., 1998).

Results showed that the AT studio was immensely effective in improving social validation; and creating new possibilities for connection and relating to others. Appreciation of life significantly decreased while others showed no material differences. In addressing these findings, Strouse et al. (2021) believed the significant increase in new possibilities might be related to creativity. Finally, Strouse et al. (2021) hypothesized the significant decrease in appreciation of life scores may have been attributable to the possibility that the PTGI tends to target trauma and PTSD, and not grief. Methodologies and new research may need to differentiate grief from trauma to focus more on individualized experiences that foster PTG.

Qualitative findings were analyzed, supported, and elaborated on in the quantitative findings. Themes that emerged included “bereavement processing, sharing and collaboration,

relaxation effects, and the contribution of the art experience” (Strouse et al., 2021, p. 6). Strouse et al. (2021) noted that “peer and group support are critical for restoration” (p. 7). Validation was achieved through sharing and collaboration between participants, which included the relationship with the facilitator, thus adding this critical social dimension leading to recovery from trauma and enabling PTG.

Mindfulness

Mindfulness, Meditation and AT Contribute to PTG

Garland et al. (2007) compared the effects of two programs: mindfulness-based stress reduction (MBSR) and healing through the creative arts or healing arts (HA) --making meaning of cancer (HA) offered by the Tom Baker Cancer Center (TBCC) in Calgary, Alberta, Canada. Cancer patients face many challenges and experience symptoms such as physical dysfunction, fatigue, nausea, anxiety, distress, and depression. Using two groups of cancer outpatients in a quantitative research study, they examined the facilitation of PTG and spirituality. Free choice of either program was offered to patients and the study design was a “naturalistic real-world design” (Garland et al., 2007, p. 53). The participants consisted of individuals who had registered for the programs, but the samples (MBSR, $n = 60$; HA, $n = 44$) were composed of only those who provided complete pre- and post-data. The majority were female, aged approximately 26 to 79 years old, who were married and had breast cancer. The objectives of this study were to compare changes in PTG, spirituality, stressful symptoms, and mood between the two programs and to investigate relationships between PTG and variables such as, spirituality, stress levels and moods.

The MBSR intervention took place over eight, weekly 90-min sessions and a three-hour weekend silent retreat and was led by two clinical psychologists (LC and MS, co-authors) and a

nurse with yoga training. The other intervention (HA) was led by a clinical social worker who was a visual artist, a psychologist (MS, co-author) and a professor of dance, none of whom were art, music, or dance therapists. They utilized modalities of movement to music, journaling, creative writing and drawing over six weeks of two-hour sessions as they explored and investigated the journeys of the participants with questions such as: “Who am I?”, “How am I?”, and “How can I heal?” (Garland et al., 2007, p. 952). They used various related measurements including the posttraumatic growth inventory-revised (PTGI-R). Compared against the standard PTGI, the PTGI-R is a 21 item self-report inventory that measures an individual's conception of positive changes after a traumatic experience (Garland et al., 2007, p. 952).

Garland et al. (2007) stated that both programs resulted in an increase in total PTG. They noted improvements in the following elements of PTG: relating to others, new possibilities, and increased personal strength. However, increased PTG was positively related to spirituality only in the MBSR program and not the HA program. Despite that the selection process precluded the possibility of having a randomized control group, Garland et al. (2007) considered the results in this real-world clinical setting as highly generalizable to most similar clinical settings. A reason was offered for why the MBSR program exhibited more potential in facilitating spirituality and stress reduction in cancer patients than the HA program. It was simply because MBSR programs were more established in these settings than the HA programs, which the researchers noted were still in early stages of development (Garland et al., 2007). Both programs showed promising preliminary results for the positive effects on a variety of outcomes concerning PTG elements.

Spirituality, Religiosity and Appreciation of Life

Spirituality, Religiosity and Community Enables PTG using AT

Using visual journaling in trauma-informed AT combined with narrative exposure therapy (NET), Khatib and Potash (2021) guided four refugee children from Syria to resettlement

in the United States to help overcome trauma and facilitate PTG. NET therapy protocols entail sharing stories and images to help foster PTG and mitigate the effects of trauma. Khatib, a member of the American Muslim community, partnered with MOZIAC, a nonprofit that spearheaded a program to provide a holistic plan, including AT, to support emotional and spiritual needs for refugees. As a pilot mental health program, a refugee family who agreed to undergo therapy was engaged in this case study. Their four children (aged 16, 14, 10 and eight) attended two sessions lasting three hours during a school break, which was held in the family home. Specifically, the AT intervention involved prompts in English that covered related topics for the children to draw in their personal journals, e.g., (1) sharing journeys, dreams, and goals, (2) creating a personal symbol and (3) sharing about themselves; however, children were allowed to use Arabic in written responses.

The importance of community, family, and relationships was revealed in the collective recollection of journeys which formed a built-in support system and a channel for PTG. Spirituality proved to be a source of resiliency and provided holistic views for the children to envision their futures and learn coping skills that supported PTG, while reducing isolation (Khatib & Potash, 2021). One child wished to memorize the Holy Book of Islam which reflected his interest in maintaining his spiritual heritage. The children spontaneously focused on their traumas in their artwork and narratives. Khatib and Potash (2021) pointed out that incorporating one's trauma into "...an overall life narrative was a crucial component to PTG and NET" (p. 5). They also noted that disclosure of difficult events was not the same as re-experiencing them. Furthermore, the "ability to incorporate one's trauma into an overall life narrative is a crucial component of PTG and NET" (Khatib & Potash, 2021, p. 5). This can be compared with Herman's second stage of recovery, which is reconstructing the trauma (Herman, 1992/2015).

However, Herman (1992/2015) emphasized this was not enough for recovery because the social and relation dimensions of the trauma must be addressed. Khatib and Potash (2021) discovered visual journaling to express multi-dimensional elements in trauma care to enable PTG. The short time was seen as a limitation of this study, as well as the potential distractions of working in a family home, while community support was invaluable for PTG (Khatib & Potash, 2021). As the trauma narratives and visual journals began to empower recovery and PTG, other sensitive, difficult issues emerged. Thus, Khatib and Potash (2021) stressed the need for an art therapist to respond effectively and find longer-term therapy services.

Transformative Superpowers using Superheroes and Superheroines

Art Therapy and Superhero Play Therapy Enables PTG

In Stauffer's case study, she (2021) offered a superhero intervention in an Adlerian play therapy technique to help two elementary school-aged boys overcome sexual abuse trauma. Stauffer worked with ESPAS, a trauma-focused multidisciplinary nonprofit clinic that helped families with victims of all ages in Switzerland. Stauffer (2021) chose the superhero metaphor because it was "sufficiently robust and flexible to stretch and be stretched in a multitude of creative ways...." (Rubin, 2020, as cited in Stauffer, 2021, p. 15) while van der Kolk emphasized that children needed superhero therapy for a "sense of pleasure and mastery" (Van der Kolk, 2005, as cited in Stauffer, 2021, p. 20). The researcher explained how posttraumatic play had resulted in stagnation in the children's progress toward mastery and wellness. Stauffer (2021) recounted this often occurred in the play therapy processes for trauma and labeled it as "inevitable stuckness" (p. 15). Stauffer engaged the two boys in this intervention which involved drawing superhero characters representing themselves. This activity was inspired by the intrinsic nature of psychological trauma because often talking can

retraumatize the individual. As the two boys identified with and talked positively about their own characters, they circumvented a stage in traditional talk and play therapy in which a victim was rendered silent (Stauffer, 2021). This is because “Certain violations of the social compact are too terrible to utter aloud: This is the meaning of the word *unspeakable*” (Herman, 1992/2015, p. 1). Applying play therapy that employed art and expressive therapies was imperative because they lessened trauma’s impact by mirroring the sensory experience (Stauffer, 2021). These therapies are crucial because “they are action oriented and tap implicit, embodied experiences that can defy expression through verbal therapy or logic” (Malchiodi, 2020, p. 1).

Two clients experiencing symptoms of trauma caused by sexual abuse from two different families were chosen as they became disengaged in therapy. One boy received 23 play therapy and five family sessions, and the other boy received 12 play therapy and three family sessions (Stauffer, 2021). They were offered as many sessions as the therapists felt were necessary to restore the children to a normal functioning, which added the dimension of persistent observation or verifiability. Also, triangulation was supported as the therapist transcribed their narratives and kept their creations in their individual locked boxes, which were also scanned. For the first child, who drew and created his superhero inspired by Spider-Man, the therapist hypothesized that he was not cognitively stunted, but rather his abilities were masked by his trauma symptoms. Stauffer (2021) felt that this hypothesis was supported because of the quality and precision in his drawings and the insights in his narratives. The other child used similarities from a character in Kishimoto’s (2007) *Naruto* manga series (Stauffer, 2021), which supported his confidence and reasons to survive. The play therapist reported that both children gained a renewed sense of purpose and energy as they were able to embody the superheroes. They also experienced greater personal strength, positive emotions, and hopefulness. After the art activities, both children

believed “they could make a difference in the world...expanding their social interest and relational capacities” (Stauffer, 2021, p. 22). Because these results related to two unique children and environments, Stauffer (2021) acknowledged that they may not be generalizable to other children or populations. This study proved a testament to how when children identify and interact with characters representing power and resilience, they too can unleash their inner superheroes and persist forward as well.

Discussion

A lack of widespread knowledge about PTG (which is a psychological construct) in trauma care as well as attitudes and beliefs that require multicultural sensitivities (Maercker, A., and Zheng, P. (2021) have caused a scarcity of research for PTG and AT. Tedeschi et al. (2018) recommended PTG as an expansion of traditional trauma recovery methods and advocated for adding AT. Khatib and Potash (2021) emphasized a holistic approach using AT and expressive therapies as “additional access points” (p. 6) for trauma care. Themes of spirituality, mindfulness, relationships, and community support provided greater results when researched together (Garland et al., 2007; Kalmanowitz & Ho, 2017; and Khatib & Potash, 2021). Based on my research, I am advocating for future PTG and AT research to follow a holistic approach, while continuing to combine the overlapping, multidimensional domains and PTG themes. The holistic approach can be characterized as broadening research while merging, centralizing, and combining trauma research into comprehensive studies to increase accessibility to information. I believe expansive, overarching research could be applied to different types of trauma(s) and adversities, including grief and loss, therefore providing relief to a greater number of individuals. Suffering from trauma may be healed because of research in PTG and AT that has general and wide applicability.

I propose six themes consisting of constructs that facilitate, enable, or predict PTG derived from the PTG outcomes listed above that I have found in corresponding psychological and AT research literature as follows: creativity; positive psychology: including personal strength/new possibilities in life and resilience; relational/community social support; mindfulness; spirituality/religiosity and appreciation of life; and transformative superpowers using superheroes. Within this literature review, I intend to establish an association between AT research and PTG trauma recovery. Although similar themes can be found in psychological and AT research literature, there is a large gap in AT literature that directly addresses PTG. Bowen-Salter et al. (2021) validate scarcity of AT research discussing PTG when they published their research discussing the lack of systemized AT for trauma treatment. Their study supported my incorporating the above relevant themes and literature in this review from a small pool of AT and creative arts therapy literature.

In the recently increasing psychological and medical research for trauma recovery and PTG, the AT research is scarce by comparison. This connection informs my purpose, which is to further AT research in treating trauma that will enable PTG as a holistic approach to trauma treatment.

Theme 1: Positive art therapy expresses emotional creativity using positive emotions, resiliency, coping, and meaning making to enable PTG.

Zhai et al. (2021) developed the research by Orkibi and Ram-Vlasov (2019) and found that emotional creativity was connected to PTG. They found that regulatory emotional self-efficacy, PTG, perceived social support, mental health, and COVID-19 related tests were positively related to each other. Malchiodi (2020) provided support for this when she introduced the concept of PTG, which proposed that creative abilities may increase after a trauma, and that

individuals may be able to transform these negative life experiences using creativity as a way of coping with the adversity. Furthermore, I support the AT research I have presented in this paper regarding positive art therapy. Malchiodi (2020) said that drawing “a picture of happiness” (p. 347) may be more helpful for mood repair in trauma recovery and she pointed out that positive art therapy helped individuals move away from distressing thoughts. The positive art therapists in this paper attempt to do just this as seen in the meaning making interventions by Hass-Cohen et al. (2019) and Reilly et al., (2021). Because positive emotions resulted from this creativity construct, the connection was made that positive art therapy interventions could lead to recovery from trauma and enable PTG as well.

Theme 2: Spirituality and religiosity support PTG and AT.

In the study by Khatib and Potash (2021), spirituality was linked with social support, community, and relationships. Spirituality’s strong presence in a child’s life can be seen as a motivator and predictor of PTG. Furthermore, the importance of spirituality and religion was voiced by the children in this study, as it could be seen as the most important element in their desire to proceed forward with their lives with meaning and purpose. In particular, the significance of emotional processing became apparent through visual journaling that combined narratives conducted in the home with family. When we liberate ourselves from our egos and inner thoughts and shift focus on concepts larger than ourselves, we gain perspective, awareness, and reflection. This domestic setting fostered comfort within the participants, thus allowing them to feel at ease and to emerge from the trauma and construct new meanings in their lives needed to move forward. The study revealed the potent nature of contemplative written practices and how it can cultivate PTG as well as promote inner reflection and mindfulness. I believe that spirituality combined with journaling can help trauma survivors process and make sense and

construct greater meaning of the traumatic event. This study provided insight into how there is a positive linkage between trauma recovery and spirituality and religion for trauma survivors.

Implications for Practice and Research

Van der Kolk (2014) posited “we are on the verge of becoming a trauma-conscious society” (p. 349) as he noticed almost daily reports on the disruptive nature of trauma. In bolstering himself, he explored the sources of “joy, creativity, meaning, and connection –all the things that make life worth living” (van der Kolk, 2014, p. 358). These same aspects correspond to the main themes in this literature review that connect PTG and AT. Van der Kolk (2014) foresaw great financial and logistical challenges in scientifically establishing the beneficial results of art, music, and dance therapies in trauma care. However, with the global rise in violence, pandemics, hatred, and wars, traumatic events have been intensifying and people’s values have been harmed, so there is greater need for AT interventions that provide hope. While still very limited, there are recent studies that connect PTG and AT which combine positive art therapy with the three-stage process of recovery from trauma in Herman’s theory (Herman, 1992; 2015). As a future art therapist, I plan to implement these integrated AT interventions to enhance positive emotions, CSE, CA, meaning-making, happiness, and well-being. I aspire to use the AT protocol as an “expert companion”, to encourage PTG, which is based upon humanism (Tedeschi et al., 2018, p. 143) and to provide social validation in a community environment.

I suggest that future research link AT and PTG with case studies that emphasize AT, positive art therapy, and relational, social and/or community support systems that acknowledge multicultural competencies. This endeavor could provide great depth and far-reaching benefits to further circulate the concept of PTG globally. Because case studies can be related to popular,

inspirational stories, I believe that this multidisciplinary approach has potential to reach a wider audience. While large, quantitative studies have great potential, there are economic considerations as van der Kolk (2014) stated that may make them more prohibitive.

Limitations

Because I felt so enthused about this topic and wanted to deeply understand all facets of the subject matter, this thesis was initially 60 pages long. When I feel personal resonance and identify with a subject, I pour my heart and soul into my work and oftentimes exceed the page limit requirements. This is a strength while also being a limitation for me because sometimes I feel so deeply immersed in the subject that I lose track of literature review requirements. Since I have experienced multiple traumas, another limitation is that I often forced myself to detach from the emotionally challenging present while writing this thesis. My emotional self-regulation may prevent me from concentrating on the effects of trauma, and I may appear to overlook certain difficult subject matters. On the other hand, this detachment has enabled me to learn and inform others about trauma and PTG using AT. This paper helped provide distraction, solace, and escape for me during a difficult and painful time of my life. Writing this paper was healing for my own PTG I currently face. Because of the emotions I faced, I tried to keep the work objective and separate my emotional subjectivity and maintain a neutral position while attempting to understand my emotional biases.

Because of PTG's recent emergence within the last 40 years, there was a scarcity of available materials and resources. Herman (1992/2015) provided her one-word reason for the periodic lack of trauma literature, which was "anathema" or simply, avoidance. Thus, I struggled finding literature and a vast array of sources to utilize, which limited the possibilities of my

research. My research could have been much more expansive if there were more resources focusing on PTG.

Conclusion

As a future art therapist, I will integrate AT interventions into my work that support trauma management in an expressive and creative manner, and I will combine CA, CSE, well-being, and PTG, thus providing a holistic approach, which is important. Specifically, I felt inspired by Chilton et al. (2015)'s "Arts-based Emergent Theoretical Model...", which affirmed how positive emotions help create psychological and social resilience (as cited in Fredrickson, 1998, 2004, p. 12). Consequently, the model will help me use AT methodology to assist future clients who have experienced trauma to cope, improve resiliency, and experience PTG. I have accumulated useful knowledge for my future practice that I can imagine replicating. I will apply theory-based AT protocol involving integration of the mind, body, and heart from this literature review (van der Kolk, 2014). I foresee myself helping future clients by promoting positive art therapy to help alleviate suffering and foster reflection within clients.

Since I have struggled with my own traumas and have healed myself using trauma-focused AT, I have an implicit understanding for those who have undergone traumatic events. This thesis has informed how I wish to conduct the dynamic in my future practice. Because I have lived experiences with trauma and struggle, I will never give up on future clientele and will provide my own personal healing methods and wisdoms through AT. I commit to being vulnerable and authentic about my trauma therapy experiences (without disclosing too much information) with clientele to humanize myself and communicate that I have an implicit understanding and shared lived experience. By sharing and relating to the client, this could help remove the layer of shame and therapist-client power dynamic. This thesis has helped me realize

I do not believe in a therapist-client hierarchy, rather I believe in humbling myself and sharing the coping mechanisms I have used to deal with my trauma.

Posttraumatic growth is both a perceived and subjective transformative event that not all experience, nor need to experience for recovery from trauma. Posttraumatic growth can happen naturally, but is not necessary for complete recovery; however, it has its own purpose in helping someone recover and providing hope for others who suffer. Posttraumatic growth is a lifelong process and recovery is never complete, but one can learn how to better cope and manage their emotions, thoughts, feelings, and compulsions through PTG. Furthermore, trauma does not discriminate based on age, race, social class, political stance, or religion. We are “all in the same boat” and everyone’s trauma is equally valid regardless of circumstances. In every culture, trauma can affect anyone. No one has control over their environments, rather PTG applies to all cultures.

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THESIS APPROVAL FORM

**Lesley University Graduate School of Arts & Social Sciences Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA**

Student's Name: _____ **Patricia Ezzard** _____

Type of Project: Thesis

A Literature Review: Posttraumatic Growth in Trauma Recovery Using Art Therapy:

“How a Superhero Learns to Fly”

Date of Graduation: _____ **September 15, 2022** _____ In
the judgment of the following signatory this thesis meets the academic standards that have been established for the above
degree.

Thesis Advisor: _____ **Raquel Stephenson** _____