The Effect of Creative Art Therapy on Trauma Victims Suffering from Post-Traumatic Stress Disorder

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Abstract

When confronted with a traumatic situation, individuals' brains often face difficulty in storing and/or processing such experiences. Unfortunately, this presents challenges for accessing those memories later in life, especially if the individuals are solely using speech-based techniques to do so. This fact has spurred research on whether various other therapeutic techniques, such as Creative Art Therapy (CAT), can produce better results in improving the mental health of a trauma victim suffering from Post-Traumatic Stress Disorder (PTSD). This study attempts to uncover whether age, gender, and/or type of therapy play a significant role in the improvement of CAT clients' mental health by questioning licensed therapists experienced in using CAT with traumatized clients on the above-mentioned factors' effects. Participants were interviewed virtually, and audio recordings and transcriptions were created from these interviews. The interviews were analyzed using an inductive approach while following a narrative analysis methodology. The results of this study will aid therapists in having a better prediction of which specific type of clients will benefit most significantly from CAT based on their demographics.

The Effect of Creative Art Therapy on Trauma Victims Suffering from Post-Traumatic Stress Disorder

When the field of psychology began to acknowledge the fact that trauma can produce uniquely expressive and surprisingly therapeutic art, the concept of Creative Art Therapy (CAT) began to be more widely accepted. Art therapy seems to have an important role in advancing healing and community discussions concerning larger traumatic experiences. Atkinson-Phillips (2018) described public conversations about trauma as "speaking difficult knowledge [that] requires an ethics of care" (p. 382). Opening a dialogue between the trauma victim and society through art requires empathic connection, time, visual sense, and a willingness on the part of the observer to support the provoking of thought and conscience (Radstone, 2017). Atkinson-Phillips (2018) reported on public commemorations of trauma, such as statues or objects in heavily foot-trafficked areas, that include a description of the traumatic event which they depict. She asserted that using the term "traumatic" can be complicated when speaking about a catastrophic event because it has a relatively specific meaning. Rather than the word holding solely negative connotations, Atkinson-Phillips (2018) argued that it can do good in the sense of calling out evil to the public eye and celebrating the survival and progress of the victims. Following along with the idea of promoting public versions of art therapy, Abramson and Abramson (2019) ultimately instituted a college course for the University of California, Los Angeles that unintentionally mimicked group therapy sessions. The purpose of this course was to open the public eye to the numerous uses of art therapy for trauma survivors, and how traumatic experiences can shape the art that a person creates. Despite the possibility of pain or discomfort arising in viewers, it is necessary to present traumatic stories to the public eye to enact and inspire change. While

therapists agree that CAT can promote healing and growth within the community, the primary goal of each therapist is to find the technique that will most benefit their client. To determine whether CAT is the most effective therapy for trauma victims suffering from Post-Traumatic Stress Disorder (PTSD), one must first understand how trauma affects an individual's brain.

Literature Review

The Neuroscience Behind Trauma

It is difficult to pinpoint what causes psychological trauma, but the emphasis is increasingly being placed on the victim's response to the event, rather than the type of event itself. Nevertheless, trauma can be broken down into categories based on the source through which it was received and the number of incidents. In terms of the "administering source" aspect, being abused by a person close to the victim—such as a family member or friend—is called relational trauma. Non-relational trauma refers to trauma inflicted by an unknown party or event, such as a natural disaster (Hass-Cohen et al., 2018). Secondly, trauma can be classified as personal or vicarious, with personal meaning that the event happened directly to the individual in question. Conversely, vicarious trauma is labeled as such since the individuals are exposed to it through someone else, not as a primary victim (Lev-Wiesel & Kissos, 2019). Examples of this type of trauma experience would include listening to a loved one speak about their traumatic memories or therapists listening to clients. Relative to the number of incidents aspect, trauma is categorized as either isolated or cumulative, with isolated meaning the individual experienced a single traumatic event. Cumulative trauma is when an individual has experienced more than one traumatic event, normally consisting of different experiences, e.g., physical abuse and sexual abuse (Naff, 2014). Contrary to popular belief, surviving more than one traumatic event does not

always foster resilience, but can increase health detriments (Hass-Cohen et al., 2018; Naff, 2014). This type of trauma is particularly dangerous to a person's mental health and physical well-being if not treated as promptly as possible.

Neural Terminology

The brain is a complex working system and is still being researched. Nonetheless, the multitude of advancements in modern science and technology have allowed researchers to distinguish specific areas of the brain and discover their distinct mechanics and responsibilities, more than was historically possible. When attempting to fully understand how a traumatic event affects and is processed by an individual, one must consider the most active regions of the brain during perception processing, memory encoding, and emotional regulation.

The thalamus is often referred to as the "Grand Central Station" portion of the brain because all input the human body perceives, from all five senses, is processed and categorized by it before being redirected to their corresponding cortices. For example, external stimuli, after passing through the eyes and ears, will be sent through the thalamus before being diverted to the primary visual cortex and primary auditory cortex, respectively, to be processed further (Kalat, 2019). Additionally, the thalamus delivers information to the limbic system, which includes the amygdala and hippocampus. Colloquially referred to as the "fear center," the amygdala primarily controls emotional regulation. A damaged or lesioned amygdala would indicate a severely decreased stress response, to both personal fears and common causes of anxiety (Kalat, 2019). For an individual with this condition, it may be difficult to be traumatized by an event or stimuli that most people would be strongly affected by due to the lack of fear response and emotional arousal to frightening situations. The hippocampus, working in tandem with the amygdala, stores

memories for later retrieval (Kalat, 2019). While many pleasing memories, such as one's wedding or birthday party, are usually easy to remember, Perryman et al. (2019) asserted that some traumatic memories are stored subconsciously or implicitly, oftentimes as "events" rather than "stories," which make them more difficult to retrieve (pg. 82).

Another mechanism of note is the allostatic system, which assists the body in handling stress. Allostasis refers to the process by which bodies reach homeostasis, the body's state of equilibrium and balance. The allostatic system can become overloaded and/or dysregulated by the repeated accumulation of traumatic experiences. This burden frequently causes allostatic overload, a subconscious maladaptive response that severely diminishes an individual's capacity to forge a traditional adaptive response to perceived stress (Naff, 2014). Both Chong (2015) and Naff (2014) demonstrated that allostatic overload can cause various mood and behavior changes, including depression, anxiety, drug abuse, fatigue, and decreased sleep. Additionally, allostatic overload may increase an individual's susceptibility to re-traumatization. To fully grasp why each of these structures and systems is influential in the development of trauma, one must understand how they work together during a traumatic experience.

Neural Flow of Input

When the brain senses that a variable in its environment is unwelcome or potentially harmful, it transmits a danger signal through the thalamus to the amygdala. Once the amygdala senses danger, it sends a signal to the hypothalamus, effectively requesting a decision as to whether it should activate a fight, flight, or immobilization response (Haeyen & Stall, 2021). If nothing is perceived as wrong by the mid-prefrontal cortex, the danger signal is mediated and the body calms down with the help of the Parasympathetic Nervous System (PNS). This is one of

two branches of the Autonomic Nervous System (ANS), which acts involuntarily and regulatorily (Chong, 2015). However, if danger is identified to be present, the Sympathetic Nervous System (SNS)—the other branch of the ANS—activates an individual's fight or flight response. This biologically hardwired defense mechanism inflates one's desire and urgency for safety and enables the body to engage in the necessary action to obtain it. Occasionally, when experiencing a traumatic event, certain individuals with an overactive PNS will be thrust into a more uncommon state known as the freeze or immobilization response, which is highly dangerous in situations where flight is imperative, such as fleeing from a fire. After the conclusion of the incident, the distressed hippocampus will store the memory as an event rather than a full story, as previously mentioned (Perryman et al., 2019). This storage response is what causes later trouble with memory retrieval and emotional response, which in turn has the power to affect people's psyche, their relationships, and how they function daily.

The thalamus, amygdala, and hippocampus, along with the hypothalamus, basal ganglia, and cingulate gyrus, comprise what is termed the limbic system. Although the limbic system is often profusely damaged from trauma, it is also an indispensable resource for restoring equilibrium and health to the individual. While it is the portion of the brain involved with behaviors crucial for survival, such as feeding, reproducing, and seeking safety, it is also vital in regulating emotions and behaviors (Chong, 2015; Perryman et al., 2019). Experiencing ongoing trauma may dysregulate the SNS and PNS to be overreactive in unnecessary situations, instigating prolonged hyper-arousal or hypo-arousal responses. Symptoms of a state of hyper-arousal may appear as increased heart rate and blood pressure, inflated irritability, excessive anger, high levels of adrenaline, and violent behavior. Contrastingly, hypo-arousal states present

reduced heart rate and blood pressure, aversion to people, and overwhelming pain; this often leads to dissociation. Overactivity of these systems eventually damages the brain, especially the amygdala and hippocampus, preventing them from correctly carrying out their respective functions. In addition, it may lead to a disconnect between cognitive reasoning and emotional response. Consequently, stimulating rhythms of the body's vital processes—such as a heartbeat, pulse, or breathing —encourages healing of the ANS and regulation of emotions (Chong, 2015). Comprehending these processes allows scientists to propose more accurate theories as to the reasoning behind CAT's efficacy.

Neural Theories behind Creative Art Therapy

While many theories exist concerning why CAT works for most clients, the exact biological and neurological reasons are still relatively unknown. However, hemisphere-wise, distinctions between the right and left segments of the brain play a large role in explaining why CAT is often more effective than talk therapy. It is widely accepted that the left hemisphere tends to spur verbal, analytical, and rational reasoning, while the right hemisphere fosters emotions and creativity. Neurologically, the linguistics center shuts down when experiencing a traumatic event, which causes the memories to be stored in the center for emotions and survival, consequently lacking a coherent narrative (Haeyen & Staal, 2021; Kuban, 2015; Perryman et al., 2019). The growing disconnect between the two hemispheres due to frequent or repetitious trauma decreases the verbal consciousness' accessibility to emotional memory (Chong, 2015). This difficulty in accessing reason or logic to understand and describe the traumatic event experienced explains why regular talk therapy is not always effective at healing trauma (Kuban, 2015). Even if the linguistic system of the brain is not compromised, CAT is also exceptionally

beneficial when surpassing foreign language and cultural barriers (Rowe et al., 2016). While finding a way to integrate both the left and right hemispheres during trauma therapy is essential to ensuring later recovery and healthy functioning, Perryman et al. (2019) stressed that treatment must first address the right hemisphere to be successful. Once a deeper knowledge of the neurological reasonings behind trauma was uncovered, methods of healing trauma through therapeutic practices were developed.

Trauma Therapy in Practice

In the present society, discussions concerning psychological health are frequently shunned, as if mental health is not as important as physical health. However, a study on trauma conducted by the World Health Organization (WHO) claimed that 70% of their sample group had survived some sort of traumatic event. This study held to exacting criteria when describing a categorically severe experience—e.g., war, sexual violence, and/or a natural disaster (Abramson & Abramson, 2019). Furthermore, Perryman et al. (2019) asserted that within the United States specifically, approximately 50% of women and 60% of men survive at least one traumatic event, with roughly 10% being diagnosed with PTSD. Since the term trauma can encompass a wide variety of experiences, its effects can be remarkably individualized—especially when coupled with the victim's environmental background, previous traumatic experiences, and physiology (Naff, 2014). Therefore, not everyone who experiences a traumatic event develops PTSD or requires therapeutic help (Kalmanowitz & Ho, 2016). Nonetheless, with such a considerable number of individuals being affected by trauma, it is clear to see the driving need for adequate treatment.

Types of Trauma Therapy

Perhaps the two most common forms of therapy used for clients suffering from PTSD are Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Eye Movement Desensitization Reprocessing (EMDR). Jones et al. (2019) asserted that EMDR may be beneficial in helping therapists combat vicarious trauma symptoms, but Schouten et al. (2019) maintained that more than 30% of clients undergoing these treatments do not benefit at all. These clients often suffer from cumulative traumatic experiences, leaving them with emotional over-modulation and poor verbal memory. Sexually abused youth often benefit greatly from TF-CBT specifically, more so when it is adapted to combine art therapy methods (Naff, 2014; Schouten et al., 2019). While art therapy may be more beneficial for these clients, it is valuable to have other types of evidence-based practices for those clients in which their verbal processing systems were less affected.

Furthermore, Jones et al. (2019) detailed two types of less common psychotherapy programs used specifically within a military context, those being Prolonged Exposure therapy (PE) and Cognitive Processing Therapy (CPT). PE systematically introduces trauma-related stimuli to increase clients' emotional processing. On the other hand, CPT focuses on how clients understand and handle the traumatic event they experienced. In the case of CPT, mastering control over one's life and social relations is emphasized (Jones et al., 2019). Some therapeutic techniques for trauma must be militarily based, considering how high the prevalence of PTSD is in veterans and military personnel.

Effects of Trauma

Treatment for clients with PTSD is not quick and easy; people who undergo traumatic events, especially children, are subject to long-lasting physical and neurological changes. When

people are traumatized, especially in childhood, they may tend to numb their feelings or dissociate, which can trigger dysregulation of their immune system. Children who have gone through a traumatic situation tend to be more prone to illness in the future due to the extreme stress they experienced in their formative years (Edwards, 2017; Gerge & Pederson, 2017). Consequently, the risk of substance abuse and suicidal ideation may increase greatly for traumatized children. Additionally, trauma sustained within the first three years of life, especially neglect and abuse, may physically stunt brain growth, cognitive development, and socio-emotional processes (Chong, 2015). According to Rowe et al. (2016), this risk is amplified even further within the refugee youth populations. Mental and physical health are also significantly compromised for mothers and children that are exposed to domestic abuse, otherwise known as intimate partner violence (Woollett et al., 2020). Perryman et al. (2019) expressed that trauma affects individuals not only biologically, but neurologically; it also introduces a negative bias when one processes future experiences. Such studies alone prove how crucial it is to offer care and treatment to trauma victims, considering the exceptionally long-lasting and detrimental side effects.

On the other side of the therapeutic relationship, many therapists often struggle to listen to their clients' feelings every day without becoming overwhelmed themselves. This form of vicarious trauma often results from continually providing support to the client, consequently depleting the emotional energy and coping skills of the counselor (Gibson, 2018). As noted by Lev-Wiesel and Kissos (2019), feelings regarding the self (specifically identity, esteem, worth, dignity) are perceptibly affected by traumatic experiences, for both clients and possibly therapists as well. Within the realm of CAT, vicarious effects are much easier to combat.

Creative Art Therapy in Practice

Creative art therapy has not yet been sanctioned as an official therapy for certain mental health issues; while it has shown to be beneficial, it has not been conclusively declared an evidence-based treatment (Schouten et al., 2019). Consequently, the effectiveness of CAT is still being explored, mainly through the utilization of three different models: body and mind, recovery, and molecular biological mechanisms. The body and mind model proposes that CAT repairs the disconnect between the body and the mind by interrupting unhealthy neural connections or thought processes established due to the traumatic experience. It has been found that an individual's reaction to trauma oftentimes depends on a multitude of personality traits including but not limited to the view of oneself, resiliency, chronic pain, optimism, aptitude for meaning-making, loneliness, degree of threat to self and others, insecurity, insight, confidence, self-care, and emotional and cognitive flexibility. These characteristics are likely to be targeted when using the body and mind model in CAT (Chiang et al., 2019; Hass-Cohen et al., 2018). The recovery model focuses solely on the client's overall health and places emphasis on increasing quality of life. This method of treatment pursues a better understanding of an individual's specific experience, which in turn shapes treatment goals, improves the therapeutic alliance, motivates change, and guides future decisions regarding overall well-being (Chiang et al., 2019; Maltz et al., 2020). Alternatively, the molecular biological mechanisms model looks toward biological explanations of and methods for treating trauma. Trauma customarily disrupts the ANS and elongates states of dissociation and hyper-arousal, which both contribute to brain damage. This model, therefore, attempts to reconcile these issues by adhering to the suggestion that CAT improves sensory manipulations, brain plasticity, and connectivity strength. In turn,

these factors benefit the client in terms of functional recovery, cognition, and severity of symptoms through restoring white matter and decreasing inflammatory pathways (Chiang et al., 2019; Chong, 2015). Among these three methods, the one utilized most frequently in CAT is the body and mind model—especially with nontangible art therapy, like dance and theater.

Types of Creative Art Therapy

It is important to note that many different forms of CAT are utilized, and each has distinct benefits or uses. In most cases, more than one type is used for a single client. Some of the types are tangible, such as writing, painting, sculpting, drawing, coloring, and engaging in photography. Conversely, nontangible forms of therapy include—but are not limited to—music, dance/body movement, and drama/theater. The art used can either be free/undirected or structured/directed (Kuban, 2015). CAT is commonly used to treat various psychiatric disorders, including schizophrenia, bipolar disorder, PTSD, depression, substance abuse, and more (Chiang et al., 2019). Consequently, certain types of CAT or specific art-making materials may be ineffective or even dangerous for the client to use (Naff, 2014).

Hence, before deciding what type of therapy to use with a client, the therapist must first gain insight into the general details regarding the traumatic event their client experienced, as well as the client's window of tolerance. Understanding clients' range of optimal functionality aids in expanding their level of comfort and deepening the therapeutic alliance, without pushing them too far (Maltz et al., 2020; Perryman et al., 2019). Furthermore, Naff (2014) asserts that unconditional positive regard for the client, consistency, and realistic goal setting are all essential elements of successful CAT treatment. Sykes (2021) noted the increased value of art therapy when approached with an underpinning theory, which is any theoretical or background work

done in the field that supports the current research design or methodology. Therefore, when therapists have an underlying understanding of how and why each technique works a certain way, they are better able to find and utilize those interventions which are most successful and individualized.

Tangible Art. In trauma-informed care, therapists aim mainly for psychological safety while aiding their clients in uncovering and processing their trauma, which art therapy is proficient at doing. Image Rehearsal Therapy (IRT) is a type of CBT, used heavily by Edwards (2017) that involves recalling traumatic memories and having the client rewrite the story into a more positive narrative. Chiang et al. (2019) claimed that longitudinal type writing therapy studies have not yielded many significant results yet, however, Maltz et al. (2020) argued that writing therapy, when combined with other standardized self-report assessments, can improve overall PTSD symptoms. This method appears to have the greatest effect when used as an adjunct treatment rather than as a sole therapeutic approach. Haeyen and Staal (2021) furthered this method by introducing a modified version entitled Image Rehearsal-Art Therapy (IR-AT). This technique combines IRT with art in a way that encourages clients to physically write down their traumatic experiences and related nightmares in a comic strip format, then subsequently alter the ending to become more pleasant. They believed that adding the art component to IRT benefited the more nonverbal clients the most, as well as provided a concrete visual journey to look back upon and reflect on their progress. While this is a lesser-known type of therapy, it is useful for combining standard talk therapy with an art-based therapeutic element.

Another method of CAT is art psychotherapy, which explores early relational trauma through its foundation in interpersonal neurobiology. In regular therapeutic interventions

regarding early relational trauma, most memories are coded as nonverbal. Many times, the memories appear to the individual as images rather than words; consequently, they are difficult to access and speak aloud (Chong, 2015; Jones et al., 2019). This issue is frequently seen in victims who endured trauma at a young age when their brains were still developing. Even if the memory can be verbally expressed, the language itself may distort the sense of self or place psychological safety at risk. Additionally, it may lead to the exposure of additional or deeper traumatic memories that the client is unprepared to re-experience at that moment or of which they are not consciously aware (Chong, 2015; Edwards, 2017; Perryman et al., 2019). In this sense, using art as a buffer to distance oneself from the memory improves the client's ability to reflect on and respond to the negative feelings associated with the memory rather than ruminate on them (Hass-Cohen et al. 2018). In addition, the victim may experience an escalated fight or flight response of aggression and dissociation due to the loss of language abilities related to the memories, as well as a continual cycle of stress responses due to unresolved trauma. Art psychotherapy, however, considers these factors and adjusts the treatment accordingly. Some ways in which that is accomplished, as illustrated by Chong (2015), is by using art as an avenue for accessing nonverbal memories, recording unconscious emotions to reduce the sensation of dissociation, and creating a tangible product to help process the traumatic event. Chiang et al. (2019) demonstrated that, for clients with severe mental illness (SMI), those who engaged in visual art showed significantly reduced trauma and depressive symptoms, and significant improvement in cognitive functioning as well. For those with non-psychotic disorders in this study, visual art helped about two-thirds of the sample. In a separate study performed by Rowe et al. (2016), patients with PTSD reported increased relaxation and confidence in the future, as well

as decreased stress, worry, and intrusive thoughts. In addition to IR-AT, art psychotherapy also expertly combines aspects of talk therapy and art therapy to be as effective as possible.

Both the previously discussed methods focus solely on the client. As previously mentioned, however, therapists are also at high risk for adopting some of the client's pain. In researching how to treat the issue of therapists' vicarious trauma, Gibson (2018) conducted and participated in a six-week-long self-study regarding visual journaling response art. This process involves the therapist consciously creating art in response to the traumatic experiences shared by the client. Afterward, she classified the four most common themes in her art as hope, loss, strength, and pain. She found that her visual journaling allowed her to restore her heart and emotions, and not be weighed down by the trauma of her clients. This change in practice positively affected her mindset, increased her resiliency and self-care, and rebalanced her work and home life. The symptoms she had been experiencing—such as nightmares, depression, anxiety, and hypervigilance—significantly decreased the longer she participated in visual journaling (Gibson, 2018). Jones et al. (2019) added to this idea by suggesting that therapists search constantly for evidence of beauty in the world to more strongly combat the distressing feelings that may arise during work. Even though tangible art therapy does not foster a substantial body and mind connection, each distinct technique seems to provide the client with positive results.

Nontangible Art. Nontangible forms of art offer unique benefits from other types of CAT due to their ability to facilitate a body and mind connection within the client. Regrettably, the amount of literature concerning these types is limited, but what does exist claims a multitude of positive results. Along with beneficial outcomes from tangible art forms previously listed,

nontangible art forms appear to offer the additional benefit of clients having higher aerobic health and physical abilities (Chiang et al., 2019). Maltz et al. (2020) contended that these types of therapeutic methods also

> …provide a pathway to reduce functional and psychological impairment related to Post-Traumatic Stress Disorder (PTSD) through the process of expression, containment and externalization of emotions, meaning making, and integration of fragmented memories. (p. 1576)

Moreover, these specific modes of CAT attempt to fulfill the individual's need for self-expression (Perryman et al., 2019). Through coding therapists' response art, Naff (2014) found that using a treatment approach that emphasizes the body and mind connection in CAT has a remarkable effect on the sensory symptoms. She identified the four most important elements to treating clients with cumulative trauma as the following: "(a) symptom presentation, (b) treatment approach, (c) essential elements of therapy, and (d) the use of art as a treatment modality" (p. 81). The most prevalent methods of nontangible art therapy are music, dance/movement, and drama/theater.

Music therapy takes on two different formats, those being either active or receptive. The former requires the client to create or partake in the music in some way while being guided by their therapist, while the client is required to be more responsive in the latter, such as through lyrical analysis (Chiang et al., 2019). This type of therapy is used often for clients with schizophrenia due to its highly reported improvement in the clients' depressive and psychotic symptoms. Additional benefits of music therapy are numerous, including decreased depression and anxiety, increased spirituality and self-esteem, and a better quality of life (Chiang et al.,

2019). In terms of fostering a body and mind connection, music therapy enhances one's understanding of their behavioral patterns and improves creativity (Perryman et al., 2019). In addition, it elicits sensations throughout the body that physically creating art does not, regardless of the level of movement from the client.

Contrastingly, dance/movement and drama/theater therapy involve the body more fully and visibly. When compared to more stationary or non-directed tangible art therapy sessions, dance/movement therapy has been shown to improve quality of life, balance, mobility, and cognitive functioning, as well as to reduce depression and anger, especially in clients suffering from schizophrenia (Chiang et al., 2019). Furthermore, Lev-Wiesel and Kissos (2019) expounded on this, declaring that

> …dance and movement therapy put a central emphasis on the body expression involvement in the therapeutic process and this creates a unique opportunity of recognizing the body signals and movements that indicate the traumatic memory, thereby enabling the therapist to help the survivor to become aware of, and reintegrate between, body and mind: a new experience of the body as a safe shelter, and a home for the soul which in turn would lead to better health and well-being. (p. 385-385)

Drama/theater therapy is perhaps the culmination of all nontangible art forms, considering its synergetic combination of both music and dance. However, certain clients may need to overcome some initial hesitance about participating in a theatrical performance before progress in their mental health can be made. Even still, Chiang et al. (2019) reported that theater therapy incites improvements in the clients' self-esteem, feelings of inferiority, and emotional and social expression by the end of treatment. For both therapeutic approaches, the role of social

context is emphasized, proving how CAT is often beneficial when individuals come together as a group to normalize their experiences and decrease lonely and seclusive feelings (Kalmanowitz & Ho, 2016; Sykes, 2021). Moving from isolation to a community largely contributes to the possibility of successful treatment (Sajnani, 2019). Furthermore, Perryman et al. (2019) claimed that the use of movement therapy is most beneficial for individuals with a proclivity for or history of an immobilization response to reinforce the idea of movement, consciously and subconsciously, especially when in alarming situations. As a counselor or therapist, understanding this connection is essential when deciding the most effective strategy for one's client.

Effects of Creative Art Therapy

Utilizing art to discuss trauma allows the body to access the memories with decreased negative sensations since the client is more relaxed when recalling the event. Having clients—especially children—utilize art in therapy aids in returning and/or developing their sense of identity and autonomy further, which gives them a sense of control (Kuban, 2015). Creative Art Therapy can also facilitate communication between the brain's right hemisphere, where the traumatic memories are unconsciously being stored, and its left hemisphere, where the individual can use logic and reasoning to fully process the event. This process acts as a bridge between the hemispheres and converts subjective imagery in the memory into objective products in the form of art (Gerge & Pederson, 2017; Perryman et al., 2019; Sajnani, 2019). Furthermore, art also presents a calmer, safer, and more positive environment in which the individual can access the memory in a nonthreatening manner with decreased risk of feeling overwhelming sensations of

danger and negative emotions (Hass-Cohen et al. 2018; Jones et al., 2019; Perryman et al., 2019).

CAT can also unlock the unconscious mind in its work, where many repressed traumatic memories are stored. By accessing the person's unconscious mind, where the trauma mainly lives, and connecting it with the conscious mind, art enables the client to logically work through the trauma (Gerge & Pederson, 2017; Lev-Wiesel & Kissos, 2019). The former authors made a unique connection between art-based therapies and the idea of an altered state of consciousness (ASC), in which art affects the client similarly to hypnosis. They claim that working with art, and stimulating both the unconscious and conscious minds, offers a relaxing way for clients to focus and stabilize themselves, similar to experiencing an ASC. When using a combined art and ASC intervention, clients improved their self-esteem, cognitive functioning, and problem-solving. These studies evidence that CAT can aid in healing adverse symptoms.

Another benefit of using art therapy is physically seeing the change that a client is undergoing throughout therapy sessions. The art visually manifests the client's feelings, which is a distinctive and helpful way to conceptualize the event (Haeyen & Staal, 2021). The act of creating art also stimulates most individuals' relaxation response, which calms clients enough to rationally discuss their trauma (Gerge & Pederson, 2017). Multiple studies, including those by Haeyen and Staal (2021) and Kuban (2015), have shown that CAT—and the relaxing state brought on by creating art—allows clients to access traumatic memories better than they could by using language. In addition, Chiang et al. (2019) suggested that CAT improves sensory manipulations and brain plasticity. Specifically concerning PTSD symptoms, Maltz et al. (2020) asserted that when CAT modalities are utilized, patients experience improvement due to art's

ability to circumnavigate the patients' defensive and protective behaviors (i.e., avoidance), allowing emotional exploration, and cognitively restructuring traumatic memories. Most research currently focuses on the differing types of CAT and their benefits. However, a topic of possibly even greater importance is whether certain client characteristics alter the perceived benefits.

Current Study

Despite the substantial amount of research regarding the benefits of CAT, it appeared that the role that demographic variables play has not been studied. Additionally, the literature reviewed presented the body and mind model as the most valuable and best supported approach to CAT. However, the apparent lack of studies conducted on nontangible types of CAT suggested that this model is not widely known or used. Based on this review of the literature, the author investigated three research questions: (1) Does age play a significant role in improving the mental health of clients undergoing CAT, (2) Does gender play a significant role in improving the mental health of clients undergoing CAT, and (3) Are nontangible types of CAT more commonly used than tangible types due to the body and mind model?

This study followed a qualitative design by using interviews as the method of data collection. Qualitative research focuses mainly on non-measurable descriptive data, such as language. This is utilized when analyzing data such as documents, journals, and interviews. On the other hand, quantitative data concerns itself with numerical data, such as statistics. More often, this is seen with rating scales, surveys, monetary statements, or medical records (McLeod, 2019). While these research questions could have been measured quantitatively using surveys, the author chose to employ a qualitative study design to gain deeper insight from expert opinions about the reasoning behind their answers, despite the evaluations' subjective nature. In addition,

the interview format allowed the author to explore whether the participants believed alternative factors play a more significant role in improving the mental health of clients undergoing CAT.

Method

Participants

The participants (n = 5) recruited were licensed therapists who had current or previous personal experience utilizing CAT with trauma victims. Identification of possible participants occurred through contacting authors of the articles referenced in this study, as well as through https://arttherapy.org/art-therapist-locator/ and https://www.baat.org/About-BAAT/Find-an-Art-Therapist. Participation was entirely voluntary, and no incentives were offered. Years spent in their respective professions ranged from 5 to 39, with four of the therapists identifying as female (80%) and the remaining one as male. Therapists from the United States, Britain, Scotland, and South Africa were included in this study.

All the participants have earned some level of degree or certification in the realm of art therapy, depending on their country's requirements, which include master's and doctoral degrees, postgraduate programs, and licensure exams. Three of the five participants have experience administering CAT specifically in a clinical setting, while the other two had more experience with studio and community settings. All five participants currently work in private practices. Participants 1 and 2 are both female, the former being in her thirties and the latter in her fifties. They both work mainly with clients who have learning disabilities, cognitive disorders, and severe mental illness diagnoses. Participant 3 is a male in his sixties who exclusively serves children and adolescents, often with rebellious tendencies and/or neurodevelopmental disorders. Participant 4 is a female in her fifties that focuses on marriage and family work, emphasizing

parent-child relationships. Participant 5 is a female in her twenties that works with veterans, homeless people, and individuals in a rehabilitation program or jail. Excluding Participant 3, all the participants serve clients of a large age range, which collectively began as early as four years old and extended into the upper eighties.

Procedures

Ethical approval for this study was obtained through the Institutional Review Board at Liberty University. Questions for an interview guide were developed by the researcher for use during semi-structured interview sessions with the participants (see Appendix I). All communication with participants before the interviews occurred through email; it was used both to recruit participants as well as to collect consent forms. These documents were completed with virtual signatures and returned before the interview process. Interviews ranged from 15 to 45 minutes and were conducted virtually through Zoom or as a regular phone call, based on what was most convenient for the interviewee. The first section of the interview consisted of background and qualification questions regarding the participants themselves, though the exact identity of the therapists will be kept anonymous from the public. Then, the participants were questioned about what type of CAT they perform, what they believe is the best type of CAT, and the general demographic makeup of their clients. Finally, participants were asked whether the age or gender of clients appeared to benefit more from certain types of CAT.

Audio recordings of the interviews were obtained for record purposes. Intelligent transcriptions were created from the recordings, meaning that pauses, stutters, and filler words were excluded, and grammar was edited (*The Essential Guide*, n.d.). The interviews were analyzed following the narrative analysis method, which Rev (2022) described as:

> …making sense of your interview respondents' individual stories… to highlight important aspects of their stories that will best resonate with your readers [and] critical points you have found in other areas of your research. (para. 10).

Additionally, a top-down, or deductive, approach was used when analyzing the interviews, denoting that the study started with specific research questions instead of allowing themes to emerge from the interviews. The themes available for analysis were age, gender, and type of therapy since those are the topics on which the participants were questioned.

Results

Age

According to 80% of the participants, age did not appear to play a role in the level of client improvement. Concerning the other 20%, Participant 3 did not feel as though he could comment on this aspect since he exclusively works with a small age range of clients; however, he argued that he had never encountered any evidence pointing towards that theory.

Gender

Gender's role in art appeared minimal; all five participants agreed that CAT benefits both genders and claimed that there is no evidence that one gender benefits from CAT more than the other. While some participants alleged that a slight majority of their clients are female, males are still close to evenly represented in terms of participating in CAT therapy.

Type of Creative Art Therapy

For every participant in the sample, the most popular type of CAT was tangible art therapy; all the participants mentioned using mediums such as paint, clay, glitter, and collages. Most of them seemed to include a variance added to their methodology that added unique and

individualized aspects to their treatment methods. Participant 1 encourages all her clients to display their work in art shows that she frequently hosts. She asserted that "it's a nice way to normalize how people are feeling… instead of pathologizing everything someone does when they are struggling." Alternatively, Participant 2 practices more psychodynamic-focused art therapy and introduced elements of affirmational work and positive psychology to her clients. Participant 3 occasionally makes use of studio-type mediums but specializes in photography, having his clients markup physical copies of old photographs, or go out and take photographs themselves, depending on their needs. Participant 4 utilizes mainly recycled or donated materials due to the socioeconomic status of her patients. Participant 5 frequently included graphic design making in addition to regular tangible art sessions.

Discussion

When designing the research questions of the study, the author theorized that older ages and females would benefit more from CAT than their respective counterparts. Additionally, the author theorized that nontangible types of CAT would be used more frequently, based on the existing literature detailing the effectiveness of the body and mind model.

Age

Before beginning this study, the author theorized that older aged individuals benefit more significantly from CAT than younger ages because engaging in creative outlets is a less commonplace practice once a certain age is passed. Therefore, it seemed logical that it is more therapeutic for older adults to engage in an activity that they may not frequently partake in otherwise. However, age did not appear to play a role in how effective CAT was for clients. Participant 5 added that there exists a common misconception that art therapy is solely for

children and adolescents, which also contradicted the author's original theory. She argued that while the process does vary with age, CAT can bring adults back to a state of their natural inner child, which is highly beneficial in trauma work. Evidently, psychologists and researchers must combat this preconceived notion to diminish biases concerning CAT and to increase willingness to participate across all ages.

Gender

The gender distribution of the participants was significantly skewed (4:1), which initially seemed to corroborate the author's theory that females benefit more from CAT than males. Conversely, all five participants agreed that gender had no direct effect on the improvement of clients undergoing CAT. Participant 1 alleged that women may be more inclined to do emotional work or improve their mental health, which may explain why they are seen more often in CAT, but that the men who do attend benefit equally. One participant went as far as to assert that "if anything, men may benefit more because they rarely foster their artistic side." Participant 5 corroborated this, declaring that her male clients occasionally require more convincing to engage in CAT, but once they do, it can be extremely powerful because

> men traditionally are not encouraged to speak about how they feel… Men in particular, because of societal expectations, have that extra barrier; I think the art can overcome that barrier in a different way for them that gives them the opportunity to express [themselves] in a way that doesn't necessarily go against everything they've been taught.

While it appears that the field is dominated by women, perhaps an increased number of male CAT therapists would entice more males to make greater use of this form of therapeutic intervention.

Type of Creative Art Therapy

Regarding types of CAT, the author theorized that nontangible art therapy methods would be more widely used. Conversely, tangible types were used by all the participants. Despite knowing the perceived benefits of integrating body movement with CAT, nontangible forms of CAT—e.g., dance or theater—were not used by the participants. However, Participant 4 mentioned that she includes elements of play therapy techniques in combination with CAT. She claimed that for younger children, the two are not mutually exclusive. In her experience, the bodily engagement of play therapy helps to dissolve defenses quicker, and "…when you're doing trauma work if you're not working in an embodied way it's very hard to move forward." This supports the body and mind model of CAT mentioned previously, yet still illustrates how underused the model is in CAT practice.

Apart from the research question, Participant 5 claimed that she views being good at art as a hindrance to CAT treatment, regardless of the type. She argued that if "you're more worried about what it's going to look like, you're not focused on the purpose of the activity." Participant 3 corroborated this by stating that he refuses to let clients use familiar mediums "because if they're too sophisticated with something, they never get past the fog of intellectual ability that goes with that particular medium." Both further explained that the familiarity may deter or inhibit the client from venturing outside of their comfort zone and/or fully processing their experience. Additionally, Participant 1's methods of showcasing art made by her clients support the articles reviewed regarding public art therapy, emphasizing how important restoring a positive view of social interaction is in trauma treatment. Both practices of utilizing unfamiliar

mediums and showcasing the artwork increase the likelihood of clients stepping outside of their comfort zone to receive fuller and deeper benefits from CAT.

Implications

Despite all three of the author's theories being disproved based on the participants' claims, all of them offered alternative explanations for what may determine the level of improvement seen in each client. All the participants consistently stressed that improvement depended more on less measurable or predictable variables, including willingness to participate, who referred them, ego strength, intellectual level, home life, treatment goals, stages of change, and/or a trusting therapist-client relationship. Most importantly, the participants emphasized that understanding, adapting to, and meeting the unique needs of each client was the most crucial element of successful treatment.

Limitations

Nonetheless, these results ought to be interpreted with caution and a few limitations must be made apparent. One limitation of this study is that the sample size was relatively small due to the nature of the study. This is common within qualitative research due to the lengthy amount of time required for data collection, analysis, and interpretation. Additionally, time constraints played a role in weakening the study. Since only one researcher collected data, the number of interviews possible was limited. Finally, voluntary bias was introduced since participation in the study was of the therapist's own accord. Therefore, there exists a possibility that all the participants were art therapists who felt strongly regarding the efficacy of CAT, whether positively or negatively, which may have skewed their responses.

Future Research

Future research ought to focus on expanding the sample size of this study to determine the replicability of the results, which could be achieved by increasing the number of researchers on the project. However, in this scenario, caution must be taken to ensure that all researchers adhere to a strict interview structure. In addition, investigating other demographic variables of clients, such as socioeconomic status, geographic location, racial/ethnic background, and/or religious affiliation, may increase the results' applicability and/or yield more significant results. While the current study's participants did not believe demographics to play a role in CAT's benefits, perhaps other art therapists hold alternative opinions depending on their experiences.

Another suggestion for future research would be to interview clients directly. While this methodology would remove the possibility of information being skewed by the therapist, it would also introduce the likelihood of self-rater bias. Nevertheless, it is unlikely that this method would negate the limitation of voluntary bias. If participants were screened for and recruited randomly from a multitude of private practices, the generalizability of the results would increase. Even still, clients would be offered a choice of whether to participate in the study, enabling the voluntary bias to remain.

Conclusion

While the research questions posed in this study did not elicit significant results, a great deal of knowledge was gained regarding factors that may play a role in the overall improvement of mental health in CAT clients. Although measuring the effect of a certain treatment or therapeutic technique is difficult when attempting to generalize effects across a large population rather than for one individual, multiple types of trauma healing therapies must exist so that the

ability to choose a method based on the victim's personal experience and symptomatology is available. Consequently, the results of this study ought to inspire further research on the topic to expand the use and magnify the efficacy of CAT therapy, specifically on trauma victims suffering from PTSD.

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Appendix

Interview Questions

I. Briefly describe your background in clinical counseling.
    a. Degree or certification
    b. Length of time spent in your profession
    c. Type(s) of therapy provided
    d. Specific population(s)/demographic(s) served

II. What sparked your interest in Creative Art Therapy (CAT)?

III. What type of CAT are you most experienced with?
    a. Do you believe that CAT is the most effective type of therapy overall?
        i. Why or why not?
    b. Do you believe this is the most effective type of CAT?
        i. Why or why not?

IV. What [insert demographic variable from below], if any, have you seen benefit most from [insert type of CAT from above]?
    a. Age
    b. Gender