Spring 5-9-2015

How Are Art Therapists Utilizing the Theory of Meaning Making in Trauma Treatment?

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by Carrie Critser, Master of Arts Intercultural Service

A Research Project Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Master of Arts Degree
in the field of Art Therapy Counseling

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May, 2015

Abstract

How Are Art Therapists Utilizing the Theory of Meaning Making in Trauma Treatment?

by

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This purpose of this research study was to explore if and how art therapists utilize the theory of meaning making in trauma treatment. A secondary aim was to investigate art therapist's perspectives and application of the theory of posttraumatic growth. Semi-structured interviews were used to investigate how twelve art therapists conceptualized trauma treatment, meaning making and posttraumatic growth. Study participants were all female, located in a wide variety of mental health settings across the United States, with experience spanning four to 34 years. Major findings included that while nine out of twelve participants found meaning making was important to healing from trauma, many differed in both definition and application of the concept. The research study also produced mixed results in response to questions about posttrauamtic growth as a goal of therapy, yet illuminated the themes of identity reformulation, metaphor, and transformative art as potential avenues of meaning making. Findings also revealed that while the use of the phase models of trauma treatment in art therapy is growing, participants concurred over phase 1 and less so on phase 2 art therapy goals and procedures. Even fewer participants referenced but did not elaborate on phase 3 of trauma treatment. These findings suggest that currently meaning making as a therapeutic mechanism in art therapy trauma treatment is not being consistently applied or

understood. The implication is that there is great opportunity to develop meaning making and growth oriented art therapy goals and procedures in both phase 2 and phase 3 of trauma treatment.

Keywords: trauma, meaning making, art therapy, posttraumatic growth, narrative

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Chapter I

Introduction

The purpose of this research project is to explore if and how art therapists are utilizing the theory of meaning making in trauma treatment. Not only is the concept of meaning a central value in human life, research indicates that it is an important concept in helping people manage and overcome life experiences that are stressful or challenging (Park, 2010). According to Keyes (2007) clients often enter therapy "with meaning systems that have failed to support adaptive functioning" (p. 295) and that for clients to achieve optimal well-being they need to address these meaning systems. Art therapy as a treatment modality for those who have experienced trauma has much to contribute to promoting people's well-being (Wilkinson & Chilton, 2013). The authors asserted that art therapy is uniquely suited "to increase positive emotions, to induce engagement and flow, and to identify and create meaning" (p. 4). Meaning making addresses a holistic response to suffering and trauma that seeks to get beyond symptom reduction and pain reduction, to incorporation of trauma into existential meaning. The practice informed by theories of meaning making toward posttraumatic growth in art therapy is unknown.

Trauma treatment in the mental health literature appears to be operating from a medical model that treats trauma as an illness (Joseph, 2011) which emphasizes the reduction of *symptoms* resulting from trauma (Chan, Chan, & Ng, 2006; Werdel & Wicks, 2012; Wilkinson & Chilton, 2013). The majority of literature focused on trauma treatment primarily addresses the particular diagnosis of posttraumatic stress disorder (PTSD) (e.g. Appleton, 2001; Boals & Schuettler, 2009; Chapman, Morabito, Ladakakos, Schreier, & Kundson, 2001; Gantt & Tinnin, 2009; Joseph, 2011; van der Kolk, 2006) which is reported to be a small population. According to the American Psychiatric Association (APA) (2013)

in the United States the "lifetime risk for PTSD using DSM-IV criteria at age 75 years is 8.7%. [The] twelve-month prevalence among U.S. adults is about 3.5%" (APA, 2013, p. 276).

This research project is important because it emphasizes and joins in with other research about the processes and circumstances that allow people to not only heal or function optimally, but that allows them to grow and flourish (e.g. Gable & Haidt, 2005; Keyes, 2007; Park, 2010; Wilkinson & Chilton, 2013). Keyes (2007) and Gable & Haidt (2005) noted that mental health research has primarily focused on mental *illness* and often neglected to balance that research with research into the qualities and conditions that actively promote *health, well-being*, and *flourishing*. According to Keyes (2007) the paradigm they appear to be operating under is that "the absence of mental illness is the presence of mental health" (p. 95). He argued that just because someone does not have the symptoms of mental illness it does not mean that they are healthy or at the height of well-being. He proposes that psychological well-being includes meaning, "purpose in life, personal growth, and self-acceptance" (p. 106).

Important to the discussion of how mental health research can promote the growth of client health and well-being is the distinction Joseph and Linely (2005) make between two types of theories about well-being: hedonic or subjective well-being (SWB) and eudaimonic or psychological well-being (PWB). The two are distinguished thus: " the domain of PWB refers to a person's characterological strengths, meaning and purpose in life, and psychological maturity, whereas SWB refers to a person's balance of affective states and overall satisfaction and happiness" (p. 269; see also Keyes, Shmotkin, & Ryff, 2002). This distinction between types of well-being that clinician's strive for with clients is important because typically "the concern of clinicians treating people with PTSD is to reduce their

levels of distress (i.e., raise their SWB)," (p. 269), which is primarily a short term fix. Yet *growth models* such as the one proposed by Joseph and Linley (2005) suggest that the goal of therapy with survivors of trauma "might sometimes be to foster growth (i.e., raise PWB)" (p. 269) which can be long lasting and more pervasive. Mental health or growth in terms of psychological well-being does not necessarily result in a feeling of subjective happiness in the short term. In fact a client who uses the trauma information to meaningfully reformulate their assumptive world may be left "sadder, but almost inevitably wiser" (p. 273).

The emphasis in mental health literature on reducing symptomology prompted this researcher to ask, does the reduction of trauma symptoms mean that a client is healthy? Is the goal of art therapy with clients who have experienced trauma that a client be less symptomatic or can the overarching goal of therapy be a client's psychological well-being? While researching trauma treatment that leads toward growth and well-being, the concept of meaning making appeared to play a key role in moving clients in that direction.

Trauma and violence have the potential to shatter the fundamental assumptions people have about life (Baljon, 2011; Calhoun & Tedeschi, 2006; Herman, 1992; Janoff-Bulman, 2006; Janoff-Bulman & Frantz, 1997; Joseph & Linley, 2005) or violate their "orienting systems...[or] global meaning" constructs (Park, 2010, p. 257). Traumatic events by their very nature challenge and are often incompatible with the way people understand their world (Joseph & Linley, 2005). These events emphasize the fragility of humanity, the uncertainty of the future, "and that what happens to us can be random" (p. 272). According to Boals and Schuettler (2009), and Joseph (2011) the event itself is not as important to developing a mental disorder, for example, PTSD, as the person's perception of the event's *meaning* and the individual's emotional response or level of fear, helplessness, and horror.

Thus two people may react very differently to the same event depending on how they perceive the event and the event's ascribed meaning (Joseph, 2011).

Trauma is defined by the APA (2013) as any life threatening event, sexual violence, or extreme injury. According to the National Child Traumatic Stress Network (n.d.) trauma includes medical trauma, domestic violence, neglect and physical abuse, wars and natural disasters (see also Courtois, 2004). For the purposes of this thesis, this author is using the word *trauma* in a broader manner than the APA (2013) much like Calhoun and Tedeschi (2006) who "use the terms *trauma*, *crisis*, *major stressor*, and related terms as essentially synonymous expressions to describe circumstances that significantly challenge or invalidate important components of the individual's assumptive world" (p. 3).

A number of theorists conceptualize human lives as stories or use the word *narrative* to refer to the way people talk about their lives (Altmaier, 2013; Courtois and Ford, 2013; Herman, 1992; Joseph, 2011; Neimeyer, 2006; Waters, Shallcross, & Fuvish, 2013; Werdel & Wicks, 2012). Narrative theorists conceptualize a person's identity "as a narrative achievement, as our sense of self is established through the stories that we tell about ourselves, the stories that relevant others tell about us, and the stories that we enact in their presence" (Neimeyer, 2006, p. 70). Joseph (2011) also asserted that "It is human nature to make meaning of our lives by organizing what happens to us into stories...We tell stories to understand what happens to us and to provide us with a framework to shape new experiences" (p. 131). When trauma occurs then, this "self-narrative" (Neimeyer, 2006, p. 70) or the way in which people understand themselves and their world can be profoundly disturbed.

According to the statistics mentioned above, as well as other sources (e.g. Bonanno, 2004; Ozer, Best, Lipsey, & Weiss, 2003; van der Kolk, 2000) the vast majority of people

who experience a traumatic or life threatening event do not develop PTSD. Instead, many people who experience trauma, suffer minimal or transitory effects and are still able to maintain a healthy level of functioning (Bonanno, 2004), and may even "find benefits in adversity that can provide a springboard to higher levels of functioning than before" (Joseph, 2011, p. xv). This leads to another term that needs to be defined, *posttraumatic growth*, a term coined by Tedeschi and Calhoun (2004) which "is the experience of positive change that occurs as a result of the struggle with highly challenging life crises" (p. 1; see also Waters et al., 2013).

Joseph (2011) intentionally removed the diagnostic category of "disorder" from his discussion of people's reaction to trauma. He asserted that "posttraumatic stress is a natural and normal process of adaption to adversity that marks the beginning of a transformative journey" (p. xvi). For Joseph, all responses to trauma lie on a continuum, the most severe reaction often being classified as PTSD. Since *posttraumatic stress* is a natural way of adapting to adversity, it "can be understood as a search for meaning in which the drive to revisit, remember, and think about the trauma is a normal urge to make sense of a shocking experience, to grasp new realities and incorporate them into one's life story" (p. xvi).

Defining the term *meaning making* is much more complex. The process of meaning making begins with the idea of global meaning (Janoff-Bulman & Franz, 1997) and subjective or appraised meaning (Park, 2010). *Global meaning* involves the fundamental assumptions one holds about the world and the self (including beliefs about justice, control, and causality), one's goals (Janoff-Bulman & Frantz, 1997), and one's "subjective sense of meaningfulness" (Park & Ai, 2006, p. 392; see also Park, 2010). This "assumptive world" (Calhoun & Tedeschi, 2006) is shattered or severely shaken by traumatic events "and

survivors experience the terror of their own vulnerability" (Janoff-Bulman & Frantz, 1997, p. 94).

Subjective or *appraised meaning* is the way in which one interprets or perceives an event (Park, 2010). It is the "discrepancies between global and appraised meaning [that] are...hypothesized by the meaning making model to generate distress and efforts to reduce those discrepancies through making meaning" (p. 259). Another way of looking at this understanding of meaning making is through the narrative literature as discussed by Neimeyer (2006) in which these fundamental assumptions may also be referred to as the narrative of one's life where identity or "sense of self is established through the stories that we tell about ourselves, the stories that relevant others tell about us, and the stories that we enact in their presence" (p. 70). Thus, when this self-narrative "is profoundly shaken by 'seismic' life events, [it instigates] the processes of revision, repair, or replacement of basic thematic assumptions and goals" (p. 70).

There does appear to be a significant difference between trauma experienced in childhood and trauma experienced in adult hood (Janoff-Bulman, 2006; Vilenica, Shakespeare-Finch, & Obst, 2013). According to Vilenica et al. (2013) if trauma happens in childhood when they are just beginning to form their assumptive world, then their assumptive world is *shaped* by the trauma not merely *shaken*. Thus, when the child's perceptions on life and significant others may be profoundly shaped by their traumatic experience those negative assumptions may still be a part of how they see the world as adults (Janoff-Bulman, 2006). As adults who experienced trauma during their formative years, these survivors "may be less likely to experience the terror of traumatic victimization, but subsequent negative events in adulthood will reinforce their already negative views, which are likely to be manifested in greater depression, hopelessness, and decreased well-being in general" (p. 93). Particularly

for those who experienced childhood sexual trauma, redefining their self-identity is essential for healing to occur (Vilenica et al., 2013). This involves meaning making as a "reconstruction of self" (p. 46), as survivors learn to see themselves as more than rape survivors but as whole people: incorporating all that had happened to them as survivors and purposefully reforming the negative core beliefs they formerly held of themselves and of the world.

Meaning making then is a process of analyzing or resolving the discrepancies between one's fundamental assumptions about life and the appraised meaning of a stressor or negative event (e.g. Calhoun & Tedeschi, 2006; Janoff-Bulman & Franz, 1997; Neimeyer, 2006; Park, 2010; Park & Ai, 2006). Yet even more than just resolving the discrepancies between life assumptions pre and post trauma, meaning making can be further distilled into two types: "meaning as comprehensibility and meaning as significance" (Janoff-Bulman & Frantz, 1997, p. 91). When meaning is a search after comprehension it seeks to make sense or find out whether the information "fits with a system of accepted rules or theories" (p. 91). However meaning as significance "involves questions regarding whether something is of value or worth" (p. 91).

It was my hypothesis that, while trauma is in itself a negative occurrence, meaning making could play a key role in helping clients move toward well-being and posttraumatic growth. Art therapy treatment of trauma is a growing field and offers unique tools in helping clients who have experienced trauma. I hypothesized that art therapy could uniquely contribute to helping clients in their meaning making efforts. My primary goal was to explore if and how art therapists utilize the theory of meaning making in trauma treatment. The secondary purpose of this research study was to understand art therapist's thoughts and application of the theory of posttraumatic growth in trauma treatment.

In order to determine if and how art therapy practitioners were utilizing the theory of meaning making this researcher decided to use a traditional qualitative research study using semi-structured interviews. Since theory, whether consciously applied or not, drives how a person practices, or informs their approach to treatment, their goals, and the interventions they utilize (Hansen, 2006) it seemed logical to research through interviews art therapist's theory in practice. The interviews allowed for a clearer picture of how much theory and what type of theory informed these art therapist's practice. The researcher interviewed twelve art therapists working with teenage and adult clients who have experienced trauma. The interviews explored art therapy practitioners' experience of providing art therapy to this population specifically focusing on the role meaning making.

Chapter II

Review of Literature

The field of psychology and mental health has focused on the treatment of individuals who have experienced trauma, primarily those diagnosed with PTSD. In the treatment of PTSD, a three stage model appears to be the accepted approach (Courtois, 2004; Courtois & Ford, 2013; Herman, 1992). Herman (1992) identified three essential tasks and three stages of recovery: safety, remembrance and mourning, and "reconnection with ordinary life" (p. 155). Similarly Courtois (2004) and Courtois and Ford (2013) also describe a three phase treatment model. I focused primarily on Courtois (2004) and Courtois and Ford's (2013) description of the three phases of trauma treatment as it presented more recent research and theory. The phases of treatment are "designed to stabilize the client before reworking and resolving the trauma and its effects" (Courtois & Ford, 2013, p. xiii). Stabilization and safety are heavily emphasized in the first phase of treatment, often through the use of cognitive and behavioral techniques that emphasize building up client skills, particularly affect identification, regulation, and control. Herman (1992) also emphasized the importance of safety in the first phase of treatment as it can restore to the client a sense of power and control that they lost in the trauma.

The cognitive driven phase of therapy referred to by Courtois (2004) is built on research that symptoms can be reduced by changing negative cognitions and self-perception associated with the traumatic events. van der Kolk (2006) emphasized that cognitive approaches and insight oriented therapies that emphasize the cognitive meaning of their traumatic experience may not affectively help clients reprogram the automatic physical reactions typical in PTSD. He emphasized that teaching clients to be aware of their internal sensations and reactions to the trauma, through non-verbal therapies and therapies that

emphasize sensory awareness such as mindfulness, dialectical behavior therapy (DBT), and EMDR is more effective for clients at this stage. He theorized that this internal awareness creates for a client a sense of internal physical safety necessary for healing.

The second phase of treatment is focused on processing the content of the traumatic material (Courtois, 2004) or telling the story (Herman, 1992). Herman emphasized that the goal of telling the story, or reconstructing what actually happened, is to enable the traumatic event or events to be "integrated into the survivor's life story" (p. 175). At this point according to Courtois and Ford (2013) clients learn to process their emotions connected to the trauma in a way they had not been able to at the time. During this period "therapy involves helping them to *transform emotionally fragmented or empty memories into meaningful life experiences that, although distressing and often tragic, can be 'lived with' rather than feared and avoided*" (p. 152). The third phase of treatment for Courtois (2004) focuses on applying the skills learned and the processing of traumatic material "toward a life that is less affected by the original trauma and its consequences" (Courtois, 2004, p. 418).

The phase models of treatment described above, appeared to assert that meaning making happens during the second phase of trauma treatment as part of the reconstruction of the trauma narrative (Courtois & Ford, 2013; Herman, 1992) and that posttraumatic growth can occur during the last phase (Courtois & Ford, 2013). Herman (1992) directly stated that part of understanding the trauma story involved the process of reconstructing the survivor's "system of belief that makes sense of her undeserved suffering" (p. 178). For her, reconstructing the trauma story is about placing the trauma events in the past and enabling the client to once again be ready to engage life. Courtois and Ford (2013) appear to believe that telling the logically sequenced trauma narrative will naturally integrate the fragmented memories into a client's life story and will transform them into meaningful life experiences.

The phase models of treatment are highly relevant to the following literature review as they strive to provide a structured holistic framework for trauma treatment.

This literature review is mainly concerned with examining the current literature framed with the following three categories: trauma and meaning making, art therapy and trauma, and meaning making and art therapy. Interwoven with the three sections is the concept of posttraumatic growth. In Figure 1 the Venn diagram displays the frame of my research question. Frankl (1992) once said, "To live is to suffer, to survive is to find meaning in the suffering" (p. 9). In order to find literature on these three areas of focus I searched in a wide variety of databases including ScienceDirect, EBSCOhost, Taylor & Francis Online, as well as google scholar. Previous search terms used in this research are included in Table 1.

Figure 1. Search Terms Venn Diagram

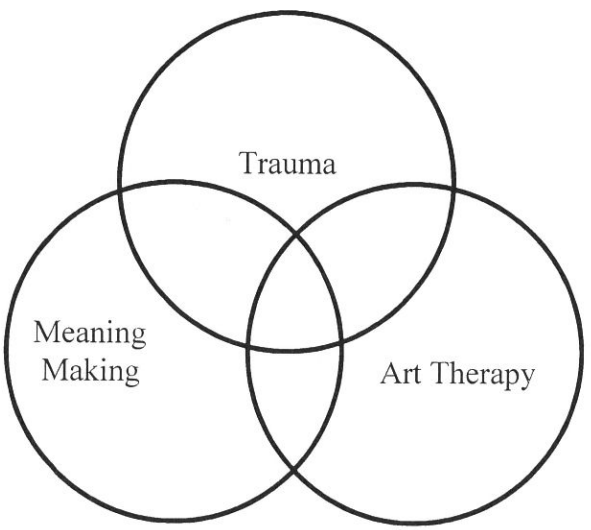

Figure 1. Venn diagram of broad categories that formed the basis of my literature review.

Table 1

Alternate Search Terms

Trauma	Meaning making	Art therapy
Emotional trauma	Meaning	Existential art therapy
Emotional pain	Creating meaning	Expressive arts therapy
Sexual abuse	Existential meaning	
Suffering	Making meaning out of suffering	
Complex trauma	Transformation	
Psychological pain	Benefit finding	
Crisis	Posttraumatic growth	

Trauma and Meaning Making

Joseph (2011) also wrote about several concerns with the current psychological approach to trauma which include for him the current adoption of "the language of medicine" (p. xv) which in effect treats trauma like an illness. However, he emphasized, "*Trauma is not an illness to be cured by a doctor*" (p. xv). A therapist may offer guidance, yet clients are responsible for any meaning given their experiences and any recovery they make. Secondly, according to Joseph, psychology has "created a culture of expectation in which there is a mistaken assumption that PTSD is both inevitable and inescapable...[which] *become*[s] *a self-fulfilling prophecy*" (p. xv). Frankl (1992) also balked at diagnosing a person's struggle to find meaning in existence as pathological. He stated that a person's concern or even "despair, over the worthwhileness of life is an *existential distress* but by no means a *mental disease*" (p. 108).

Psychology, rather than focusing on the negative or weaknesses of individuals like the medical model, must, according to Seligman and Csikszentmihalyi (2000) focus instead on the positive qualities within individuals and communities that allow them to not only prevent mental illness but also thrive. Thriving, or psychological well-being includes meaning, "purpose in life, personal growth, and self-acceptance" (Keyes, 2007, p. 106). The concept of meaning making particularly how it can facilitate posttraumatic growth may be a useful concept to enable clients to attain well-being.

Development of meaning making literature. Within the last twenty years or so, some theorists and practitioners have begun to focus on the positive, holistic, and redemptive aspects of meaning making out of trauma (Bonanno, 2004; Gillies & Neimeyer, 2006; Lantz, 1992; Wilkinson & Chilton, 2013). Practitioners from a variety of theoretical viewpoints including existential, humanist, positivist, and constructivist psychology have written about meaning making out of trauma. Viktor Frankl, a founder of existential theory, used his experience in the Nazi death camps and the loss of all of his family members but a sister, to inform his theory about finding meaning even in the worst of situations (Frankl, 1992; Gillies & Neimeyer 2006; Lantz, 1992).

Asian theoretical perspectives also emphasize that traumatic experiences have the potential to "create opportunities for growth by introducing fresh perspectives to one's life. Through this process, a person's emotional and spiritual capacities can be enhanced" (Chan et al., 2006, p. 14). This Chinese belief does not seek to minimize the pain and suffering people experience because of trauma, "rather, it is believed that distress and growth are not mutually exclusive" (p. 14). They claim that clients can be consoled by the idea that positive gain may come out of their traumatic experience. Growth literature also, according to Joseph and Linley (2005) proposes that people are naturally driven toward growth and self-

actualization. As such, survivors of trauma will naturally desire to evaluate the existential and personal meaning of those events so that they can live more authentically.

Traumatic events and suffering are by their very nature negative (Calhoun & Tedeschi, 2006; Janoff-Bulman, 2006; Joseph, 2011) and therefore "are not to be glorified or sugar-coated" (Werdel & Wicks, 2012, p. 25). According to Calhoun and Tedeschi (2006), theories that "focus on the possibilities for growth in coping with trauma" (p. 4) do not seek to deny or negate the suffering of those who experience trauma, rather they are building on the seemingly paradoxical data that positive psychological change can develop from highly negative events. Several research studies indicate that growth and PTSD appear to be positively correlated (Boals, Steward, & Schuettler, 2010; Helgeson, Reynolds, & Tomich, 2006; Waters et al., 2013).

There is some debate about the reasons for this correlation. Boals et al. (2010) argued that not all PTSD symptomology are related to posttraumatic growth, but that growth depends on how central a traumatic event is to a person's identity. Their interpretation of the data is that the more central an event is to one's identity the greater the possibility of growth. Waters et al. (2013) suggested that this positive correlation in research data between growth and PTSD is not as much about how central an event is to one's identity, but rather that "increased psychological disturbance (in this case PTSD) requires increased efforts after meaning. Thus, distress drives efforts after meaning" (p. 120; see also Park, 2010).

The concept of meaning making is premised on the idea that trauma and violence impacts and may shatter what people believed about themselves and life in general (Baljon, 2011; Calhoun & Tedeschi, 2006; Herman, 1992; Janoff-Bulman, 2006; Janoff-Bulman & Frantz, 1997; Joseph & Linley, 2005; Park, 2010). After a traumatic event it is normal to have some negative reaction (Joseph, 2011; Park, 2010) as negative events often run contrary

to people's assumptions about the world. Survivors are called to re-evaluate previous assumptions (Janoff-Bulman & Frantz, 1997) and somehow "integrate the new trauma-related information" (Joseph & Linley, 2005, p. 272). When a person's global meaning system is violated, when the traumatic information does not fit or shatters how they understand their world, "the distress caused by this discrepancy initiates a process of meaning making" through which "individuals attempt to reduce the discrepancy between appraised and global meaning [to] restore a sense of the world as meaningful and their own lives as worthwhile" (Park, 2010, p. 258). The outcome of this meaning making process depends on a variety of processes.

The distress or posttraumatic stress reactions displayed by some survivors are all part of the "normal process of adaption to adversity" (Joseph, 2011, p. xvi; see also Park, 2010; Waters et al. 2013) and all fall on a continuum of intensity "from mild to severe" (p.39). The most severe reactions are often classified as PTSD. In Joseph's perspective, these reactions are not mental illness per se but can be viewed "as a search for meaning in which the drive to revisit, remember, and think about the trauma is a normal urge to make sense of a shocking experience, to grasp new realities and incorporate them into one's life story" (p. xvi). Thus these reactions are not symptoms of disorder, when seen as normal cognitive processes trying to adapt to the changes wrought by traumatic events, but rather "are indicative of people's struggle to rebuild their assumptions about themselves and their relation to the world" (p. 102).

According to Waters et al. (2013) the type of meaning made matters after an event: the meaning can be negative or positive which influences the outcome for the survivor. They referred to negative meanings made as "contamination narratives" (p. 116) and to positive meanings made as "redemption narratives" (p. 116). Joseph and Linley (2005) asserted that

survivor's efforts after reducing the discrepancy between one's world view and the trauma can either take the form of *assimilation* or *accommodation.* On the other hand, Vilenica et al. (2013) noted that in their study with adult survivors of childhood sexual abuse, assimilation and accommodation both played a role in participant's healing. Joseph and Linley (2005) made the distinction between assimilation and accommodation to assert that only one leads to growth. The authors asserted that if the information or the meaning of the trauma is not too dissonant from a client's assumptive worldview then survivors can assimilate the information "thus allowing them to return to a pretrauma baseline" (p. 268). These survivors are often called resilient because while they may show some temporary symptoms they are able to assimilate or interpret the meaning of the trauma in a way that fits or even affirms their life narrative (Neimeyer, 2006). However if a person attributes a negative meaning to the traumatic event and their worldview cannot assimilate this meaning, psychological distress or psychopathology can result (Joseph & Linley, 2005; Park, 2010; Waters et al., 2013).

Joseph and Linley (2005) asserted that "to move beyond the pretrauma baseline requires accommodation" (p. 268) which inherently involves modifying and changing. This changing is, of necessity, a *struggle* as survivors seek to accommodate the information of their loss into their self-narratives (Neimeyer, 2006). Successful meaning making attempts include "posttraumatic growth, changes in identity, and changes in situational and global meaning" (Park, 2010, p. 286) all of which appears to be linked to adjustment and well-being.

Intersections of trauma, meaning making, and posttraumatic growth. Janoff-Bulman and Frantz (1997) made a distinction between "meaning as comprehensibility and meaning as significance" (p. 91; see also Janoff-Bulman, 2006; Joseph & Linley, 2005) or as Davis, Nolen-Hoeksema, and Larson (1998) phrased it, between "making sense of the event

and finding benefit in the experience" (p. 561). This distinction is echoed in the meaning making literature where, according to Waters et al. (2013) there are several distinct constructs of meaning making: cognitive approaches that emphasize narrative coherence or sense making, and literature that emphasizes posttraumatic growth. Some authors such as Neimeyer (2006) do not see such a distinction but rather maintain that narrative theory incorporates both sense making and post-traumatic growth. Tedeschi and Calhoun (2004) appeared to offer a more balanced perspective: that cognitive and narrative approaches *may* be part of the meaning making process that leads to growth. They asserted that the same psychological processes that survivors utilize to manage the trauma information and are often diagnosed as symptoms of psychological distress can also be the same type of processes that produce positive change. An example Tedeschi and Calhoun point to involves the process of rumination which will be discussed in the next section.

Meaning making as cognitive comprehension or narrative coherence. Narrative coherence or comprehension involves making sense of the traumatic event or seeing "whether it fits with a system of accepted rules or theories" (Janoff-Bulman & Frantz, 1997, p. 91). Davis et al. (1998) asserted that "When one suggests that an event does not make sense, one is indicating that the event is inconsistent with one's implicit assumptions about why and when such events are supposed to happen, if at all" (p. 563) which appears to fit the theories that assert trauma can shake up a person's beliefs about how their own life is supposed to happen. Initially, according to Janoff-Bulman (2006) the survivor is more interested in comprehending *why* such a terrible event happened to them personally. She asserted that people know life entails suffering, but when a trauma damages them personally, they become personally aware that life is often fragile and uncontrollable.

Neurobiological research has shown that trauma can disrupt the way the brain normally stores memories, leaving the memories "fragmented...held in what is called *active memory*, waiting to be processed after the trauma has passed" (Joseph, 2011, p. 94). Thus, "survivors of trauma often exhibit an inability to form coherent narratives about what happened to them" (p. 94). One of the goals of a number of therapeutic procedures, therefore, has been to help clients give as comprehensive as possible descriptions of the traumatic event, placing their memories "in context, [so that] the client can develop increased understanding of their personal meaning and develop a more coherent and logical narrative" (Courtois & Ford, 2013, p. 188-189).

Often after trauma survivors go through a process of rumination or circular "cognitive processing" (Tedeschi & Calhoun, 2004, p. 8) which is often perceived as negative and is used as one of the symptom markers in diagnosing PTSD (APA, 2013). Calhoun and Tedeschi (2006) on the other hand see ruminative activity as both positive and negative. For them rumination is all about a person's attempts to make sense or comprehend the traumatic event. Joseph and Linley (2005) reflect that while "this automatic ruminative activity is often distressing, it is indicative of cognitive activity directed at rebuilding the pretrauma schema" (p. 267). This earlier automatic cognitive processing can shift "toward more effortful ruminative activity...[which] is characterized by narrative development, part of which may be the search for meaning" (p. 267). Vilenica et al. (2013) echoed this thought as they understand volitional rumination as a meaning making process "involving deliberate and sustained cognitive attention...to restore congruency and equilibrium within one's self" (p. 41). Joseph and Linley (2005) asserted that when the automatic ruminative activity turns to more volitional, intuitional ruminative activity or attempts at narrative coherence that this

indicates a shift into more "growthful adaptation" (p. 267) during which a survivor may continue to experience distress.

Trauma therapy then often involves reconstructing the trauma narrative (Herman, 1992), and going through a process of repeatedly retelling the story (Bussey & Wise, 2007; Herman, 1992). This repeated story telling or desensitization occurs until "the telling of the trauma story no longer arouses quite such intense feeling. It has become a part of the survivor's experience, but only one part of it" (Herman, 1992, p. 195). For Chapman et al. (2001) the retelling of the event is necessary because it allows "misperceptions, rescue and revenge fantasies, blame, shame and guilt, coping strategies, treatment and follow-up plans, traumatic reminders, and reintegration strategies" (p. 102) to be addressed. Trauma, in the form of disruption to a person's self-narrative, in the words of narrative theory, has the potential to "instigate the processes of revision, repair, or replacement of basic thematic assumptions and goals" (Neimeyer, 2006, p. 70). Telling the story and integrating it into the life narrative serves to move the events of the trauma into the past so that it does not continue to interfere with the present (Herman, 1992).

Yet, Harvey, Mishler, Koenen, and Harney (2000) warned that the process of meaning making does not necessarily equal a coherent narrative. The authors asserted that meaning making is not inherent in the story told, but is a culmination of the context of the telling, the "theoretical perspective" (p. 297) and assumptions from which both the teller and the hearer approach the tale. They asserted that often listeners to stories of trauma, if they have to listen to the story prefer the story be "coherent...by following a culturally preferred plot from a state of suffering and pain to one of wholeness and recovery, from terror and torture to liberation" (p. 294). Even the way researchers and therapist ask questions can be leading such as asking clients "'how' they made 'sense' of what 'happened,' presumed that

they could and would provide a coherent account" (p. 295). For Harvey et al. meaning making was more about how survivors of trauma re-story what happened to them in service of charting a new course for their lives.

Meaning making as significance, necessary for growth. In addition to meaning making as cognitive comprehension or narrative coherence, significance is another component of meaning making. Meaning as significance "involves questions regarding whether something is of value or worth" (Janoff-Bulman & Frantz, 1997, p. 91). This is not a fixed point in time but rather a process. It is precisely the struggle with or through "wrestling with these questions of comprehensibility that survivors over time turn to a different kind of meaning—questions of value and significance in their own lives" (Janoff-Bulman, 2006, p. 89; see also Tedeschi & Calhoun 2004). When survivors begin to incorporate into their assumptive world the realization of the fragility and uncontrollability of life, they realize "that living can no longer be taken for granted. In the face of ever-possible loss and annihilation, human life takes on new value" (Janoff-Bulman, 2006, p. 89). Vilenica et al. (2013) described how the women in their study did not try to make sense of why they were sexually abused but rather when they undertook the process of "understanding the impact the trauma had on their global beliefs and the ways they lived their lives [it] was a crucial component in their healing and growth" (p. 51). Joseph and Linley (2005) maintained that PTSD theories tend to be more interested in "meaning as comprehensibility, [while] growth theories [tend] to be concerned with meaning as significance...Although both forms of meaning are involved in understanding growth following adversity, it is meaning as significance that is necessary for growth" (p. 268).

Joseph and Linley (2005) stated that the standard narrative treatment of trauma of facilitating survivors cognitive and emotional processing of the trauma is designed for the

reduction of symptoms but does not necessarily lead to growth. If clients are to move beyond a pretrauma baseline toward greater levels of psychological well-being, their worldview must accommodate, or be changed, by the trauma related information. They understand that *meaning making as significance* involves enabling clients to reconstruct their self-view, to use the trauma related information to know themselves better, to determine what is important or what they value in life, to be "more true to themselves" (p. 270), or authentic.

Calhoun and Tedeschi (2006) have categorized five domains in which survivors of trauma have shown growth: "personal strength, new possibilities, relating to others, appreciation of life, and spiritual change" (p. 5). Sadler-Gerhardt, Reynolds, Britton, and Kruse (2010) also noted that women in her study identified areas of growth such as, reexamining what was important in their lives, experiencing a "renewed spirituality, and increased sense of meaning and purpose" (p. 273) as well as a desire to live with an appreciation of each day of life. Stronger or deeper relationships with others have also been identified as an area of growth (Joseph, 2011; Sadler-Gerhardt et al., 2010). Another positive outcome from meaning making out of trauma according to Frankl (Lantz, 1992) and other authors (Harvey et al., 2000; Sadler-Gerhardt et al., 2010) often involves an element of using one's suffering to help or give back to others. Often these attempts to give back to others involve using one's experience of suffering to help others survive and have hope (Appleton, 2001; Lantz, 1992). Interestingly many of these areas of growth are congruent with descriptions of people who are functioning more fully or who experience psychological well-being (Joseph & Linley, 2005).

The current emphasis on meaning making out of trauma is a complex topic: one that does not seek to minimize or negate the inherent negative nature of trauma, rather growth theorists emphasize that "it is in the struggle to deal with what has happened that positive

change can arise" (Joseph, 2011, p. 14). It is a paradox that acknowledges that trauma is associated with deep distress, pain and loss, as well as benefits and positive change (Altmaier, 2013; Janoff-Bulman, 2006). Yet it is also important to realize that just as a psychological disorder is not always the result of trauma, growth is also not always the result (Tedeschi & Calhoun, 2004).

Reactions to trauma are "multifaceted, encompassing both distress and growth" (Joseph, 2011, p. xv). The time of searching for meaning involves distress and conflict (Park, 2010) yet it is this "inner tension [that] is an indispensable prerequisite of mental health" (Frankl, 1992, p. 109). The goal of posttraumatic growth is not life free from pain and struggle but recognition that a holistic life, just like trauma, involves "shadow and light...loss and fulfillment" (Joseph 2011, p. 164) and is made up of both the negative and the positive (Janoff-Bulman, 2006; Joseph, 2011).

Working through the theories of meaning making from trauma that leads to posttraumatic growth is a complex task. Emphasizing growth as an overarching goal of treatment does not negate the negative nature of trauma. The theory of posttraumatic growth does not deny the pain and suffering survivors of trauma may experience but rather emphasizes that during that same pain and suffering survivors can gain a new outlook on life, deeper understanding of oneself, and more satisfying relationships with others (Joseph, 2011). Just as people's reactions to trauma are complex, treatments that bring about healing are also complex. This literature review will now look at how art therapy as a treatment modality conceptualizes trauma treatment.

Art Therapy and Trauma

Art therapy has been used to treat all sorts of trauma that do not necessarily result with a diagnosis of PTSD, including breast cancer (Collie, Bottorff, & Long, 2006; Svensk,

Öster, Thyme, Magnusson, Sjödin, Eisemann... & Lindh, 2009), intensive burns (Appleton, 2001), natural disasters and human trafficking (Kalmanowitz, Potash, & Chan, 2012). Baljon (2011) stated that art therapy has the ability to help people "express inner feelings by creating outer forms" (p. 162). For him these forms then not only express inner emotions but also have the ability to contain those emotions. Art therapy is uniquely suited for survivors of trauma in that the very process of creating, or the "physicality" of creating is a release, a way to "do something" about the pain and suffering one experienced (Collie, Bottorff et al., 2006, p. 767). Art can serve both as a mirror, reflecting experiences to a client, or as "a lens that could magnify, or a probe that could see past the surface. Sometimes art therapy and art making provided a vantage point for getting a better perspective" (p. 766).

Theory and treatment models. Many of the articles written about utilizing art therapy in trauma treatment are based upon or utilize some part of the phase models (Courtois, 2004; Courtois & Ford, 2013; Herman, 1992) of treatment addressed at the beginning of this literature review. Some tend to only focus on the first and second phase, addressing safety and a coherent narrative (Gantt & Tinnin, 2009; Lyshak-Stelzer, Singer, St. John, & Chemtab, 2007; Pifalo, 2002; Pifalo, 2006; Pifalo, 2007). Others authors attempt to address all three phases of Herman (1992) (Hass-Cohen, Findlay, Carr, &Vanderlan, 2014; Rankin & Taucher, 2003), or even add other treatment tasks and phases (Appleton, 2001; Chapman et al., 2001; Chapman, 2014; Naff, 2014).

Some art therapy literature has focused primarily on combining art therapy and evidence based cognitive behavior therapy to reduce symptoms of PTSD (Gantt & Tinnin, 2009; Lyshak-Stelzer et al., 2007; Pifalo, 2002; Pifalo, 2006; Pifalo, 2007), while others have attempted to be more holistic in practice. For example, Tripp (2007) offered a modified art therapy, EMDR protocol that focuses on altering a negative self-belief that arose from the

emotions and sensations in a trauma. The combination of techniques as well as the art therapist's help, is designed to help the client shift the negative cognitive and felt belief into "more adaptive associations" (p. 179). Another example presented by Naff (2014) asserted that combining art therapy, a four phase oriented treatment model and trauma focused cognitive behavioral therapy (TF-CBT) could not only reduce symptoms associated with trauma but also enable survivors to integrate these therapeutic gains into their life narrative. TF-CBT is a much researched treatment modality and is useful for reducing symptoms associated with PTSD (Joseph, 2011). However, since it does not necessarily facilitate meaning making as significance in a person's life it is not necessarily "designed to facilitate posttraumatic growth" (p. 145) as defined by this literature review.

Art therapy and neuroscience. In recent years, developments in neuroscience have proven to be an asset for the justification of art therapy as a treatment for trauma (Appleton, 2001; Chapman et al., 2001; Chapman, 2014; Gantt & Tinnin, 2009; Hass-Cohen & Carr, 2008; Klorer, 2005; Talwar, 2007). This neuroscience research has allowed art therapists to link scientific research of how the brain processes trauma with the therapeutic effects of art therapy. Neuroscience developments that have been used as support for art therapy can be generally categorized in to two related fields: the nonverbal nature of how trauma is stored in the brain (e.g. Chapman, 2014; Gantt & Tinnin, 2009; Klorer, 2005) and treatment that seeks to increase communication between the hemispheres of the brain (e.g. Chapman et. al., 2001; Chapman, 2014; McNamee, 2005; Talwar, 2007).

Gantt and Tinnin (2009) stated that the "Instinctual Trauma Response," (p. 149) or typical human and animal response to danger is to "fight or flee", but if that fails "to freeze." While in the freeze state, brain functions that have to do with consciousness may be affected, involving numbing the pain, however this "altered state of consciousness [that] confers a

relief of pain...comes with a problematic distortion of perception" (p. 149). This freeze state and distortion primarily affects the verbal processing centers in the brain. According to neuroscience, during a traumatic experience some people's ability for narrative memory does not function normally, thus memories of the trauma become fragmented and "are stored in nonverbal memory as fragmented states of experience without temporal order" (Gantt & Tinnin, 2009, p 150; see also Levin, Lazrove, & van der Kolk, 1999; van der Kolk, 2000; van der Kolk, 2006).

Nonverbal storage. According to Talwar (2007 art therapy as a highly sensory modality can tap into these non-verbally stored memories more directly than talk therapy. van der Kolk (2006) emphasized from his research that neuroimaging revealed how the right hemisphere tended to be activated more by traumatic memories and tended to show less activation, particularly in the Broca's area or "the area necessary to communicate what one is thinking and feeling" (p. 278). This supports that therapies addressing internal awareness and the sensorimotor reactions may have better results than verbal therapy alone.

Since trauma is often stored in the nonverbal centers of the brain, art therapy, as a highly non-verbal form of counseling is uniquely suited to the treatment of trauma (Collie, Backos, Malchiodi, & Spiegel, 2006; Gantt & Tinnin, 2009: Klorer, 2005; Morrissey, 2013; Pifalo, 2007; Svensk et al., 2009). Art therapy, according to Morrissey (2013), is tailored to heal trauma in veterans as it accesses dormant parts of the brain. For him art therapy, unlike most talk therapies, allows clients to express their experiences safely through images without "having to take ownership of their experiences in words" (p. 44) which allows clients to have greater control with how they respond to an experience (Pifalo, 2002; Pifalo, 2007). The projected images and experiences can be both metaphorically and literally viewed from a distance. The image "is what its creator says it is. What is most important is how the

individual chooses to interpret, with form, action, and words, whatever she or he perceives the 'message' to be" (Pifalo, 2002, p. 13). This ability of art images to visually "create distance and contain powerful emotions" (Pifalo, 2007, p. 172) is a key component of art's therapeutic capacity.

Chapman et al. (2001) asserted that in children, "physical traumatic injuries generated emotional phenomena that include a defensive behavioral pattern, a grief reaction, and a psychological retreat" (p. 100). Klorer (2005) also noted that children may react differently to trauma than adults. While most therapy relies on verbal descriptions, Klorer asserted that many "children rarely talk about experiencing severe maltreatment, especially when inflicted by the person on whom they must rely for their basic needs" (p. 213). Therefore, nonverbal treatments, such as art therapy are especially applicable for children who have experienced trauma.

Because neuroscience has been used to show that trauma memories are often stored in the nonverbal centers of the brain, art therapy protocols have been developed that seek to enable the various parts of the brain to communicate and work together to process the traumatic memories (Chapman, 2001; Chapman, 2014; McNamee, 2005; Talwar, 2007). Talwar (2007) described an art therapy protocol "that has had success in integrating the cognitive, emotional and physiological levels of trauma" (p. 22). This protocol is designed to integrate the nonverbal storage of memory with verbal processing by through "bilateral stimulation of the frontal lobes, especially within the prefrontal cortex" (p. 24). Talwar references the work of McNamee (2005) in the development of her protocol as well as EMDR. McNamee's (2005) bilateral art therapy protocol is based on the theory that using both the right and left hand in the creation of art will engage both the right and left parts for the brain, thus integrating "a client's cognitive or logical knowing with more emotional 'felt'

knowing" (p. 556). She was careful to note that her results of "neural integration" (p. 556) appear to be consistent with neuroscience research but proof is still out of reach. Chapman et al. (2001) also contend that art therapy works "by activating both right and left hemisphere activity along with both visual and verbal neural pathways" (p. 102) but the maximum therapeutic potential is only reached when "the brain creates a visual, nonverbal narrative that is translated to a coherent linguistic narrative" (p. 102).

Fragmented memories and narrative coherence. Visually narrating the traumatic event, to emphasize cohesion and comprehension appears to be a common theme among art therapists (e.g.. Artra, 2014; Chapman et al., 2001; Collie, Bottorff et al., 2006; Collie, Backos et al., 2006; Hass-Cohen et al., 2014; Gantt & Tinnin, 2009; Lyshak-Stelzer et al., 2007; Pifalo, 2002; Pifalo, 2007). Gantt and Tinnin (2009) contend that many trauma survivors, primarily those diagnosed with PTSD, often have the sense that "*the trauma is happening now or will happen again,*" (p. 151) so treatment must seek to firmly place these events in the past. The fragmented memories of the trauma are often sensory experiences that "retain their power and freshness on an affective level, even years after the event" (Talwar, 2007, p. 23). Creating a coherent narrative in art therapy can promote emotional distancing (Collie, Backos et al., (2006). According to Gantt and Tinnin (2009) the trauma affected the sequencing and the ordering of time during the traumatic event, creating a visual narrative of the trauma not only makes the events comprehensible but also provides a concrete visual record that the traumatic event is over thereby removing the power of those memories.

The protocols designed by Chapman et al. (2001) and Gantt and Tinnin (2009) both ask their clients to use art and drawings to narrate the sequence of a traumatic event from before the event through to the events that followed the traumatic event. This sequential

narration is designed to help survivors understand traumatic events as history and therefore not as threatening (Gantt & Tinnin, 2009). According to Chapman et al. (2001) the narration is also designed to elicit emotional expression considered "essential for a corrective emotional experience" (p. 102), normalizing emotions, and "to facilitate the integration of the experience into one's larger, autobiographical life narrative" (pp. 101-102).

There are a few differences in their narrative protocols however. In Gantt and Tinnin's (2009) protocol the patient is asked to assume an "emotionally detached perspective of a 'hidden observer'" (p. 152). After completing the visual narrative, the patient is encouraged to dialogue with "the part of the self that was frozen in the trauma...to recruit and integrate the past self into the person's present life" (p. 152). In the CATTI the client narrates the story in first person, while the art therapist monitors and facilitates normalizing his or her psycho-physiological reactions (Chapman, 2014). Chapman asserted that an important part of the CATTI narrative is when the client is asked to draw the person or people who came to help. For her a client's acknowledgment that they received help and that the trauma is over is essential.

Pifalo (2007) also advocated for narrating the traumatic event through the use of a road map art directive. The road provides clients a way to organize "traumatic events in chronological order. The frame of the map imposes order on what the child may have previously viewed as an array of chaotic, confusing, and fragmented experiences" (p. 173). Pifalo also asserted that "The very act of creating a map tends to "jog" memories and aid cognition by providing added information and details" (p. 174). Pifalo's map directive, much like the other narrative protocols, seeks to help the child to visually organize, and *make sense* of, events that may have been very confusing.

Art therapy can facilitate *sense making* of fragmented memories that may result from trauma through the use of visual narratives. According to Gantt and Tinnin (2009), art therapy's visual narrative directives help heal by "restoring a sense of temporal order, promoting narrative closure, making traumatic events past tense, imbuing nonverbal material with verbal description, and re-contextualizing fragmented experience" (p. 152). Narrating the event provides "cognitive understanding of the past" (Chapman, 2014, p. 71), and putting the trauma in context so that clients "can see that the trauma was a part of their life but that it does not define their life" (p. 72).

The above literature review has helped to highlight how art therapy can be a useful treatment for people who have experienced trauma, particularly its potential to be used to integrate information from the nonverbal centers of the brain with the verbal (Chapman, 2014; Collie, Backos et al., 2006; Klorer, 2005; McNamee, 2005; Talwar, 2007), its potential to be used to visually narrate trauma stories (Chapman et al., 2001; Chapman, 2014; Collie, Bottorff et al., 2006; Collie, Backos et al., 2006; Hass-Cohen et al., 2014; Gantt & Tinnin, 2009; Lyshak-Stelzer et al., 2007; Pifalo, 2002; Pifalo, 2007) and its ability to integrate other theoretical models into art therapy treatment (Naff, 2014). Art therapy theorists also have much to say about meaning making, trauma, and growth in therapy. The following section will explore these intersections.

Meaning Making and Art Therapy

Existential art therapy (Moon, 1990; Moon, 2008) and positive art therapy (Wilkinson & Chilton, 2013) tends to be more vocal concerning the concept of meaning making, particularly meaning making from pain and suffering. However, nailing down in the literature how art therapy specifically facilitates meaning making, and even more, how meaning making in art therapy can lead to posttraumatic growth is more difficult. According

to Moon (2008), "Existential therapists believe the primary dynamics that lead clients to therapy are the ultimate concerns of existence: freedom, aloneness, guilt, personal responsibility for one's own life, the inevitability of suffering and death, and a longing for purpose and meaning" (p. 118). Suffering, pain, and death are a natural part of life. In fact, "life begins in struggle...the birth process is the first conflict in a person's life. As such, it symbolizes much of what is to follow: a life composed of one conflict after another" (p. 67-68). While suffering is a natural part of life, human beings have a remarkable ability to be resilient and adaptive. Moon emphasized that the human "capacity to adapt, change, and struggle with conflict, both internal and external, is remarkable. It is a tenet of existentialism that the worth of people's existence is determined by how they respond to conflict and anguish" (p. 68). In their research study of using art therapy with survivors of cancer, Collie et al. (2006) also noted how consistent with other paradoxical findings, "painful feelings caused by a disruptive event [were] an important fuel for meaning making" (p. 769).

Phase models, protocols, and meaning making in art therapy. As was mentioned in the previous section on trauma and art therapy, a number of art therapy treatments follow phase treatment models such as Herman's (1992) and Courtois and Ford's (2013) particularly those who wish for more structured ways of working "to enhance the potential for affective, behavioral, and cognitive adaptation to trauma" (Rankin & Taucher, 2003, p. 138). Only some authors directly address where meaning making fits in the phases of treatment (Appleton, 2001; Hass-Cohen et al., 2014; Naff, 2014; Rankin & Taucher, 2003). Some authors do not specifically state where meaning making might fit in a phase model but rather see it as something that is important to all of trauma treatment (Baljon, 2011; Kalmanowitz et al., 2012; Wilkinson & Chilton, 2013). While other authors find meaning making

particularly important in the treatment task of redefining a survivor's identity (Artra, 2014; Collie, Bottorff et al., 2006).

A number of these articles that describe the stages of treatment usually include two tasks or phases that have bearing on this research paper's discussion of meaning making: creating a sequential visual narrative of the trauma story and the phase of treatment either referred to as integration or reconstruction. The first task, narrating the trauma story (Chapman, 2001; Chapman, 2014; Herman, 1992; Rankin & Taucher, 2003) is designed to help clients "accept the reality of the trauma...to reduce the intensity and frequency of negative aftereffects" (Rankin & Taucher, 2003, p. 141) and come to accept that "the traumatic experience truly belongs to the past" (Herman, 1992, p. 195). In their writings, narrative construction of the trauma can be defined more as attempts to *make sense* out of trauma rather than determining what significance the trauma has in survivor's lives. The visual storyline allows for clarity in where there are gaps in memory, misperceptions, and illuminate parts of the trauma story to which the client has already attributed meaning (Chapman, 2014). Similarly, Hass-Cohen et al. (2014), assert that making art about the autobiographical narrative of the trauma, reveals cognitive schemas from which the client may be operating. Thus when they ask the client to alter or change the image they created about the trauma, it allows the brain's executive function an opportunity to "shift from negative constructs to positive affirmations" (p. 76) creating an opportunity to change the meaning of the event.

The second task, usually included as part of the final phase of treatment appears to be more in line with meaning making that leads toward posttraumatic growth, which goes by a number of names including "self and relational-development" (Rankin & Taucher, 2003, p. 141) and "life consolidation and restructuring" (Courtois, 2004, p. 418). Meaning making as

significance appears to happen when treatment helps survivors use the trauma information to positively restructure or reformulate their personal identity (Artra, 2014; Collie, Bottorff et al., 2006; Rankin & Taucher, 2003). Some authors such as Artra (2014) and Neimeyer (2006) do not divide creating the trauma narrative, meaning making and posttraumatic growth into different stages but see it as interrelated. Artra (2014) proposed that exploring what the trauma narrative or reflections about the trauma mean to the client, they can discover previously rejected or unknown aspects of themselves. Meaning making that leads toward growth happens then when the client can accept and integrate those rejected or unknown parts of himself/herself into a fuller self-knowledge and have a more authentic identity.

Metaphor. Meaning making in art therapy appears to happen most readily through the art image's natural metaphoric character (Baljon, 2011; Chapman, 2014; Naff, 2014; Wilkinson & Chilton, 2013). Meaning making in life can be facilitated through the use of "storytelling and art therapy [which] have a metaphoric character, creating an intermediary space in which people can express the inexpressible" (Baljon, 2011, p. 159). Joseph (2011) also noted the power of "metaphors [to] allow people to regain a sense of control over their lives. They provide a way of constructing meaning around a traumatic event—a meaning that links the event to their past and to their future" (p. 156). Through these creative mediums, "the invisible acquires form and colour. The image is expressive, and is simultaneously protective because of its imaginary nature" (Baljon, 2011, p. 159).

Metaphorically art created about the trauma one experiences can be perceived as a mirror that reflects one's experience, as a lens that magnifies or probes beneath the surface, or as a process that provides perspective (Collie, Bottorff et al., 2006). Chapman (2014) argued that the metaphorical meaning of an image "is revealed through the interactive

process between client, therapist, and image" (p. 114). According to her, the metaphorical meaning of an image arises from the client and it requires communication between the right non-verbal, symbolic hemisphere of the brain, and the left hemisphere that manages more cognitive and linguistic capacities.

Transformations and alterations. When one's fundamental assumptions are disrupted by trauma (Baljon, 2011), and lives are often permanently changed, according to Rankin and Taucher (2003) "a return to life as it was before the trauma is an unrealistic treatment objective. Adaptation to trauma involves construction of new self- and world-perspectives that are different from those prior to the trauma" (p. 138). Growth after trauma requires more than resilience, it involves elements of "transformation or reformulation" (Calhoun & Tedeschi, 2006, p. 11; see also Kapitan, Litell, & Torres, 2011). Transformation and reformulation of the meaning of something happens naturally in the creation or making of an image (Collie, Bottorff et al., 2006) and in the further alterations or processes that can be applied in art (Chapman, 2014; Hass-Cohen et al., 2014; Kapitan et al., 2011).

For example, one group art process described by Kapitan et al. (2011) involved inviting participants to create an art piece about a trauma, destroy it, then further transform the image as a means of seeking recovery. Kapitan et al. noted that this art process brought insights and allowed the participants to perceive how the trauma their community experienced could be destructive or transformative. It also allowed participants to understand they had a choice to take the destruction already experienced and use it for transformation and growth as a community. Chapman (2014) wrote specifically about the ability to, and the power of, altering images in art therapy. She emphasized that since the art image is often "a representation of a self" (p. 53) it has the potential to be altered, this metaphorically allows alteration to "the physical body, perception, and reality" (p. 121).

Haas-Cohen et al. (2014) also discussed image alteration and how the act of physically altering an image may allow for shifts or change in the meaning of the image for the client. When images and the visual trauma narrative are reworked, altered in some way, it utilizes the "brain's executive functioning and provides opportunities to shift from negative constructs to positive affirmations" (p. 76). They described creating a visual narrative of the trauma, with particular images that can later be altered which may change how the trauma is neurologically perceived, and therefore change or rebalance how a person responds to trauma triggers and stressors.

Art therapy, therefore, can enable people to respond to pain and suffering in a transformative capacity. Moon (1990) explained that a curative factor of art therapy lies in the art itself: "perhaps the purpose of art at its deepest level is to transform the scars of life; to take the painful piece of sand and create a pearl. This transformation represents and makes sacred the polarities in our lives" (p. 53). The purpose of using art to express suffering is not to minimize or ameliorate symptoms but rather through working with art, "the artist discovers meaning in life as he molds and honors the painful disharmony of his self. Creation does not ease but rather ennobles the pain. It does not cure, it accepts" (p. 54). This transformation of pain can lead to growth.

Posttraumatic growth. As was noted in this research paper's first section, meaning making can lead to posttraumatic growth. Posttraumatic growth is the positive, transformative change that comes from struggling with suffering and trauma according to Tedeschi and Calhoun (2004). Wilkinson and Chilton (2013) further defined posttraumatic growth as "an increased sense of meaning and purpose, more meaningful interpersonal relationships, changed priorities, and a greater sense of personal strengths" (p. 5) arising from

the struggle with traumatic events. They have found, in fact, that "people often identify a particular trauma as a turning point in their lives" (p. 5; see also Appleton, 2001).

Wilkinson and Chilton (2013) contend that trauma survivors come to therapy because they are struggling with the effects of trauma and "want more than simple relief of suffering; they want lives filled with joy, meaning, and purpose" (p. 5). Creating a visual representation of one's suffering and trauma can be a powerful way to interact with, confront, and understand aspects of that painful event. Not only does creating visual representations of the "painful pieces of self...empower clients to grasp the meaning of their images" (Moon, 2008, p. 149), the art images can also "increase positive emotions and engagement" (Wilkinson, & Chilton, 2013, p. 5).

Art and creativity can be an art therapist's ally in "freeing the person from the snare of victimization" (Moon, 2008, p. 69). Honoring a person's pain is an empowering process because it accepts people as they are, yet is also a shift in perception that sees a person not as a victim but as someone who has overcome (Moon, 1990). Moon (2008) also asserted that art making provides structure for disorder and confusion: "Creating art is the process of constantly moving back and forth between order and disorder, spontaneity and composition, and chaos and structure" (p. 152). The creation of art in art therapy can meet the client where they are at in their suffering and chaos, create structure out of the chaos, and in that creation of structure produce "engagement in life" (p. 152). The concept of posttraumatic growth is, according to Werdel and Wicks (2012), a paradox where the therapist holds three images: the destruction that is the trauma, the potential for growth as "reaching upward," and "the potential relationship between the destruction and reaching upward, between the darkness and the light" (p. 27).

Finding meaning as significance and purpose is not a solitary pursuit however, but rather happens best in relationship with others (Collie, Bottorff et al., 2006; Moon, 1990; Moon, 2008; Naff, 2014). Art therapy, which is in its' essence a relational tool, can facilitate meaning making because it necessitates relationship (Moon 2008). Yet Moon (1990) is careful to point out that meaning should not be imposed by others, that meaning is often transitory and that it can change over the course of a person's life. This is echoed by Joseph (2011) who emphasizes that clients must arrive at their own meanings out of trauma.

In many of the phase treatment models, the last phase may include treatment goals such as "identifying and cultivating positive consequences of traumatic exposure" (Rankin & Taucher, 2003, p. 144). They are careful to assert that when helping clients to identify positive consequences or present wisdom from the pain of trauma, the therapist must make sure the client understands that "acknowledging positive consequences do not invalidate or eradicate the negative consequences of the trauma" (p. 144). One art therapist in particular (Appleton, 2001) described how adolescents in the intensive care burn unit used art therapy to move through meaning making towards posttraumatic growth.

Appleton (2001) described four phases of treatment, the last of which she called "Reconstruction" (p. 6.) in which the art therapy goal is to foster meaning. In this stage, "art provides avenues for exploring both the sacrifices and change that crisis offers the adolescent. Yet finding meaning is intensely personal and cannot be generalized as a sequenced process" (p. 9). Using the imagery of the phoenix rising from the ashes as a metaphor, Appleton described how her clients when they reviewed their artwork, were often amazed that they were able "to create something even during their most painful times of physical recovery" (p. 9). Not only has Appleton noticed this tendency of patients to be amazed at their ability to create during the pain, but she has also noticed their tendency "to be

generative so that others might suffer less" (p. 13). This ties in well with Frankl's belief that suffering and trauma provides opportunity for people to transform their pain into meaningful interaction and giving to others (Lantz, 1992).

This literature review has sought to explore the current research and literature about the intersections of art therapy, meaning making, and trauma. The literature review covered briefly the aims of traditional trauma treatments, treatments by theorists that emphasize meaning making and posttraumatic growth, and art therapy's contributions to trauma treatment. This researcher's particular concern, was to investigate how theorists and practitioners that have begun to focus on the positive, holistic, and redemptive aspects of meaning making out of trauma (Bonanno, 2004; Gillies & Neimeyer 2006; Lantz, 1992; Wilkinson & Chilton, 2013) that may lead to posttraumatic growth and positive adjustment from trauma.

Chapter III

Methodology

In this research project I was interested in discovering if and how art therapists utilize the theory of meaning making in trauma treatment. This research question was explored using semi-structured interviews with art therapists who specifically practice with teenage and adult clients who have experienced trauma. According to Galletta (2013) semi-structured interviews allow enough structure for an interviewer to address specific questions as well as flexibility enough for participants to offer their own unique understanding of the topic at hand. This methodology allows participants to speak to their particular experience as well as explore the topic more fully.

Participants

As this research includes human subjects, this researcher received approval from the Southern Illinois University Edwardsville Institutional Review Board (see Appendix A for approval). Informed consent for each participant has been received. Private information has been protected and has not been revealed in the final report.

Participants were selected using purposeful sampling and snowball recruitment procedures (Palinkas et al., 2013). Interviews were conducted in person and by Skype lasting between 30 minutes to 1 hour. Before interviewing participants, all participants were asked to sign consent forms which covered all the participant's rights (see Appendix A). Interview questions are located in Appendix B.

The twelve participants interviewed were all female and had a wide range of experience ranging from four to 34 years of art therapy practice. They were located all across the United States in a variety of mental health facilities including private practice, institutions, clinics, and hospitals. Their treatment programs varied from intensive to long-

term. According to the research conducted by Guest, Bunce, & Johnson (2006) twelve interviews are sufficient to reach thematic saturation. This is especially true when the aim of the research "is to understand common perceptions and experiences among a group of relatively homogeneous individuals" (p. 79). Accordingly this researcher has conducted twelve interviews.

Procedure

The recorded interviews were transcribed and coded for themes (Burnard, 1991; Galletta, 2013; Guest et al., 2006) that related to theory informed treatment; in particular the use of the team meaning making. This researcher followed Burnard's (1991) method for conducting "thematic content analysis" (p. 461) while using NVivo 2.0 software to code for themes and patterns. Burnard's (1991) thematic analysis methodology involves repeated readings of the transcripts, looking for themes, creating overarching categories that are double checked to ensure they maintain the participant's original meaning.

Content themes from the transcribed interviews were described in the findings section of the research paper. Thematic categories were organized according to hierarchies or according to common practice. Commonalities and differences in practice as well as theory were documented. Data within each interview and across interviews were described as they pertain to the research question.

Chapter IV

Results of the Study

Participants were asked a series of questions, located in Appendix B, which varied somewhat depending on their response to particular questions. This researcher was primarily interested in discovering if and how art therapists utilize the theory of meaning making in trauma treatment. Second, this researcher was interested in how art therapists understood and if they applied the theory of posttraumatic growth in trauma treatment?

This research study resulted in a number of findings. The majority of participants responded that they operated from a phase model of trauma treatment, even though not everyone used the language or exact classifications as Courtois and Ford (2014), or Herman (1992). However when participants described their implementation of treatment, most tended to emphasize or spend the majority of treatment time on the tasks of the first phase which would result in symptom reduction: safety, stabilization, identifying triggers, and skill building. They emphasized increasing client's sense of safety and building client's affect regulation skills when triggered were absolutely essential before attempting work on the actual trauma. Some participants referred to somatic experiencing or "body work" in both phase 1 and phase 2. Fewer people spoke about phase 2 and differed on phase 2 treatment goals and procedures. Very few participants spoke about phase 3 and those that did, did not elaborate on procedures or goals.

Eight out of 12 participants asserted that they utilize the therapeutic mechanism of meaning making in trauma treatment and that it was important for healing from trauma, however both its definition and application varied. Identity exploration, meaning making through metaphor, and transformation and alteration through art were also findings of this

research study. Finally, participants revealed mixed reactions to the theory and application of posttraumatic growth in trauma treatment.

Art Therapy, Trauma, and Treatment Models

Phase 1: safety, stabilization, triggers, and skill building. All 12 participants agreed that helping clients experience a sense of safety was essential for trauma treatment. This safety included physical safety, as well as making sure that the clients feel safe within themselves and in the therapy space. One of the primary art activities mentioned by the participants that helped with this phase is the creation of, or focus on, a safe place and the client's attendant internal experience of that safe place. Some of the other art directives that also achieved these safety goals included creating safe environments, using boxes and containers with lids that symbolically contained the trauma and could hold those sensations externally. Another participant emphasized that creating art close to the ground could also help clients feel safe and grounded.

Some participants emphasized stabilizing the client by reducing symptomology and teaching coping skills and self-regulation in response to triggers. One participant emphasized using EMDR and Somatic Experience in the stabilization phase, continually assessing the client's internal state throughout. Two other participants emphasized that it was important to assess the client's current emotional state and processing and meet the client at that point. Several participants asserted that traumatized clients benefit from art because the imagery provided the material for which a person does yet have words. They also emphasized that art images have the ability to hold the details. This "holding" is more permanent than words spoken about the trauma as the image can hold the trauma details indefinitely or as long as the client needs.

One participant emphasized that in trauma treatment, it is essential not to access the trauma story until the client is physically and emotionally ready. For her, the more important work was to teach clients self-regulation skills and awareness for how their body was holding their trauma. Another participant noted that what helped her teenage clients were the new artistic skills she taught them. These skills allowed them to improve their self-esteem and self-confidence which she saw as necessary for healing.

Several participants emphasized that they primarily let the client lead and decide whether or not they want to address the trauma they experience. They focus on the client's goals for their treatment, which may or may not be similar to the phase models of trauma treatment. Participants tended to emphasize that each client was unique, processed trauma uniquely, and proceeded through the phases of treatment uniquely. Another participant highlighted that sometimes for her clients, just being stabilized, learning the coping skills and experiencing symptom reduction was enough therapy. From her perspective the clients were satisfied with these changes and they did not seek to deal with the trauma itself.

Phase 2: the trauma story. While many of the participants also stated that they utilized phase two, or processing the trauma story in their treatment, there was much less agreement about what this entailed. Some merely stated that this phase involved talking about creating a coherent narrative but did not elaborate about procedures or art processes, while another called it the "discovery phase" of using art and EMDR to uncover the unconscious or unprocessed trauma. Two participants described using Gantt's instinctual trauma response protocol with its emphasis on the graphic narrative. One of these participants described her intensive one to two week program that primarily focuses on this phase of treatment. The graphic narrative is a series of images of each sequence of the trauma, that pays special attention to the triggers or "memory shrapnel" which they

participant described as a fragmented experience out of place. She asserted that placing the events of the trauma in linear, visual, sequence as well as having the therapist retell the story and conclude with "And the end," helps clients realize the trauma is in the past. The primary goal of processing the trauma narrative this way is to help clients recognize the trauma is in the past and no longer has power over them. The other participant who used Gantt's protocol described the sequential narrative and dialoging with both the traumatized and healthy self in the images could help clients to integrate the trauma into their new self-identity.

Two other participants emphasized combining phase 2 and phase 3 goals by combining the disclosure of their trauma story and consolidation or integration into one step. One of these participants emphasized that for her the trauma story should "never stand alone...as soon as it's said it needs to be integrated into the [client's] life story," or narrative. The trauma narrative becomes but one part, or placed in the context, of a client's whole life story. The other participant talked about this combined step in the model she follows, called the SITCAP method. The clients draw the trauma image, sometimes also drawing the events before and after, then seek to reframe the event so that they begin to see themselves as survivors rather than victims.

Later in the interviews when asked more specifically how art helped in trauma treatment, more participants utilized neuroscience to articulate how art and processing the trauma story are linked. They spoke about neuroscience research that revealed how trauma is stored in the brain as well as the research about how art is able to connect to that part of the brain through the physicality of creating art and visually examining the internal process. They emphasized how verbalizing, dialoguing with the image, and visually examining the trauma, allows the brain to re-integrate the trauma or make connections in the brain that facilitate healing. One emphasized that art engages all parts of a client's brain and that

getting clients in a "state of flow," mostly through the structure of therapy allows the client's brain to do its own healing. Another participant emphasized that helping clients realize the trauma is in the past is essential to healing.

Bridging phase 1 and 2: somatic experience, or "body work." Participants tended to talk about somatic awareness and body work in both phase 1 and phase 2 of treatment. The participants who did not respond positively to the idea of meaning making out of trauma or who did not see much of it in their work because they felt their work was too short term were asked what their experience has taught them about healing from traumatic experiences. Primarily the participants focused on describing how they thought art helped heal people from trauma. Some emphasized how art can enable traumatized clients to connect with and release their physical and emotional experience of the trauma. They responded that healing from trauma came about by helping clients connect with their body, similar to van der Kolk's work (2000; 2006). This involved educating and helping clients recognize their body responses to triggers, normalizing symptoms, and teaching them coping and self-regulation skills. The importance of using dance or body movement therapies, or physical activities to enable clients to be more self-aware of their internal processes was also stressed by some participants.

When asked about specific art processes that participants found helpful in treating clients that have experienced trauma, responses again were varied. Some participants advocated a form of art based desensitization. They described having clients create visual narratives of the trauma and pairing the trauma story with a safe place drawing as a way to ground them and help them self-regulate when triggered. Others used sensory based interventions to achieve the same results. One participant mentioned using McNamee's

(2005) bilateral art stimulation process, while others emphasized combining art with EMDR as ways to integrate sensory or body storage of the trauma and cognitive awareness.

Meaning Making, Trauma, and Art Therapy: Exploring Figure 3

Participants were asked if healing from trauma involved the process of meaning making. In Figure 2, a bar graph details participant responses.

Figure 2. Meaning Making Importance to Healing from Trauma

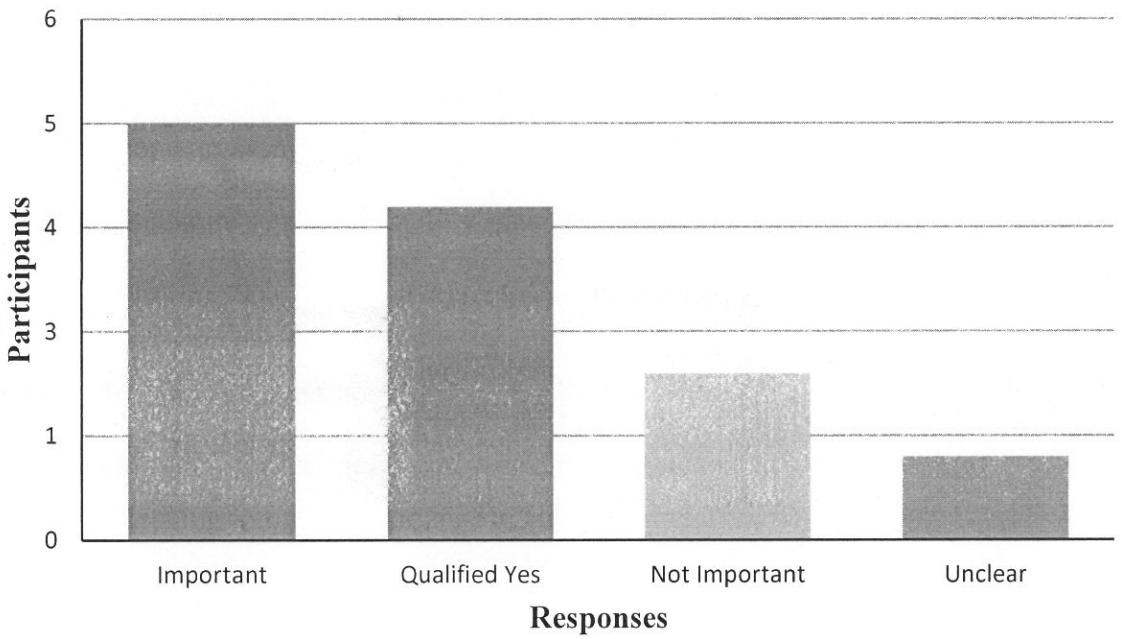

Figure 2. Bar graph representing participant responses to the question, "Is meaning making important to healing from trauma?" This figure indicates the variety of responses.

Five participants emphasized that meaning making was an essential aspect of healing from trauma, while four others answered that meaning making was important to healing with some qualifications. These qualifications included timing in treatment, length of treatment, age of client, client inclination, and client's personal goals for therapy. Yet in attempting to distinguish between the participants who asserted that meaning making was absolutely important to healing from trauma, and those that added qualifications, another thematic

pattern began to emerge. Participant responses began to fall under two major sub-themes: 1) cognitive comprehension or narrative coherence and 2) finding significance towards posttraumatic growth. Figure 3 provides an image of these sub-themes and ideas attached to them.

Figure 3. Meaning Making Themes and Sub-themes

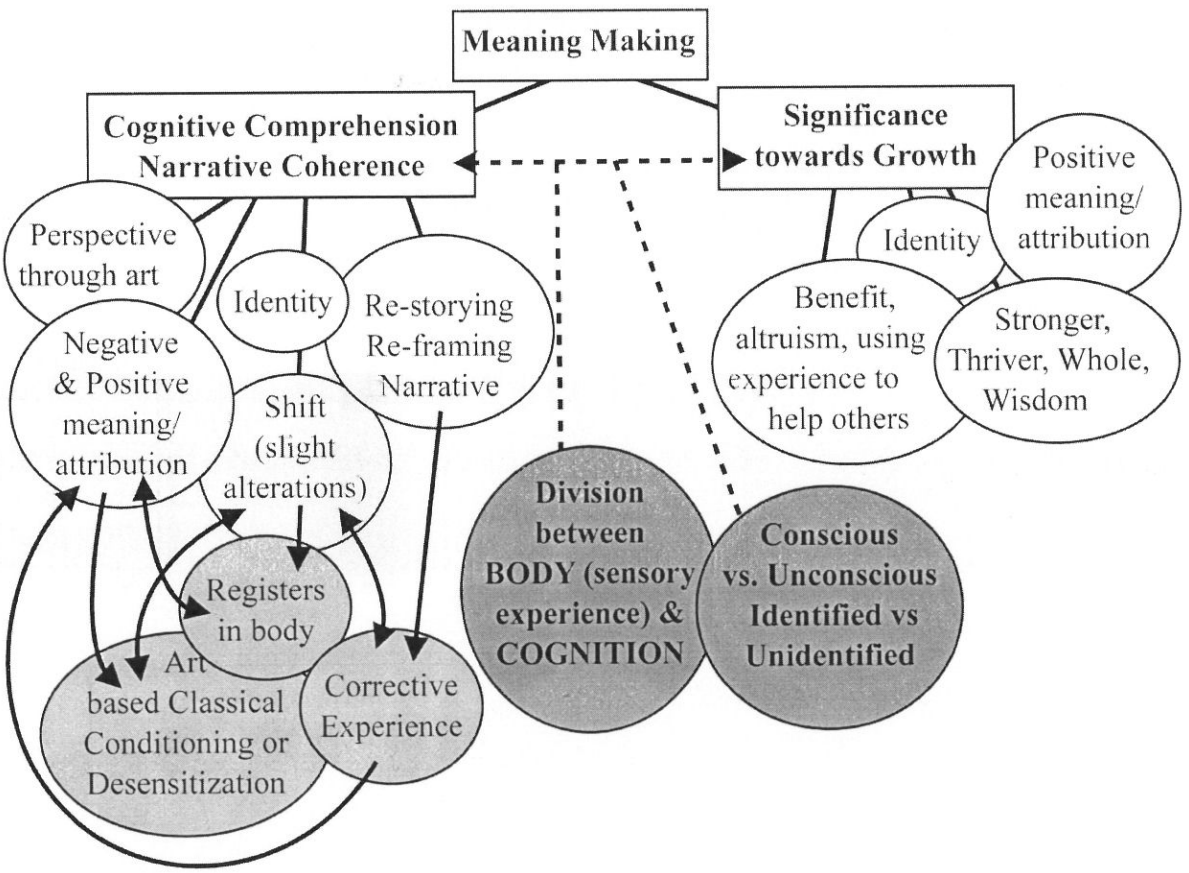

Figure 3. How does meaning making facilitate healing in clients who have experienced trauma? This figure illustrates the theme meaning making, sub-themes, and related categories arising from analysis of participant responses. The light gray bubbles represent mechanisms of change. The dark gray bubbles represent two bridging concepts.

Meaning making as cognitive comprehension and narrative coherence. Several participants emphasized that many people who go through trauma will ask "Why?" They

want to comprehend or make sense of exactly what happened during the trauma, why the trauma happened, and more specifically why it happened to them. One participant stated that it is the therapist's job to help clients makes sense of what they experienced. According to her, clients want to make sense out of their experiences, to understand them, so that "changes can be made." Another participant emphasized that as art therapists, meaning making "is what we do." She stated that art embodies and physically represents or makes sense of client's internal states as well as the trauma stored in the body in a way words cannot. She maintained that any person that has experienced something traumatic will attempt to understand what it means to them. As participants described these efforts after meaning, they seemed to be specifically referring to cognitive, conscious, efforts after understanding. Two participants in particular emphasized that one needed a particular level of cognitive functioning in order to do meaning making.

Shift and perspective. In their discussions about how therapy facilitates meaning making, participants discussed several ways they attempt to help clients change or "shift" their understanding of the trauma, or "see the trauma in a different way." These included gaining perspective or emotional distance with art, corrective experiences, and re-storying or re-framing narratives. Participants emphasized that perspective could be gained through art making and the art products themselves. Three participants in particular highlighted how the very process of creating art allows the trauma to no longer be inside the client, but rather held outside the client, to be visually encapsulated, witnessed by the client and others, which may allow for a different perspective.

Perspective and emotional distance could both be gained either by moving the art physically closer or further from the client, or by dialoguing with the art as if what it represents was a separate entity. One participant referred to how art can externalize or help

shift the trauma out of a client's body into the art image. The client could then say "'this is my anger. This is my pain,'" and point to it outside of themselves instead of internalizing it." Externalization through could also serve to separate the traumatic experience from the client's identity. Thus the perspective or emotional distance gained may help the client begin to shift the meaning attributed to the trauma.

Negative and positive meaning attribution. One participant emphasized that all people attribute some meaning to their traumatic experience. These meanings can be either negative or positive. She asserted that negative meanings are also called "cognitive distortions" in CBT terminology and "negative cognitions" in EMDR terminology. The symbol or form created through art itself may reveal unconscious or unacknowledged negative meaning already attributed to the trauma. This could be also a form of reality testing, where the art reveals the negative attribution forcing the client to confronted and test its validity. She asserted, "If your meaning making from the trauma is that it's my fault, then you may have to scrap meaning for a little bit until you rework what happened and a new meaning emerges from the client." Reworking for her involves helping clients confront a negative cognition and change it to a positive.

Corrective experiences. Other participants emphasized providing clients "corrective experiences" as a way to shift the meaning of the trauma. Corrective experiences could include using art to symbolically represent providing what was needed or what the client missed during their experience of the trauma. One participant gave an example of a child whose needs for love, physical protection, or nurturance were not met during abuse, could use art and play to create a creature or self-symbol with whom they could act out providing protection, nurturing and love. She asserted that this metaphorical art and play "changes their sense of self, changes their narrative from being somebody in need to somebody who

has something to give." It changes their identity so that they are not defined by their trauma, not merely a victim but someone who has the possibility to choose to do something different.

Corrective experiences could also include using art to address how the trauma "registers inside" a client. A participant described this as reworking each step of trauma and retraining the body through art. The therapist asks the client to draw a safe place drawing, and then draw each sequence of a trauma. As they explore each sequence of the trauma, the therapist employs a form of classical conditioning or art based desensitization by constantly returning the client to their safe place drawing and its' relaxing sensations. She asserted that this process has the potential to retrain the client's body. Changing how the trauma registers inside a client's body could change what the trauma meant to the client.

Re-storing and re-framing narrative. Many of the participants discussed working with clients to create a coherent narrative of the trauma. Two emphasized having a beginning, middle, and an end. While other participants emphasized asking clients to create a number of images breaking the traumatic event or events into linear sequence. Only one participant stated that she considered creating a cohesive narrative as part of the meaning making process while other participants did not necessarily classify this process as "meaning making." One participant who did not identify creating an art narrative of the trauma as meaning making stated that the purpose of the narrative was to put the trauma in the past. She emphasized that if "a person is still stuck in the trauma you can't do much work with meaning." For her only after the client emotionally and physically comprehended that the trauma was over, could "more conventional kinds of psychotherapy" be utilized. A second participant preferred the using the language of "reframing" the trauma, helping clients identify themselves as survivors rather than victims. She asserted that only after clients have been able to reframe their trauma, or perceive it differently, can they begin to make meaning

in the way talked about by Victor Frankl. Their comments revealed some disagreement about the term meaning making and its application in treatment. If creating a sequential narrative of the trauma is about coherence or about making sense of the traumatic events then these processes could be classified as part of the meaning making process.

Meaning making as significance, necessary for growth. When participants were asked if meaning making out of trauma was important to healing from trauma, a second major sub-theme, classified as "meaning as significance" arose. These participants tended to emphasize that making meaning out of trauma was more than cognitively understanding or making sense out of the trauma, although that was certainly one part of the process. They emphasized how clients could use the trauma to benefit themselves and use it to help them grow as well as use it to benefit others. Participant responses about meaning as significance were particularly tied with a discussion about client identity which will be discussed below.

One participant emphasized that meaning making in her work with clients at a hospital often involved empowerment and mastery. These clients used art to not only understand and record the trauma they were experiencing, but also created art that would share their experience with others: use it to "give meaning to others." She described one client in particular who created a published book incorporating paintings, songs, and other creative media that not only "is giving meaning to that whole experience" but also allows others to experience meaning in this client's traumatic experience.

The two participants who responded negatively to the idea or language of meaning making out of trauma seemed to be repelled by the idea of finding significance or benefit from trauma. They seemed to assume that finding meaning out of trauma implied that the trauma in itself was a good thing. As one participant said, she did not like the language of "meaning making out of trauma" because "that would mean that everything that happens to

you has a meaning and a purpose. I don't want them to think that they were meant to be traumatized." The other participant said that her clients at times tried to make sense and make meaning from their trauma but she felt that the concept was very difficult for "Where is the meaning of all this chaotic abuse they've experienced?"

One participant asserted that at times trauma therapy spends too much time on debriefing and picking the trauma apart, when clients seem to want "to find a way to make their life meaningful again." To her clients, after the trauma, "it's never going to be the same and so it's not like a process of going back to something or rebuilding with the blocks that all knocked down. The blocks are gone." Clients now had an opportunity to use the trauma to experience change and "decide who they are now." Another participant asserted that meaning making out of trauma was more than just reshaping cognitive understanding but "is about contextualizing what an event or multiple events did to, especially altruistically, help you to be kinder to others, or more empathic to others or more creative." In therapy, she said that the ideal goal was to help clients "make meaning of [trauma] and have them contextualize it to be part of who they are that made them stronger, and have them access it but not be debilitated by it." Both of these participants linked meaning making and identity reformulation. The discussion of identity however, spans both meaning making as making sense out of trauma experiences and finding significance.

Identity. Identity was a theme discussed by both those who talked about meaning making as cognitive comprehension and those that described it as significance. Several participants mentioned how trauma impacted or changed a client's identity, that there was no way to return to who they were previously. Participants discussed how clients affected by trauma often allow the trauma to define their identity: perceiving themselves as a victim or attributing to themselves some other negative identity. One participant in particular

emphasized that trauma forces people to reexamine their identity, to "explore who they are at their core." Another participant said that younger people in particular will ask "Why me?" but more often than not, they are "more interested in reclaiming themselves…They can still be a whole person in spite of what has happened to them." These participants recognized that reformulation of a client's identity was necessary for healing.

Participants responded that any art process that allowed a person to tell their story, to create a new narrative or redefine their identity, to see themselves differently, or that helped the individual to separate their identity from the trauma or abuser could be a process that facilitated meaning making. Two participants emphasized that because creating art used all of a person's senses as well as their whole body it naturally facilitated meaning making. These participants, much like Collie et al. (2006), saw that creating art allowed the client to be proactive, to physically do something about what they experienced. At the time of the trauma or traumas they may have felt helpless, unable to prevent the trauma, yet through creating the art they experience empowerment. Empowerment allowed them to see themselves less as a victim and more as someone with choices.

Some participants saw the goal of re-storying or reframing a client's narrative was to change their identity from "victim" to "survivor." Other participants rejected the identity conceptualization of "survivor" as healing since it still allowed the trauma to define the client's identity. These participants preferred to emphasize helping clients redefine themselves as more than survivors but as "whole" or "thrivers." Some participants referred to this as helping clients perceive the events of the trauma as but one part of their life narrative. One participant emphasized how creating an art product about the trauma separated the traumatic experience from the client's identity: allowing them to see that the trauma was something that happened to them but did not have to define them. Participants

used similar language to refer to this process including: reformulation, reframing, redefinition, or re-contextualization of the trauma story into their life story. One participant in particular talked about asking clients to draw more than just the sequence of the trauma story. Instead she asks clients to create the whole narrative of their life from before and events after so that the trauma is put in context of the larger life narrative. More than clients seeing their identity as whole, these participants emphasized that meaning making out of trauma also involved growth. Growth included recommitment to family, change in careers, deeper faith, empathy, and altruism or helping others who also experienced trauma.

Bridging concepts. Two other themes evident in participant responses appeared to have bearing on the gap between the two sub-themes of meaning making as narrative coherence and significance or benefit finding: 1) conscious recognition of making meaning, and 2) body work. In the interviews one participant repeatedly discussed whether meaning making had to be conscious or recognized by a client to be effective. In the end she came to the conclusion that whether or not a client was able to identify that they were using the trauma to make their lives or identity more significant was irrelevant. The work still happened.

Several participants thought meaning making was important but felt that improving the physiological or everyday functionality of clients was more important to healing from trauma. They classified it as "body work." As one described it, if a client cognitively makes sense of, or gives meaning to, their trauma but does not "feel it in their body" then it will not make much of a difference. This participant appeared to believe that meaning making was a temporary cognition that could be negated by a person's physiological responses to triggers. The belief that trauma is stored in the body was mentioned by several participants, particularly when they discussed symptom reduction and teaching coping skills.

Metaphor. When those who responded positively were asked how they thought art therapy in particular facilitated the process of meaning making, their responses mostly referred to the art product. They emphasized the physical art object created and art's natural metaphorical possibilities, or ability to representative or symbolize things for the client as an aspect of meaning making. In clients who have experienced trauma, one participant asserted that the imagery provided the material that a person did not yet have words for. Others mentioned that the product representing the trauma provided a physical object to be worked on, altered, and literally "reframe" the traumatic experience.

When asked more about specific art processes that facilitated meaning making participants were able to mention a few. One participant mentioned how a client created a new object out of the broken pieces of meaningful objects from a destroyed home. It became a symbol for how she and her family were rebuilding and redefining what they valued for their family. Another participant described two art therapy groups that interacted through art and created something meaningful for each of them: one group of homeless women created dolls for a group of motherless children and the children in turn providing homes/nests for the most battered of the dolls. Other art processes and products that could facilitate meaning making mentioned included; altered books, self-boxes, attaching and gluing objects, safe places, and vision boards that focus on future goals and the client's sense of self.

Transformations and alterations. When asked if there were any art processes that were specifically about transformation, the answers tended to fall within three categories: (1) art that was destroyed and created into something new (for example tearing up a painting to create a collage or mosaic or creating paper, or dismantling old jewelry to create new), (2) art that is altered in some way such as altered books, painting or drawing over previous work, (3) art that is completely destroyed through burning, hammering, crumpling and soaking it in

water, or just throwing it away. Another participant saw some danger in destroying or trashing art without making something new out of it. She saw throwing away art as "a kind of repression. [It] works for a while but not forever." On the other hand, another participant saw destroying or throwing art away as giving the clients a sense of power and control.

Art that was destroyed and created into something new included paintings torn and created into a collage or mosaic, old jewelry dismantled and created into new pieces, hospital gowns and isolation masks ground and transformed into paper. Another participant described asking her clients to write on paper their angry feelings, tear up the paper, "pulverize it," and then create recycled paper. They then use that recycled paper to create other art or what she called "gratitude books." One participant emphasized how the life-cycle of creating paper was highly symbolic: first completely deconstructing paper or cloth, tearing and destroying it, before a "rebirth when you dip your hands into the water and pull the paper." Through the process of creating paper "You've created something new out of something old and completely transformed it."

Participants reported that client responses to transforming the client's art ranged from positive to elated. Initially some clients may balk at altering or transforming their art unsure of what to do. However she observed that after they do the alterations or transformations, clients appear to really like what they make and typically want to take the work with them. Another participant who works with abandoned youth teaches them to dismantle old jewelry and create new jewelry. She described how the youth who identified with the broken piece of jewelry often struggled with dismantling the pieces. Nevertheless, once they created a new piece, they understood the metaphor of how they too have beautiful potential.

Posttraumatic growth. When participants were asked how posttraumatic growth occurs and if it was a goal of therapy, their responses were mixed. Three participants

described posttraumatic growth in their clients much as Tedeschi and Calhoun (2004): growth from the traumatic experience shown in strength, stronger identities, better relationships with others, sharing of their stories for the good of others, or giving back to others (although one of these preferred the term "posttraumatic adjustment" saying she wanted her clients to define whether or not they experienced growth). These participants indicated that PTG was a goal of therapy but only if it was time and the client was ready. Three participants described posttraumatic growth as a function of the integrated phase of treatment, where clients attempt to make sense of the trauma and integrate the trauma story into their life narratives as one part of a whole. Two participants emphasized that they specifically looked for and encourage posttraumatic growth. One said that she specifically searches for "the seeds from the sorrow that can grow." She asserted that she has seen clients use the pain of trauma to learn resilience and become stronger. "I'll use the pain for fuel for the journey," was a saying she felt was appropriate to this growth out of trauma.

To some participants the term appeared new and they focused on what growth meant to them. Four of the participants understood growth, not as literature in this research paper defines it, but rather as symptom reduction and evidence of learned coping and self-regulation skills. One participant in particular said "Now some people will say, "It was a good thing that I had that because I learned to deal with adversity,' but that's kind of making lemonade out of lemons." She was concerned that talking about growth from trauma might minimize the pain the client experienced. Several participants maintained that the clients decide on their goals for treatment, not the therapist. Moreover, some clients seek treatment to feel better and once they feel better they leave.

Summary of Findings

While the majority of participants said their trauma treatment primarily followed a phase model, most of them focused on phase 1 goals: safety, stabilization, symptom reduction, and skill building. Fewer participants described phase 2 treatment and when they did, there appeared to be less agreement on goals and procedures. Somatic experiencing or desensitizing clients to the instinctual sensory responses through body work appeared to bridge both phase 1 and 2. Others emphasized telling the trauma story in logical coherent sequence, while still others described working on reframing or integrating the trauma story in context within the client's whole life story.

Nine out of the twelve participants noted the importance of the theory of meaning making in trauma treatment. Yet they often differed in their interpretation and application of meaning making. Most tended to use meaning making to refer to clients' attempts to make sense of the trauma and their internal responses. Some participants in particular emphasized that they saw meaning making as one of the last steps in healing from trauma and something they rarely saw in their treatments.

Participant responses to the idea of posttraumatic growth were mixed. Some participants did refer to meaning making as clients' efforts after finding personal significance and using those efforts towards posttraumatic growth. A few participants agreed that posttraumatic growth was a goal of therapy and also mentioned specific ways they saw posttraumatic growth in their clients.

Chapter V

Discussion, Recommendations, Conclusions

The purpose of this research project was to explore how and if art therapists utilize the theory of meaning making in trauma treatment. Some participants indicated that the therapeutic mechanism of meaning making is being utilized in trauma treatment. Other participants indicated that meaning making was not a substantial factor in their treatment of trauma, while a few responded negatively to the idea or meaning making out of trauma. Although nine out of twelve participants answered that they thought meaning making was an important component of healing from trauma, findings indicated that both the definition and application of meaning making varied.

My secondary goal was to discover art therapist's thoughts and applications of the theory of posttraumatic growth. Findings revealed mixed results: a few participants saw posttraumatic growth as a goal of therapy, while a few others responded more negatively. Specifically how art therapy promotes posttraumatic growth was more difficult for participants to identify. Findings also included identity reformulation as important for healing from trauma, and meaning making may be facilitated through the inherent metaphorical nature of art, as well as by art processes that transform or alter images that represent traumatic events.

Another finding of this research study pertained to overall trauma treatment practice. The majority of participants reported that they operate from a phase treatment model. Again when further explored, the majority of participants primarily focused on phase 1 goals and art therapy procedures, fewer participants described phase 2 often differing on treatment procedure and art therapy applications. Two participants described combining phase 2 and 3

while other participants referenced phase 3 without describing art therapy goals or applications.

Meaning and Implications of Findings

Phase treatment model and implications. The findings about the phase model of treatment are significant for a variety of reasons, not least of which is how it affects the main goals of this research project: the place of meaning making and posttrauamtic growth in trauma treatment. It is clear that therapeutic use of a three phase model of treatment for complex trauma are efforts after providing more holistic treatment (Courtois and Ford, 2013; Herman, 1992). However, according to this research study, the majority of participants primarily discussed how to meld art therapy and the goals and application of the first phase of trauma treatment. This emphasis may indicate how art therapy has attempted to meld itself with the medical model, particularly by emphasizing symptom reduction. Their emphasis on symptom reduction, stabilization, and skill building appears to relate to the earlier references to the predominance of research that focuses on reduction of symptoms (Chan et al., 2006; Joseph, 2011; Werdel & Wicks, 2012; Wilkinson & Chilton, 2013). It could be also be another way that art therapy has attempted to show how art techniques can be used to achieve evidence based treatment objectives. On the other hand, such cohesive emphasis on meeting safety, stability, and skill building needs on the part of art therapists could just indicate how essential meeting these goals are so that a client can more effectively move to processing the traumatic events.

Such emphasis on phase 1 goals could also be an indication of the reality of trauma treatment. It is possible that many clients only stay for the amount of therapy necessary to reduce some of their symptomology. One participant's comment that her clients often come to "feel better" and often leave therapy when they have achieved symptom reduction and

learned skills to manage the triggers they experience appears to give this conclusion some weight. Keyes et al. (2002) call this reduction in levels of distress a short term fix. Thus therapists may never get to work with clients toward the optimum functioning referred to by Wilkinson and Chilton (2013). This could be by choice however the emphasis on stabilization may also be related to the system of managed care, and insurance companies that only covers a limited amount of therapy. The literature or major theories that emphasize symptom reduction and return to pre-crisis level of functioning may be more a reflection of how long the majority of clients stay in therapy rather than a perception that personal growth from trauma is less important. Also some participants may perceive that teaching clients coping skills and self-regulation may enable them to be more resilient in the future or to continue to grow on their own, independent of therapy.

Phase 2. Most participants agreed that in general the second step of treatment was "processing the trauma" which agrees with the literature (Chapman et al., 2001; Chapman, 2014; Courtois, 2004; Courtois & Ford, 2013; Gantt & Tinnin, 2009; Hass-Cohen et al., 2014; Herman, 1992; Lyshak-Stelzer et al., 2007; Pifalo, 2002; Pifalo, 2007). Participant responses did converge with the literature at various points: some emphasize creating a coherent narrative of the trauma (Herman,1992), others addressed the somatic experience (van der Kolk, 2006), combining the trauma narrative and somatic experience (Courtois & Ford, 2013; Gantt & Tinnin, 2009), while still others emphasized integration of nonverbal trauma storage, sensation, and cognitive awareness through EMDR and bilateral art therapy (McNamee, 2005; Talwar, 2007; Tripp, 2007). Those participants that did not elaborate may have felt this step was self-explanatory.

The other participants whose descriptions of actual process and procedures diverged may be due to a number of factors. This divergence may reveal a lack of cohesive agreement

in the art therapy discipline for goals and procedures once a client who has experienced trauma is stabilized, or it may indicate a lack of cohesive art therapy language. However it could also be indicative of the wide variety of theoretical orientations art therapists are adopting in their treatment of trauma (Naff, 2014), some of which may be more systematic than others. I hypothesize that art therapists begin to use the language of those theories to describe how art therapy can meet the needs of clients who have experienced trauma which then alters how art therapists describe what might be the same mechanisms of change.

Phase 3. The finding that few participants referenced phase 3 and that even fewer described how art therapy can facilitate the goals of phase 3 may again be linked to a number of reasons. It is entirely possible that one of the reasons most participants did not elaborate on the third phase of treatment was due to the time limit of the interview. If I had specifically asked them about art therapy procedures and goals in phase 3 they may have been able to elaborate. However several participants also stated that they rarely got to phase 3 with their clients. Does the lack of emphasis however reveal an assumption that once a client feels safe, stable, has verbally and visually processed as well as cognitively understands the sensations and memories of the trauma, they will naturally function well in life and be healthy?

Meaning making results and implications. The findings about art therapist's use of the phase model of trauma treatment do appear to be linked to the focus of this research study. They may reveal why even though nine out of twelve participants recognized the value of meaning making in healing from trauma, some felt other therapeutic goals were more important. Some of the art therapists felt that meaning making was important but reported that they rarely "got there" with their clients, while others said that the time clients were in therapy was not long enough to get to meaning making. Several participants stated

that the work of meaning making and posttraumatic growth happened in the later stages of therapy or healing. If however these participants primarily addressed what they saw as the goals of phase 1 and fewer the goals of phase 2 then it may reveal why these participants felt they rarely used the concepts of meaning making or posttraumatic growth. I propose that if meaning making and posttraumatic growth concepts could be perceived as interwoven throughout the three phases, then they may be utilized throughout the therapy.

Congruence of participant responses and literature. Participant responses often converged and differed with the meaning making literature revealing the complexity of the topic and diversity in language usage. Narrating the trauma story was seen by some participants as part of the meaning making process (Neimeyer, 2006), while one participant in particular maintained it was not part of meaning making much like Harvey et al. (2000). This disagreement among participants about meaning making appears to be related to the literature discussion about narrative coherence being related more to cognitive comprehension of trauma (Waters et al., 2013) rather than literature that emphasizes meaning making that leads to posttraumatic growth (Harvey et al., 2000). Harvey et al. emphasized that meaning making was more about how clients used the trauma to re-story their lives in a new direction.

The findings pertaining to this research study about if and how art therapists are utilizing the theory of meaning making are consolidated in Figure 3. It reveals implications for how art therapy can intentionally facilitate the connections between meaning making as cognitive comprehension or narrative coherence into meaning making as significance towards posttraumatic growth. Art therapists can intentionally help clients reconcile the discrepancies between how they defined themselves, their relationships with others, and their worldviews pre and post trauma by not only helping them cognitively comprehend the events

of the trauma but also by helping them apply or decide on its significance in their life and how they relate to others. Of particular importance are the mechanisms of change mentioned by the participants for how art therapy can facilitate change in clients which may lead toward benefit finding or significance: re-storying the trauma narrative through art may lead to a corrective felt experience which in turn can begin to change the negative meanings the client initially applied to their trauma. Art images created by the client that address their identity in light of the trauma, could also reveal and challenge negative cognitions, which may alter how the trauma registers in a client's body. These art therapy processes may begin to shift how a person understands the trauma and what the trauma means to them, which may lead to meaning making of significance which may lead to growth. This chain of events may lead to the client beginning to cognitively and physiologically apply what they learned about themselves and what they learned through the struggle with the trauma.

The difference between meaning as comprehension and meaning as significance noted by (Janoff-Bulman & Frantz, 1997) clarified the responses of participants. The participants that emphasized that body work was more important than meaning making, and the one participant who said that if clients are not able to feel within their body a change then meaning making could not happen, parallel van der Kolk's (2006) article. This appears to be related to the mind-body disconnect referred to often in trauma literature when discussing the nonverbal storage of trauma (Chapman, 2001; Chapman, 2014; Gantt & Tinnin, 2009; McNamee, 2005; Talwar, 2007). These participants and van der Kolk (2006) appear to think of meaning making as a cognitive exercise (mind) disconnected from the client's physical and emotional internal response to trauma (body). This distinction appeared to me to be a bridging concept as stated in Figure 3, between meaning making as cognitive comprehension and meaning making as significance. If a client cognitively understands or knows the

sequence of the trauma but does not believe or internalize on an emotional level what it means to them then the problem continues to exist.

Only one participant highlighted that clients could obviously make negative meaning from the trauma, which she saw as resulting in mental illness much like Waters et al.'s (2013) discussion on "contamination narratives" (p. 116). Another participant did not use the language of meaning but called these same negative appraisals "cognitive distortions" arising from cognitive behavior therapy terminology, or "negative cognitions" from an EMDR perspective. Park (2010), coming from a constructivist perspective, also referred to these negative meanings as negative attributions. Each of these theories appears to be referring to the same process, yet they each appear to offer different language and therefore different treatment solutions.

Identity. The theme of identity reformulation or exploration after trauma was common, although not always linked to the idea of meaning making by participants. Some participants did link identity exploration and meaning making, however only one participant commented specifically about how trauma often forces people to reexamine their core identity. Her comments though about redefining self-identity echo the literature that emphasizes that trauma has the potential to shatter fundamental assumptions about life which can lead to a search for meaning (Baljon, 2011; Calhoun & Tedeschi, 2006; Herman, 1992; Janoff-Bulman, 2006; Janoff-Bulman & Frantz, 1997; Joseph & Linley, 2005; Park, 2010; Vilenica et al. 2013). This shattering of assumptions about life and one's self image, meaning making, and posttraumatic growth are particularly emphasized in Neimeyer's (2006) narrative literature.

The participants who made connections between meaning making and the way Narrative theory speaks about reframing the trauma and integrating the event into a client's

life appears to be related to the distinctions made in the literature about assimilation and accommodation (Joseph & Linley, 2005; Neimeyer, 2006; Vilenica, 2013). The majority of participants emphasized more their efforts to help clients assimilate their trauma into their existing life stories. Several spoke about helping clients to return to their old selves or to have the similar identity as they had before the trauma, in a sense returning to the pre-trauma baseline (Joseph & Linley, 2005). Change as a result of the trauma was acknowledged but not necessarily seen as desirable or as a goal of therapy, unless desired by the client.

Language findings. Language usage was also an important factor in the results gathered about if and how art therapists utilize the theory of meaning making. Some language was familiar to all yet interpreted differently such as the words meaning making or growth. This made comparisons across interviews somewhat difficult. The theories that participants appeared to be operating from also differed. This difference may have resulted from different educational schools, trainings attended after school, personal theoretical preference, and or treatment facility.

The greatest similarity in the use of language appeared to be in the first phase of treatment with the heavy emphasis on safety, symptom reduction, and skill building. Another area where similar language among participants was used was when they described how art helped traumatized clients. They seemed to echo much of the literature on art therapy and trauma. Participants and literature alike emphasized the ability of art to externalize and embody a client's internal experience (Baljon, 2011;); to narrate sequence of events both to reduce symptoms and to put trauma in the past (Chapman et al., 2001; Chapman, 2014; Gantt & Tinnin, 2009); to offer distance (Pifalo, 2007; Gantt & Tinnin, 2009) as well as perspective or deeper exploration of a topic (Collie et al., 2006; Wilkinson & Chilton, 2013). Neuroscience, specifically how the brain holds trauma and how art can

facilitate connections between nonverbal and verbal or memory centers was also emphasized by both participants and the literature (Appleton, 2011; Chapman et al., 2001; Chapman, 2014; Gantt & Tinnin, 2009; Klorer, 2005; McNamee, 2005; Talwar, 2007, van der Kolk, 2000; van der Kolk, 2006). Aligned with Collie et al. (2006), some participants also noted that creating art allows clients to be proactive about the pain and suffering they endured which could lead to healing.

Metaphor. When asked about specific art directives or processes that facilitated meaning making what was surprising was that most participants emphasized the art products themselves more than processes of creating the art facilitated meaning making. They emphasized art product's metaphorical possibilities, or their ability to literally embody and separate visually a client's internal experience. The literature cited above also references the metaphorical nature of art as an aid in healing (Chapman, 2014; Pifalo, 2002), and an aid in meaning making (Appleton, 2001; Baljon, 2011; Wilkinson & Chilton, 2013). Joseph (2011), a non-art therapist also emphasized the power of metaphor as "way to construct meaning" (p. 156).

One metaphor often mentioned was how the physical art object allows a client to symbolically and literally see what happened to them at a distance which may allow for new perspectives was also noted by (Collie et al., 2006). When asked about specific art processes that could facilitate meaning making, participants made generalizations about any art that allowed the client to tell their story or see themselves differently. When I dug more deeply into specific art processes, participants noted altering or transforming art work.

Transformations and alterations. One of the findings from the art process on trauma treatment was the use of art in transformative process. Transformations and alteration of images were proposed in the literature (Chapman, 2014; Collie et al., 2006; Hass-Cohen et

al., 2014; Kapitan et al., 2011; Moon, 1990) as one way that art therapy could facilitate meaning making and growth out of trauma. Art processes that went through steps representative of destruction or trauma, and then created into something new out of the broken or disliked seemed highly representative of meaning making process (see Kapitan et al., 2011). Specific examples of art directives intended to utilize transformation of images toward meaning making were more difficult to find in the literature. Yet a number of the participants in this research study were able to identify specific art processes that capitalized on the potential of art transformation and its symbolic meaning to the client. When questioned about this hypothesis, participants responded with the three categories mentioned in the results section of this research paper: those that were destroyed and created into something new, art that was altered, and art that was completely destroyed. It could be argued that this last example is not so much transformation but rather an example of destruction and cathartic release.

Participant responses to the usage of alteration and transformation in art therapy reveal the variety of art directives that could be used to help clients participate in meaning making activities that may lead toward posttraumatic growth. Images can be altered or destroyed and made into new images or products which may help clients begin to see how their own identities do not have to be defined by the trauma but can be transformed through the struggle with the trauma to become even stronger or relate to the world in new ways.

Posttraumatic growth. A secondary and related purpose of this research project was to understand participant's thoughts on and application of the theory of posttraumatic growth in trauma treatment. According to the literature the search for value and significance, or attempts to find benefit through the struggle can lead to posttraumatic growth, or positive lasting change within the individual and how they relate to the world. Three participants

identified that clients could experience posttrauamtic growth in the same way as the literature (Appleton, 2001; Lantz, 1992; Sadler-Gerhardt et al., 2010; Tedeschi & Calhoun, 2004; Wilkinson & Chilton, 2013) through personal strength gained through the struggle, have stronger and more defined identities, improved relationships with others, and altruistic giving. Other participants however did not appear to know the term or concept "posttrauamtic growth" or defined growth in ways not defined by the literature. This could indicate that the idea of posttraumatic growth is not utilized much or is a relatively new concept in art therapy treatment of trauma.

The discussion about participant responses to the questions about posttraumatic growth as a goal of therapy appears to also be connected to how the participants perceived the phases of treatment. Three were able to identify that posttraumatic growth could happen as a result of the integration of the traumatic event into the client's life story, while others saw it as part of the last phase of treatment. Yet as the participants stated that they rarely got to meaning making and some said they rarely got to the 3rd phase of treatment which could also be seen as the application phase, this has great implications for client health. If therapists do not emphasize the importance of helping clients in restructuring or applying gains made in the struggle of processing the trauma to their life and their relationships, reaching optimum functioning or flourishing (Gable & Haidt, 2005; Keyes, 2007) is left up to chance. Change as a result of the trauma was acknowledged but not necessarily seen as desirable or as a goal of therapy, unless desired by the client. If therapists emphasize the importance of stability to clients yet never emphasize clients could potentially grow and flourish, clients may never believe that is possible for them. They may accept that symptom reduction or cognitively understanding what happened to them is all they can hope for. This

may also play into the revolving door of therapy, where clients become symptomatic and return for therapy to be stabilized until the next time.

Negative responses by some participants to the idea of meaning making out of trauma and posttraumatic growth reveal how important it is to be mindful about how one applies these concepts as was addressed in the literature review. These participants who balked at the idea, and questioned whether meaning making out of trauma was possible or a valuable undertaking at all were concerned that such language might minimize a client's pain and suffering. Those who questioned if there could be positive consequences or as this paper defined posttraumatic growth seemed to also have the same concern. Advocates of the concepts of meaning making and posttraumatic growth are careful to emphasize that they are not saying that violence, abuse, and pain are good, they are not, but that clients have the potential to grow through the struggle and the lessons learned in dealing with the trauma (Calhoun & Tedeschi, 2006; Chan et al., 2006; Janoff-Bulman, 2006; Joseph, 2011). Another important factor in trauma treatment in reference to the theory of meaning making and posttraumatic growth was emphasized by participants and literature (Appleton, 2001; Joseph, 2011; Moon, 1990) alike: it is the client's job to arrive and create their own meanings out of trauma, not the therapist's. The therapist's job is therefore to facilitate, and encourage the efforts after meaning and growth.

Limitations

This research study had a number of limitations. It only included interviews from twelve art therapists. Participant interests varied, treatments varied, and theories used were also more varied than expected. Although research by Guest et al. (2006) indicated that twelve interviews were sufficient to reach thematic saturation, it is possible that the art therapy field is more theoretically diverse. Money, time, and resources were also factors that

impacted the results. Although this researcher used the snowball effect to recruit participants, the success of recruitment was about 30 %. Participant recruitment was difficult and difficult to predict, some only responded after a phone call, while others responded to general requests sent through a state art therapy chapter.

This researcher also used semi-structured interviews whereas surveys or more structured interviews may have provided more uniform results from which clearer themes may have been revealed. Upon reflection the questions used in this research could have been further edited and articulated more in line with concepts in literature. I believe I attempted to address too many interests which may have muddied the responses. Also, if I had more time for analysis it may have revealed clearer results.

Recommendations

A much larger sample of the art therapy population may reveal more clearly how and if the theories of meaning making and posttraumatic growth are being utilized in trauma treatment. Clarification about the terms I was using and the definitions found in literature, particularly in reference to meaning making and posttraumatic growth may have given participants a clear frame of reference and may have produced more responses that directly addressed my questions. However, such definitions may also have created some bias or rehearsed responses.

Future research could further explore the link between the metaphorical nature of art and meaning making. The link between transformational art processes, meaning making and posttraumatic growth might also generate some interesting experiments. Perhaps an experiment could be designed that attempts to measure client self-report before and after usage of altering books or making paper out of messages about trauma, or even the creation of new art out of broken pieces representative of the trauma.

Conclusions

This research project set out to discover how and if art therapists are utilizing the theory of meaning making in trauma treatment. A secondary goal was to discover art therapist's perspectives on posttraumatic growth. Findings included that while a majority of participants found meaning making was important to healing from trauma yet many differed in both definition and application of the concept. The research study produced mixed results in response to questions about posttrauamtic growth as a goal of therapy, yet illuminated the themes of identity reformulation, metaphor, and transformative art. Findings also highlighted the phase model of trauma treatment in art therapy: participants particularly emphasized the importance of and seemed to agree on the art therapy goals and procedures of phase 1. There appeared to be less agreement over phase 2 goals and procedures and even fewer participants referenced but did not elaborate on phase 3 of trauma treatment.

The importance of the theory of meaning making in trauma treatment was acknowledged by a majority of participants. However both the definition and application of meaning making differed among participants. Descriptions of meaning making, particularly through how participants described the art product or art process, involved creating cognitive comprehension or narrative coherence of the trauma. The phases of trauma treatment also impacted how and when meaning making became applicable for some participants.

Themes emphasized included the importance of the first phase of treatment, especially a client's sense of safety and skill building. Narration of the trauma story and helping clients perceive the trauma as past as well as separate from their identity were also emphasized. Posttraumatic growth as defined in the literature review was seen as important and recognized in clients by some participants while other participants defined growth in clients using other terminology.

After completing the above research some may ask, why emphasize meaning making and posttraumatic growth at all? What implications could those theories have for best practices for trauma treatment? Janoff-Bulman and Frantz (1997) and many of the participants appear to agree that only after clients feel safe and are stabilized can they begin to contemplate searching for value out or their struggle with trauma. Thus, where clients are in their "adaptation process" (Janoff-Bulman & Frantz, 1997, p. 101) or where they are in the phases discussed by Herman (1992) or Courtois (2013) will and should impact what kind of therapeutic interventions are used.

Yet one implication of the theory of meaning making towards posttraumatic growth is that of outlook: clinicians "should be aware of the potential for positive change in their clients after trauma and adversity" (Joseph & Linley, 2005, p. 276). Joseph and Linley (2005) and Joseph (2013) maintain that clinical aims and client outcomes are related. When clinicians operate from theories that emphasize meaning making and posttraumatic growth, their aim in therapy becomes more than reduction of client subjective distress and more about fostering growth in clients (Joseph & Linley, 2005).

The results of this research study reveal that there are great opportunities in the art therapy treatment of trauma to utilize the theories of meaning making and posttraumatic growth. Art therapists could intentionally help or look for opportunities, whenever it comes up in the three phases of treatment, to help clients begin to struggle with or begin to apply questions about what the trauma means or the significance for their identity, for their life, as well as for how they relate to others. Art therapists could utilize art processes to help clients decide if they will let the struggle with the trauma contaminate or strengthen their life, values, relationships.

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Appendix A

IRB Approval

Gmail by Google

Carrie Critser <carriecritser2@gmail.com>

IRB approval - Carrie Critser

Linda L. Skelton <lskelto@siue.edu> Thu, Apr 10, 2014 at 3:20 PM
To: ccritse@siue.edu
Cc: "E. Goebl-Parker" <egoeblp@siue.edu>

To: Carrie Critser:

Your proposal to conduct research involving human subjects entitled: "How Does Art Therapy Facilitate Meaning Making Out of Trauma?," IRB # 14-0407-1 approval period 5/1/14-5/1/15, was received by the Institutional Review Board (IRB), reviewed and approved on April 10, 2014. Your protocol was designated exempt from further IRB review according to the federal regulations on human subjects research as allowed in 45 CFR 46.101 (b) (2).

No further action is required unless you change your methods or duration dates, or alter your interactions with participants. In these cases you must contact the Graduate School's Office of Research and Projects at lskelto@siue.edu to update your protocol and to determine whether further protections are warranted. You are also responsible for reporting any unanticipated events involving risk to participants or others. See http://www.siue.edu/orp/research-forms.shtml#irb_misc_forms for more information and to view our Federal Wide Assurance (FWA) Document.

Thank you for cooperating with the Institutional Review Board. If you have any questions about your research with human subjects, please contact Linda Skelton in the Graduate School at lskelto@siue.edu.

Sincerely,

P

P. Ann Dirks-Linhorst, Chair

Institutional Review Board

Linda L. Skelton

Research Administrator/Ethical Compliance

Office of Research and Projects

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Appendix B

Interview Questions

Interview Questions

1. How many years have you been working with clients who have experienced trauma?
2. As an Art Therapist, what do you think is the most important thing to keep in mind when providing therapy for clients who have experienced trauma?
3. Trauma specialist Christine Courtois, in particular, describes a treatment for trauma that is conducted through three phases: the first focuses on safety, coping skills, and affect regulation, the second on processing of traumatic material, and the third focuses on life consolidation and restructuring. How does this treatment process compare with your own treatment of individuals who have experienced trauma?

   Which phase tends to be the longest or take the majority of the treatment time?
4. Authors such as Victor Frankl, Robert Neimeyer, and Crystal Park have written that healing from trauma involves moving through a process of meaning making or benefit finding out of their trauma. What are your thoughts on this?
5. (If yes.) How does art therapy in particular facilitate this process of meaning making?
6. (If yes.) Are there specific art processes that highlight or focus on meaning or benefit finding from a client's trauma experience?
7. Are there art processes that are specifically about transformation?
8. (If no.) What has your experience taught you about healing from a traumatic experience?
9. (If no.) What are some specific art processes that you have found particularly helpful in treating clients who have experienced trauma? How do you think they aid in healing?
10. In your experience how does posttraumatic growth occur? Is this a goal of therapy?
11. Do you have anything else that you would like to add?