The Effect of Art Therapies on Traumatic Stress: A Research Paper

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Abstract

This paper examines 18 empirical articles from 1991 to 2009, reporting on the effect of art therapies, including drama and music therapies, in the treatment of and interventions with traumatic stress. These articles are supported by five case studies of individuals and groups to glean greater insight into topics presented in the fore mentioned articles. There is also a special article on the correlates of neuropsychological factors in psychoanalytics. Finally, there is one presentation for hip hop as an art therapy that is underrepresented in the research literature. It is a largely atheoretical art therapy process inherent in Western minority or Asian populations. Research from Africa and the Middle East is present, but the majority is from English speaking countries or societies of European influence. Most research focused on treating patients with diagnosable Post Traumatic Stress Disorder (PTSD). All of the reviewed studies covered subjects with symptomology resulting from traumatic stress. Various art modalities were used in a range of structure styles and implementation strategies. Studies revealed that expressive and creative art therapies are effective, except when the participants were participating in an activity that reduced their self efficacy prior to treatment levels.
The Effect of Art Therapies on Traumatic Stress

In the 1952 edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) there was an acknowledgement of a gross stress reaction as a mental disorder and, in 1980, Posttraumatic Stress Disorder (PTSD) was introduced. In the revised third edition in 1987, the DSM added symptoms specific to children with PTSD (as cited in Mallay, 2002).

Depression, anxiety and chemical dependency are common disorders that occur with PTSD. When the symptoms described above are persistent for three months then the diagnosis of PTSD is given (Collie, Backos, Malchiodi, and Spiegal, 2006).

The criteria for Posttraumatic Stress Disorder includes the experiencing of a traumatic event that threatens the self, the well-being or life of the self, or the lives of others. Traumatic stress and distress can be caused by living with war, the threat of war, the loss of parents or loved ones due to illness, foster placement, and other threatening circumstances possibly affecting symptomology. (Monti, Peterson, Shakin Kunkel, Hauck, Pequignut, Rhodes, and Brainard, 2006; Lefevre, 2004).

PTSD consists of three symptom groups: intrusive re-experiencing, avoidance of triggers and reminders, and hyper-arousal, possibly leading to hyper-vigilance. If the trauma exposure was severe and the traumatized person continues avoidance, the symptoms may become chronic (as cited in Collie, et al., 2006).

Because of the life threatening effects of physical illness, certain illnesses can lead to PTSD in a patient. For example in the United States there is a continued increase in the rate of cancer. The diagnosis itself is distressing, with estimations of high stress levels in 20%-40% of cancer patients. Serious illness is also included in this literature review (as cited in Monti et al, 2006).
Within the veteran population approximately 35% of Iraq War veterans who return home access mental health services within the first year. Approximately 30% of people who have been in war zones develop PTSD. There is a linear increase in the symptoms of PTSD the more firefights the affected soldier is involved in (as cited in Collie et al, 2006).

Since children’s development dictates the need for non-verbal communication of traumatic events, this research focuses on children world-wide affected by traumatic influences which are hard to measure. A key variable in determining the impact of a traumatic event on a child is the subjective interpretation by that child of the event; interpretations facilitated by art therapies. For this reason, art therapies are researched and used across age spans (as cited in Mallay et al., 2002).

There are many research studies regarding visual art and drama therapy substantiating the efficacy of those practices for treating stress, traumatic stress and PTSD. There is a lesser amount of research in the use of music in the therapeutic process in comparison to the fore mentioned research (Lefevre, 2004). This paper includes information drawn from eighteen peer reviewed articles, including qualitative thematic investigations, mixed quantitative and qualitative studies, and quantitative only studies. Presentations and case studies are also integrated into the paper to glean further insight into the knowledge base for the efficacy of art therapies as a treatment for traumatic stress.

One article focuses on the use of music in therapy for distress caused by abandonment, neglect, abuse and chronic foster placement. Two articles report on the effects of art therapies on cancer patients and their families. Another article focuses on the efficacy of art therapy on PTSD in traumatized children with brain injury. The rest focus on specific models of behavioral analysis and arts therapy focused on combat related PTSD, PTSD related to divorce, or other
populations touched by trauma. A majority of the articles study the treatment of mixed trauma populations, some with traumas that are themselves the result of traumatic behavior possibly caused by PTSD itself.

General Effect of Art Therapies on Traumatic Stress

Art therapies include a range of art forms including drama, visual, musical and literary arts. Reporting research has found art therapies to be effective for the intervention and treatment of traumatic stress amongst clients whose self-efficacy or control is not diminished. Studies also found that program design, administration and therapy methods that are insensitive to cultural needs and norms of patients, or are constrictive of self-efficacy and control, were not effective, and possibly harmful.

Cultural considerations related to self-efficacy are addressed in this research as well. A vast majority of art therapy literature is done in the West, where individualism has a higher value than the East. Notions of self in the East differ in that the self is framed in terms of interdependency with the group, emphasizing attributes that allow for interpersonal harmony.

In contrast to Eastern values, individual freedom from the group in terms of autonomy and responsibility results in countries like The United States emphasizing internal uniqueness. This internal uniqueness is of value in the U.S. and informs self-concept, self ideal and perceived self, along with self expression (Markus and Kitayama 2009).

Henderson, Rosen and Mascaro’s study (2007) with 36 undergraduate students at a southwestern university researched the efficacy of a three-step process of mandala making in this mixed trauma population. This population had scored moderate or high for PTSD symptom ratings. The participants were split into a wait-list control (n=17) and experimental group (n=19). Both groups were given an explanation of the sensitive nature of the study by the lead
investigator. The control group and the experimental group drew for 20 minutes, for three consecutive days (Henderson et al, 2007).

The researchers (Henderson et al, 2007) hypothesized that the experimental group would show significant improvement over the control group in psychological and physical health immediately following the procedure and at the one-month follow up. The control group was asked to draw an ordinary object (i.e. a pencil, cup, etc.) while the experimental group was asked for each of the three days to fill a circle with emotions and feelings, or representations of the identified trauma. The experimental group was asked to explain the meaning of their drawing at the one-month follow up, and also asked to not use words during the initial exercise. The issue of avoidance is of greater concern for research subjects’ ‘ought self’ and the issue of attraction to ‘other’ is higher in relation to the ‘ideal self’. This appears to inform levels of participation and avoidance of certain experiences (Higgins et al, 1994).

At the one-month follow-up the experimental group reported experiencing fewer symptoms of trauma than at the end of the treatment and at baseline. They also were experiencing fewer traumatic symptoms than the control group, even though they had higher ratings for traumatic symptoms than the control group at baseline and upon immediate completion of the intervention (Henderson et al, 2007).

The ability to release events carried away from an event in non-verbal formats was illustrated by a case study done by M. Gregerson in 2009. In this case study secondary trauma carried by the creative art therapist was effectively worked through utilizing artistic expression. The non-verbal processing quality is of key importance in art therapies for the therapists themselves, as indicated in this study. Art therapists often have restricted abilities to verbally articulate the secondary trauma they may experience as a therapist because of privacy laws or
other limiting factors. The use of art therapy for therapists’ self care is a viable solution, particularly because the visual content of their clients’ emoting is more complex and difficult to release in words.

There is research concerning the effects of emotional release and strategies that are personally and culturally healing and give us a means to initiate catharsis, a means for introspection, and a means for integrating self growth into one’s lifestyle. This process of change has been illustrated in indigenous peoples of the West as well in the study by J. Gone in 2009 where he studied the release of Native American historical trauma and the processes latent in their community healing process.

Art making as a primary form of care with a relatively higher educated and predominantly white population, with low therapist interaction, was researched by Gantt, and Tinnin in 2007. In this study, an intensive out-patient program lasted one to two weeks with full day sessions during weekdays. In order to minimize transference the primary relationship for the clients was with the clinic in this study, not the therapist.

As a group, the patients were higher educated and higher functioning than the researchers’ other clientele. There were 72 patients and 77% were woman, with 57% of patients reporting physical or sexual abuse during childhood. This treatment tested whether it was possible to effectively address dissociation and PTSD in a short-term, out-patient program (Gantt and Tinnin, 2007).

The treatment model had four phases. Phase one included assessment, preparation for trauma therapy, and psychoeducation concerning what the authors called “instinctual trauma response” (ITR). The second phase included visual art narration of dissociative imagery with hypnotic assistance. The third phase consisted of the therapist re-presenting the material to the
client while creating a video log of this step for later play back to prompt the patient to form a relationship between the present self and the self left behind due to trauma. If the client felt over stimulated, a written dialogue was developed (Gantt, and Tinnin, 2007).

This set up the final phase which allowed the clients to see themselves negotiating the traumatic material with the therapist on video, allowing both subtle integration and greater integration as needed. The fourth and final phase was meant to change the victim’s mythology (Gantt et al, 2007). The last three phases correlate with the needed steps of art therapy for PTSD: trust, feeling, and insight (Collie et al, 2006).

The study proved, contrary to the prevailing opinion that slow, cautious treatment of trauma is most effective, that in the absence of regression trauma, processing can proceed unhindered. Forty-five percent of the clients met the criteria for recovery, 44% were improved, 8% were unchanged, and 3% were worse after treatment.

Clients gained control over auditory hallucinations and command hallucinations in two weeks. Through self-report, there were significant improvements. Clients reported that they could avoid honestly working through traumatic issues in conventional therapy, yet these issues were dealt with successfully in art therapy (Gantt, and Tinnin, 2007).

Veale, Ennis, and Lambrou (2002) discovered that artists or those educated in the arts have a higher rate of Body Dysmorphic Disorder. They speculate that this may be due to a higher aesthetic sensitivity or ideal, or a perfective and idealized “self”. Collie et al (2004) describe the importance of externalizing of experiences. The design for interventions with higher functioning clients in the Gantt et al (2007) study was intended to minimize the role of the therapist to reduce transference of the client’s self onto the therapist. The sensitivity of art therapy and treatment to
the participant’s internal and external dialogue is important to the object relations in the art process.

The self can be seen as analogous to a narrative metaphor or a computer. Both narrative metaphors and computers are altered in terms of how they function based on cultural resources and data input. This phenomena of the self as analogous to a narrative metaphor or a computer was studied by H.J.M. Hermans in 1996 in his article “Voicing the self: From information processing to dialogical interchange.” Psychoanalytic processes of the self have been explored in psychiatric literature by Kandel, 1999. Kandel’s research is concerned with the mechanisms of unconscious awareness of emotional artifacts and self that come forth in transference processes correlated to memory functions. The narrative metaphor and computer both handle and process experiential facts uniquely. Mentally, narrative is a retold event or story, and associated with the creative self. Computers recall information in a logical, compartmentalized manner without synthesizing information into a meaningful model of life the way that narrative does. The computer is analogous to the purely logical self.

Using melody and harmony to emphasize treatment for neglect, and word content and writing for abuse, Lefevre used keyboards to accompany children in a flowing therapy interaction led by the child. Music therapy is effective with children receiving frequent foster placements during clinical social work intervention. In this and later interventions like this, which are less structured when compared to the first reviewed studies, transference was less of an object of difficulty, but an enhancer to the mental health of those studied (Lefevre, 2004).

Self regulation is improved with music, as illustrated in F. Herman’s 1996 case study The Boy Nobody Wanted. Themes were used to structure the therapy. The themes were drawn from qualitative data gathered for the interventions. Lefevre’s client demographics were not confirmed
as having less income or education than the norm. One client transferred the aggression of a constantly critical father onto the therapist through forceful drumming, and was then able to restructure that into harmonic beats.

As cited in Collie et al (2006), the American Art Therapy Association reported that 13 art therapists who treated PTSD identified six factors of successful treatment. Those include: progressive exposure, externalization, reduction of arousal, reactivation of positive emotion, enhancement of emotional self-efficacy, and improved self-esteem.

James and Johnson (1997) studied the transference of 15 vets who perform impromptu plays. These plays were not structured by the therapist, but the therapist did inform improvisational behavior. The clients were divided into cohorts of 15 for a four-month course of treatment. This involved several creative art therapies, individual, group and family therapy, as well as drama therapy.

Research was done with adult females in Kuwait. This research explored the women’s ability to express and operationalize their selves and explore themes that recurred from the memory of those events. The pedagogical constructs of Piaget were explored and proved operationally appropriate in this population as they were able to express themes of traumatic experience. The public expression of grief in this culture is considered within social norms (Pepin-Wakefield, 2008).

The sensorimotor response is critical to cognitive development since it correlates with the cognitive attention needed to operationalize the self. It is involved in attentional stamina or the focus necessary to remove distracting thoughts from one’s field of awareness, including the negative effects of trauma. This response also correlates with improved impulse control and
reduction in poorly planned behavior or interpersonal filtering in social situations ( Manastra et al., 2005).

Understanding the sensory and attention needs of populations with special needs affected by PTSD is represented in the literature. The cognitive deficits of some children affect their access to and the effectiveness of talk therapy. Art therapy becomes a viable alternative. In his study of children with Fetal Alcohol Spectrum Disorder, Gerteison, 2008, showed how the non-verbal functions of art therapy can aid those with co-morbid issues with PTSD since these children lack the necessary verbal or cognitive abilities, when compared to neuro-typicals.

The drama protocol consists of improvisational play needed to treat PTSD in three steps including rage, shame and, finally, the empathic phase where it is possible to see an increase in participants’ tolerance of several aspects of self and “other”. The therapist plays hated authority figures and participants express feelings and thoughts about fictional characters during the rage phase ( James and Johnson, 1997). Blacker et al, 2008, illustrated that violent offenders who participate in drama-based CBT showed a significant reduction in anger management difficulties.

The externalization of feelings was successful during the shame phase and peaked during the rage phase. This treatment is effective in treating veterans who experienced trauma in their family of origin. Their trauma was compounded in war in that they were predisposed to PTSD. As people vulnerable to PTSD prior to their military involvement, their familial history of traumatic stress combined with the rejection they experienced by many Americans upon coming home became a trigger for a sense of isolation and shame. There was a pattern of isolation and avoidance behavior upon return, encouraging avoidance of symptoms. This was compounded by the isolation from family that was experienced when the soldiers joined the military as a way to avoid the stressors of their family of origin (James and Johnson, 1997).
Social isolation and the effect of music or other more public art as a treatment for the negative effects of social isolation is embraced differently amongst different cultures. Australia, for instance, is a highly scientific and individualized society compared to the Sudan. Many Sudanese refugees have moved to Australia due to the conflicts over the last twenty years in the Sudan. In the Sudan, music is used to resolve conflict, and to create community, while in Australia, as in other Western cultures, it is oriented more towards self-expression (Jones, Baker, and Day, 2004).

McCullough, in 2009, illustrated in his research that transitional object orientation improves the well-being of children in divorcing families as a way to moderate social isolation and attachment issues. It improves a sense of self control and reduces the effects of the felt schism in the child’s internal world model. This type of resiliency is necessary in the object relations work apparent in children struggling with world views that diverge from their parents. The effects of divorce that often limit children’s ability to express themselves are reduced because the use of visual and other arts helps to access non-verbal material. Verbal discussion of the divorce trauma is given less of an opportunity for release during changing households with limited relationship functioning and physical proximity issues.

As in the Gantt et al (2007) study, these two styles of therapy affect different functions of trauma. The self-expressive model of Western societies is similar to the second phase of the Gantt protocol, whereby the client would draw or create challenging imagery, while in the third phase of that model they would hear it repeated back to them from the therapist. That third phase is similar to the confrontation and interplay in the Sudanese use of music.

Obviously, the emphasis in Eastern cultures such as Japan on the individual’s ability to harmoniously interact with the group changes the dynamics of self-ideal, self-concept and self-
disclosure. In the west there is a heavy emphasis placed on celebrating an individual’s internal qualities and abilities to move autonomously in the group. Both cultural styles contain methods of maintaining equilibrium and meaning between the group and individual. In the U.S. the “squeaky wheel gets the grease” and in Japan the “nail that sticks out gets pounded down” (Markus and Kitayama, 1991).

There is research covering the treatment of mental illness and the cultural perspectives of mental illness in less industrial nations as well as countries that are affected by civil war or conflict similar to that. In a case study regarding a wellness oriented program in Northern Ireland, where there is a history of civil conflict and subsequent PTSD, the stigmatization of mental health issues is addressed. In Northern Ireland the troubles have claimed 3500 lives in the last thirty years. There is tension about speaking openly about mental health issues and the stigma around the ill effects caused by the threat of violence in Northern Ireland. There is also a stigmatization in the Sudan, where the mentally ill are seen as “less” than normal. Thirty to forty percent of sick days taken off of work by employees in Northern Ireland are taken due to mental or emotional illness. Kenyan musicians are similar to critics of the medical model used in Northern Ireland. The medical model, argue these critics, is informed by ideology imposed on them by the United Kingdom. Jones et al (2004) address this issue by stating that the music therapy model in Australia is informed by cautious, scientific linear thinking, with less “holism” than other musical cultures (Heenan, 2006)(Jones et al, 2004).

Compared to England, the use of tranquilizers is 75% higher and the use of antidepressants is 37% higher in Northern Ireland. The study done by Heenan (2004) focuses on an out patient treatment program meant to reduce mental health symptoms in the clients. A community mental health service was used in the study which did not report clinical data to the
government health authorities. The goal was to provide a partnership approach between the clinic and the clients. This was intended to serve people affected by mental health issues and, in the process, to minimize government oversight from the United Kingdom that might have affected the therapy process and outcomes. The intended benefit was reducing the participants’ fear of records creating a stigma, or paper-trail. The participants chose from five modules, and participated for ten hours a week for ten weeks. The clients came through a doctor referral, and there was no verbal therapy component.

The researcher performed twenty in depth interviews; two ten-person focus groups. Each subject had a three-year prior relationship to the program. The data were collected randomly and then analyzed through thematic analysis. Three themes emerged: self-esteem, a safe space and empowerment. There were improvements in all areas (Heenan, 2004).

Issues of power and self-efficacy are the main determining factors for programs that lack effectiveness in treating traumatic response with art therapy. If structure is enforced and self-disclosure is required by staff, the therapeutic intervention may become damaging as reported in Goodkind and Miller’s (2006) study on the efficacy of a “gender specific” treatment for adjudicated girls in a Midwest correctional facility. Their qualitative study with thematic analysis of teenage girls in treatment was informed by a feminist critical lense that was used to study the effect of gender stereo-typing on art therapy treatment. Sixty young women participated in the art therapy program.

Art therapy is seen by the U.S. juvenile justice system as an expressive therapy, and gender specific programs have been developed around the stereotype that girls are more “right brained” and expressive than boys. With a 59% rise in the number of adjudicated girls since in the 1990’s, new treatments have been needed (Goodkind and Miller, 2006).
In this study, the authors did an inductive and interpretive evaluation of the perspectives of the youth, staff and administration regarding program effectiveness. Twenty-one young women were interviewed and 14 of 32 administrative and treatment staff were interviewed. The language, meaning and expressions of the interviews were coded for analysis (Goodkind and Miller, 2006).

One direct care staff member was an African American, and a majority of the young women were African Americans from urban and low-income backgrounds. The art therapist led the weekly groups. Some girls reported that the program was not beneficial, and many described positive factors. The youth reported enjoying making things of their liking, while they also reported in high proportions that they placated the art therapist and did what they wanted to. They also reported that the requirement to self-disclose was threatening within this peer group (Goodkind and Miller, 2006).

The young adults in this study reported self-disclosure to please the therapist due to a lack of power. (Goodkind and Miller, 2006). The lack of self-efficacy and doing what is asked without authenticity is a part of alexithymia and the numbing state of PTSD (MeijerDegeb, Lansen, 2006). The loss of control is counter to treatment of PTSD, as established by Collie et al (2004).

Hein, Cohen, Miele, Litt and Capstick (2004) studied 107 women from low-income, urban populations who suffered from PTSD and substance abuse disorders. The intervention was CBT for two verbal therapy sessions each week for three months. Compared to the Goodkind and Miller (2006) study, subjects in this group were self-seeking of therapy, and showed significant improvement over the control group.
As cited in Mallay (2002), the brain alterations resultant from trauma may become permanent without intervention. First, the altered limbic state can set neural functioning patterns in motion creating extreme sensitivity, with stressors rapidly re-triggering at a rapid rate the initial response to trauma. Noradrenaline states then trigger hyperarousal and, finally, a survival response is triggered. When a traumatic event occurs there is extreme stress combined with a feeling of numbing related to the thought that there is no one to protect the traumatized. Research states this is a chemical response.

Children and adults recover from PTSD, as cited in Mallay (2006), in a three-step process. First, stabilization is needed. Secondly, discussion, verbal or non-verbal, of the event occurs. Finally, exploration, management and mastery of after effects occurs. Mallay referenced the use of collages immediately after a school bus crash, where students worked in a classroom. Their work was initially hurried and lacked experimentation immediately after the accident. Then children’s art work became more experimental which is indicative of an increased sense of ease, liberty and self-efficacy. It also indicated a decrease in avoidance of material and reduced rigidity. This illustrates the usefulness of therapy immediately following a traumatic event.

Penelope (2007) analyzed communications regarding art therapy after a disaster with children. She discovered that there is no set protocol for short-term and immediate therapy. Disaster as defined by Penelope can be defined as the death of a close relative or a natural disaster, and it also includes war. Children dissociate during a trauma, pushing the memory to the subconscious. Due to possible re-experiencing through self-expression, it is difficult to attach words to the trauma. Thus, art therapy and other pre-verbal communications are effective in reaching the primal emotional areas of the brain. In this analysis of communications Penelope gathered data from narrative communications, which predominate in the disaster treatment field of art therapy.
Tulwar (2007) discusses the neurological basis for art therapy, including the bilateral process. The bilateral process of art therapy allows clients to isolate information in the left and right hemispheres and to reproduce the same image with opposing hands after one favored hand has created the image. This promotes integration of the right and left hemispheres and that integration is effective for healing traumatic memory. In the treatment of cancer patients and family caregivers, art therapies have been proven to be effective. Walsh, Radcliffe, Lynnette, Castillo, Kumar, Dawn and Broschard (2007) studied the use of art making to reduce the stress and anxiety of family caregivers of cancer patients. This study included 68 subjects; two thirds were female and the average highest level of education was high school. The Beck Anxiety Inventory and saliva tests for the stress hormone cortisol showed significantly reduced stress afterwards.

Monti et al (2004) combined art making with mindfulness training which included meditation for cancer patients not in active cancer treatments. The therapy included an eight-week program. The results showed significant improvements in client stress levels, which is consistent with other mindfulness studies. The changes in the anxiety subscale were not as large as the depression subscale. Dropouts resulted from illness progression. The results on pain management did not improve significantly for this study, which was not hypothesized.

Intensive trauma therapy using image making, videotaping and review of the image presentation in a short term, two-week, forty-hour per week treatment, produced positive outcomes. The outcomes were that 45% of the participants met standards of recovery for dissociation and PTSD, 44% improved, 8% were unchanged and 3% were worse after treatment. Despite popular beliefs, rapid treatment of PTSD is effective and safe when the model fits the population. The therapist’s and client’s interpersonal interactions were minimal, and the primary
relationship was with the clinic, not the therapist, in this out-patient day treatment (Gant et al’s 2007).

Similarly, Henderson et al (2007) performed an art therapy treatment with a control group of traumatized undergraduate students (n=36). The treatment protocol required students to draw feelings, images and emotions relating to the primary trauma for which they had been assessed. The trauma was related to moderate to high PTSD symptoms one month following the event. These students reported fewer symptoms on the traumatic stress (PDS) measure, suggesting deep cognitive changes, but they reported the same level of symptoms on other measures as the control. These other measures were The Spiritual Meaning Scale, Penebaker Inventory of Limbic Languidness and Beck Depression Inventory. There was no verbal explanation of the drawing until one month afterwards. The intention of not having verbal processing of the events as part of the study was to encourage non-verbal processing of subconscious material.

The experimental group showed lower PTSD symptomology than the control group at baseline. Treatment models that are sensitive to population needs are more effective. In the above study, the population was higher functioning according to clinician rating scales and the independent nature of this work fit their level of independence and functioning.

Using a feminist-critical lense, Goodkind and Miller (2006) performed qualitative thematic analyses with 21 young women participating in weekly art therapy sessions in a "gender-specific" treatment program at a correctional facility for youth where the participants resided. The program was structured, requiring structured art activities and self-disclosure, which was a reported threat to some.

Resistance and numb compliance were reported during inductively coded interview dialogues and focus group dialogues. Some reported the requirement to reveal inner experiences
in this structure as threatening to their self. The clients’ need to control their self and self-efficacy, as reported in Collie et al (2007), shows that forced self-disclosure runs counter to effective treatment methods. Numb compliance is a symptom of PTSD, complicated by alexithymia, a persistent inability to discern and express emotions that can come from chronic traumatic stress. This population came from poorer, less educated family situations than the participants in the Gantt et al (2007) study. The structured intervention and forced self-disclosure exacerbated the PTSD symptoms of some but not all in the Goodkind, et al study. The youth in the Goodkind et al (2006) study reported wanting and benefiting from free art expression. The study reported that the highly structured treatment provided was beneficial to most participants. Although alternative treatment was available in the correctional system, some of the participants found the forcefulness and the institutional treatment troubling and hurtful.

Lefevre (2004) had great success with children in the foster care system using an unstructured method with children in therapy. Music was used in a flowing manner and the sessions were lead and structured by the children. The children generally had experienced trauma, and experienced improvement in self-efficacy from a sort of improvisational play.

Improvisational play was also effective for fifteen Vietnam veterans in residential treatment. Therapy was done with drama therapy where the content and structure was created by the therapist. The veterans had experienced isolation and loathing of self and others, which complicated the effects of traumatic shame, rage and the development of empathy in their lives. The flowing dramatization of their experiences over four weeks of a drama therapy module in the four-month treatment allowed the patients the opportunity to reconcile and tolerate parts of their self while the therapist guided the improvisation with subtle action and role playing. The therapist deliberately acted as the focus of their rage. The pre-verbal importance of art therapy is
demonstrated in the way it allows for accessing primal brain regions and integrating non-verbalized trauma content (James and Miller, 1997).

Methodological Considerations

In Monti et al (2004), the baseline assessments were done post randomizing of experimental and control groups. Therefore the significance of the data is skewed. One researcher, Peterson, was the art therapist as well. Walsh et al (2007) speculate that because they did not use a control group, their level of focus on the participants may have changed outcomes. In Monti et al (2004), the stress level at baseline for the experimental group was higher than the control group, as it was in the Henderson et al (2007) mandala treatment exercises for PTSD. The attention of staff, particularly in a population that may experience hyper-arousal from extra attention from staff, may have tainted the data.

The Henderson et al (2007) study had a small sample size, consisting entirely of undergraduate students. There was also no comparison done with a control group’s art preferences.

Grantt and Tinnin (2007) structured intervention for dissociation and used a self-report instrument which lacked information needed for a clinical assessment. Also, it was a sample of convenience, and not random. Thirdly, the client demographics cannot be generalized, as they were predominately white, higher educated and higher functioning than other populations.

Goodkind and Miller’s (2006) study involved qualitative interviews. The interviewers’ process was informed by the researchers’ feminist perspectives. To paraphrase the one African American staff member working with the youth in the facility, if one of the Mexican American girls were to go home and tell her father that he was oppressive of her mother in his role, she may get thrown out of the house, which is itself traumatic. The perspective of a white, educated
woman has limitations when understanding the dynamics of a minority in an institutional setting. These limitations impact or filter the interviews.

Future Research

In order to fully understand the topics discussed in this paper, further research suggestions are made by the author, based on the theoretical stances of the author. There are many instances of limited perspectives noted in the research that study authors attempted to address in their closing statements. Theoretical underpinnings and insights from the author’s research on his own art experience, corresponding with a period of his life where he was recovering from PTSD, are potentially valuable.

The literature is largely atheoretical for therapies particular to certain minority groups in the U.S. Rap and hip-hop can serve theoretically as a drama, dialectical and narrative therapy milieu for populations that are underserved. Minority populations also have unique cultural identity needs that should be considered in research on the efficacy of this style of art therapy (Roychaudhury and Ross, 2009). Structured research in hip-hop therapy, for instance, is a new phenomenon and deserves further attention.

There is also a significant lack of art therapies research involving Asian populations. A universal dynamic of art as it correlates to multidimensional human data and common biological structures of the self would be beneficial to transcend the limitations in research from Eastern cultures. The biology of psychoanalytics shows potential as an avenue of deeper research. Since that research shows potential as a way to understand more universal psychobiological underpinnings to the human state, it also is able to address commonalities that supersede cultural conditioning.
The author’s reflections on the art process of Chinese calligraphy that he studied under the tutelage of a living Chinese Master painter aided the author in realizing that the Chinese art of calligraphy, a common art in China, relies heavily on standard or objective symbols and the subjective expression of the artist’s state onto those objects. In other words, the artist uses a standard pictogram to paint, but shows expression in the speed of the brush stroke and the quality of the lines. This seemed to the author to fit the phenomena of the individual being valued in Eastern cultures for their ability to harmonize with the group. The individual is therefore functioning under the shared value of the group, like the shared meaning of a set symbol, while the expression is understood in the way the shared value or object, or language symbol is executed. That execution is like the individual’s worth being measured by the harmony with the shared group experience.

In the West, the emotional quality is not in the execution or presentation of the line of a standard symbol as it is in Eastern calligraphy. In the West there are shared standard and objective mood states. There are artists’ blue periods where the audience and artist have a shared value of what a blue period is, like the Eastern audience understands the shared value of a word symbol. But in the West the subjective piece in a blue period work is generally a figure or object unique and specific to the artist. Perhaps the piece is the artist’s lover or dead mother, for example. In this broad argument of connotation and denotation in art of any kind lies a dialogue of broad research need.

Therefore the author has postulated that the connotative and denotative values of art in the East and West are essentially opposite. Understanding the semiotic nature of art therapy in various cultures is therefore a necessity for the way art therapy functions in levels of human experience that are less dense than the biological or chemical. But this complex process of
meaning and expression in art illustrated above begets the need for a profound increase in research in the biology and chemistry functions of art.

The author has reflected on his experience with art and the correlates in psychodynamics to use self study in the art process with a dialogue of induction and deduction. What has come of this are constructs that need to be researched. The first construct is that if realism is the representation of what is in front of us, to the point that drawing realistically is the result of latent talent and impulse control, then realism is an art style correlating to the part of the self and the schools of thought best correlated to control of impulse, or will and instinct. This construct lead the author to believe that realism in art therapy has rich ground for testing constructs around repression and release, as in Freudian thought. The author continued to reflect on the psychodynamic art process as an undergraduate student in order to discover what made the process of impressionism and expressionism viable in art. He discovered that it was affect and mood control, and mediation of the introverted and extroverted self. These correlated to lines of thought represented in Jungian therapy. Finally, the author reflected on abstraction in art making and the way that he had to control, or relate to his schema in this process. Relating to schema and cognitive biased apperception in the filtering of subconscious thought or patterns in order to make abstract art is seemingly related to Adlerian interventions. Research around the styles of major art history movements and their representation in various areas of personality research would inform the use of art styles in therapy, as well as the design of interventions, programming and all media that interact with humans.

The psychodynamic underpinnings of art would then inform research on a construct that the author has made that states that realism in art correlates to the primal brain and it’s impulse control, that impressionism and expressionism correlate with the emotional brain that is a key
place in mediating the extroverted and introverted self and, finally, that abstraction in art correlates with schema and the upper brain. What correlates are found would inform the intervention with intrapsychic and interpsychic forces in social psychology for interventions by therapists and media platforms like computers. Whatever is understood from the three major styles of art and the three founding psychodynamic schools could then inform research on the dialectical process of art maker and their art, art maker and therapist, and art maker and the collective experience as it is understood and recorded in community experience in real and virtual reality. All of these areas need further exploration.

Veale et al's (2002) study on Body Dysmorphic Disorder would benefit research and therapy if understood in the therapeutic perspective. Twenty percent of people in the surveyed community with this disorder were educated in the arts or were artists. Further research would inform the therapeutic role for the art lover seeking art therapy, or the artist and therapist working with the client. This is particularly important in realms of counter-transference from a therapist who may have unrealistic self images or perfectionism that could be harmful to therapy outcomes.

Understanding the impact of Body Dysmorphic Disorder on art therapy interactions and processes may shed some light on the efficacy of the highly structured models of therapy for higher educated and higher functioning populations who may be sensitive to their image in relation to self-efficacy. Further research exploring the effect of this disorder on art therapy patients and the presence of it amongst art therapists would be a clear step in improving clinical practices. Understanding this disorder is a means to understand the bias in perception by art therapists.
Also, a larger study on Body Dysmorphic Disorder is needed to see if the aesthetic sensitivities associated with the disorder were pre-existing to the actual diagnosis of Body Dysmorphic Disorder. In other words, it would be important to understand how much of the drive towards artistic mastery by the population with Body Dysmorphic Disorder is created by a felt inferiority about self-image (Veale et al, 2002). Understanding these factors would reduce the risk that art therapy assessments are not guided by subconscious processes that are biased in the art therapist to the detriment of a visually sensitive client.

A study by Heenan (2006) suggests that larger samples of consumer views of services are needed in order to collect a systematic and rigorously informed data set for planning and delivery of local and nationally helpful services in mental health. Further research to inform debate in this arena is needed. Further research into intensive trauma treatment models, such as the model in the study by Gantt et al (2004), would help us understand the certainty of treatment milieu.

This would also help us understand the potential for intensive therapy following a natural or man-made large scale disaster to reduce symptomology of trauma and possible subsequent personality defenses that cause later conflict in communities. Penelope (2007) suggests researching and developing protocols for immediate therapy after a disaster. Researching mindfulness training in combination with art therapy as in Monti et al (2005) would be beneficial if a control group was used.

Further research into the effects of certain personality strengths on the outcomes of treatment would help further understand populations needing help for problems of distress. This would also inform sampling measures. The psychoanalytic and psychobiological correlates are in need of determination and further research for understanding both universal human traits and personality traits in art therapy processes. The conclusive evidence in the literature regards
largely Western populations. The effect of cultural emphasis on group interpersonal harmony and conflict avoidance in Asian cultures is an area to be explored in understanding healing creative processes in that area of the world.

Research on an open framework for how we evaluate catharsis, avoidance, processing of conflicting internal experiences from a standpoint of group and individual harmony in cultural value sets is a door to a more global art therapy process. Understanding these biological and chemical underpinnings of art therapy would make substantial sense in understanding underlying commonalities across cultures in the art therapy process.

Clinical Implications

Penelope (2007) stated that art therapists need to be empathetic and flexible when responding to a disaster. The primary effectiveness of basic empathy is illustrated in the successful interventions made by untrained volunteers in disaster situations. According to Gantt et al (2007) and Henderson and Rosen (2007), highly structured models with little trained therapist contact are also successful. The act of using an art as therapy is supported when there is a supportive and empathetic presence of another person. The key factor of the healing process is the level of self efficacy and authenticity, since these factors will help the traumatized person re-establish the narrative of self through art making, such as in Gantt et al (2007).

Since the first step in healing PTSD is self efficacy, allowing the art to be a platform for self efficacy is the best first step a clinician can make. As is described in the above paragraph, untrained, but supportive staff can be a part of recovery when the person doing the art is working on the first step of self-efficacy as a way to overcome avoidance. Therapists of all levels need to respect the fact that the first phase of therapy is the simplest in approach and the one where the therapist needs to be the least intrusive so the client can conquer avoidance through self-efficacy.
Reducing the immediate symptoms of PTSD is crucial for success in building trust, so that feelings can be explored and, finally, so that insight and mastery can be gained (Collie et al, 2006). The intervening therapist needs to be aware of the client’s personality defenses and how to transition from the first stage of PTSD recovery to the second phase. The therapist needs to be able to identify ego defenses in the process and coach the client using cues from body language and the art expression. The therapist also needs to win the client’s cooperation for a shared perspective at this point.

One way that this is achieved multi-culturally is to be aware of the complex distinctions the client or consumer has in their culture in comparison to the therapist’s cultural background. Gantt et al’s (2007) study using a structured intensive treatment for dissociation was lauded by a participant's therapist who said the process brought his patient “back”. The clinical implications of research on treating someone who may seem too vulnerable to withstand certain intensive treatments, are that art therapies may be the most direct way to minimize the ego defenses and psychological excuses that cause many traumatized individuals to avoid trauma issues in a typical talk therapy session. The emotional regulation stage, the second stage of PTSD therapy, is well addressed by art therapy because of the non-verbal quality.

Having a culturally sensitive or otherwise well structured intervention is ideal for healing the PTSD in the third phase of recovery that is the re-mastery of life skills that are age-appropriate. Naturally, life skills are culturally informed. The therapist needs to structure the art therapy programming to allow for the first stage of recovery, or the need for self-efficacy, and the second stage of recovery, or the need for emotional regulation in a way that recovers appropriate life skills.
Conclusion

There is significant evidence that art therapies provide a valid method of treatment for traumatic stress. The mechanism of the self in the dialectical healing process is partially understood, yet indicated in the literature in terms of self efficacy and other like terms. There is not a strong grasp of healing beyond a dialectical process in terms of the preset, culturally limited values that inform what that process should look like.

Therefore, the efficacy of art therapy and how it can be used in a broader application beyond socially predicted art therapy models is not conclusive in the literature. The use of computers and larger data sets or the psychobiological factors in psychoanalytical work is mentioned as potential sources of more universal or global approaches across cultures. The presence of art as a culturally valuable process is universally accepted in some form and to some degree across cultures.

In conclusion, art therapy is an effective treatment for traumatic stress within boundaries that encourage the use of self efficacy, including boundaries that are social paradigms of the artistic process. A key influencer in outcome is the match of the level of art making exercise structure to the need for self-efficacy and power. The research available about level of efficacy from the various treatments attempted so far is not sufficient to illustrate an intervention that will work across all populations. However the neurobiological factors of psychoanalytic frameworks in the workings of the self and treatment of mental illness provide an avenue for further exploration to hopefully find a universally human PTSD treatment that is not culturally biased.
References


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