

# The Effectiveness of Arts in Trauma Intervention

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With many people throughout the world struggling with traumatic experiences often leading to Post-traumatic Stress Disorder (PTSD), different ways of treating those symptoms have emerged. Expressive arts therapy is the method of utilizing different modalities of art to address specific issues. By framing PTSD and the role of the arts through Abraham Maslow’s “Hierarchy of Needs,” relevant research literature is discussed on the compatibility of the two beyond the level of self-actualization. By looking at three populations with high PTSD rates - refugees, victims of sexual violence, and incarcerated individuals - different art interventions are discussed along with their effectiveness. The literature review found that using the arts is effective among PTSD populations, especially as an enhancer of regular therapy. Several recommendations for further research are given, including the creation of a suitable measurement tool that effectively captures both the quantitative results with qualitative results in addition to ensuring culturally competent therapies.

## INTRODUCTION

### SEPTEMBER 11TH, 2001

The events of September 11th, 2001, impacted millions of individuals in New York City and around the world. Even over a decade later, people exposed to the event still struggle with physical, mental, and social disorders (Hartocollis, 2011). According to the City of New York government webpage (2014), 20% of adults directly exposed to the attacks on the World Trade Center struggle with PTSD (Post-traumatic stress disorder). This striking number is four times higher than the average percentage for regular adults. Clearly, the impact that such a disaster has on the lives of people cannot be underestimated. In situations of trauma, people search for a way to respond. In New York City many turned to the power of art.

Known as “The Heart and Soul of the Village,” the Tiles for America project was an impromptu memorial started by the children and residents of Greenwich Village in the weeks following the 9/11 attacks. Each participant painted a tile honoring New York City and remembering the victims and survivors. Initially hanging on a fence on the corner of Greenwich and 7th it was moved to Jefferson Memorial Library as a permanent installation, quickly becoming a landmark for the community (Anderson, 2011). A cultural memory painted onto hundreds of tiles. Art became more than escape – it was a catalyst for healing in the community.

The Greenwich Village community was not the only one that sought out artistic expression as an instrument of healing. Dr. Cathy Malchioldi,

Figure 1. Tiles from the memorial in Greenwich Village



Source: Anderson (2011)

internationally renowned expert and practitioner in expressive arts therapy, explains how art therapy was receiving national attention when several news sources were reporting on it being used as psychological intervention. Even former N.Y. Senator Hillary Clinton spoke about the power of using emotional expression during those difficult times. Dr. Malchioldi provided mental health counseling to multiple people following the events of 9/11, and had the unique opportunity to work with hundreds of children across the U.S. asking them to express the events of that day through art. Research during this time found that art was a whole brain activity, rather than a previously assumed right

brain activity, since it additionally activated levels of storytelling. Engaging in arts-based therapeutic activities stimulated two to three times more narrative from counseling patients than purely verbal communication (Malchiodi, 2011).

**MAYA ANGELOU**

Legendary American author and activist, Maya Angelou, acted as an additional spokesperson for the power of art, as she had personally experienced its power in her own life. As an African-American raised in Arkansas, Angelou experienced the severe racial prejudice and discrimination of the time. At the age of 7, she was raped by her mother’s boyfriend. In retribution for this act, Angelou’s uncles killed the boyfriend, traumatizing the young girl and leading her to being mute for several years (Biography.com, 2014). It was later through her discovery and exploration of the poetry of William Shakespeare and her eventual writing of her autobiography *I Know Why the Caged Bird Sings* that she truly found her voice again. She believed that poetry, and all art in general, ultimately demonstrated that more things in life unite people than divide them. Art has the power to save people and connect seemingly different individuals in different life circumstances and eras, such as a young Maya Angelou and William Shakespeare (Prior, 2013).

With this type of faith in the power of the arts to bring healing, it is not surprising that Maya Angelou became a spokesman for the utilization of the arts and

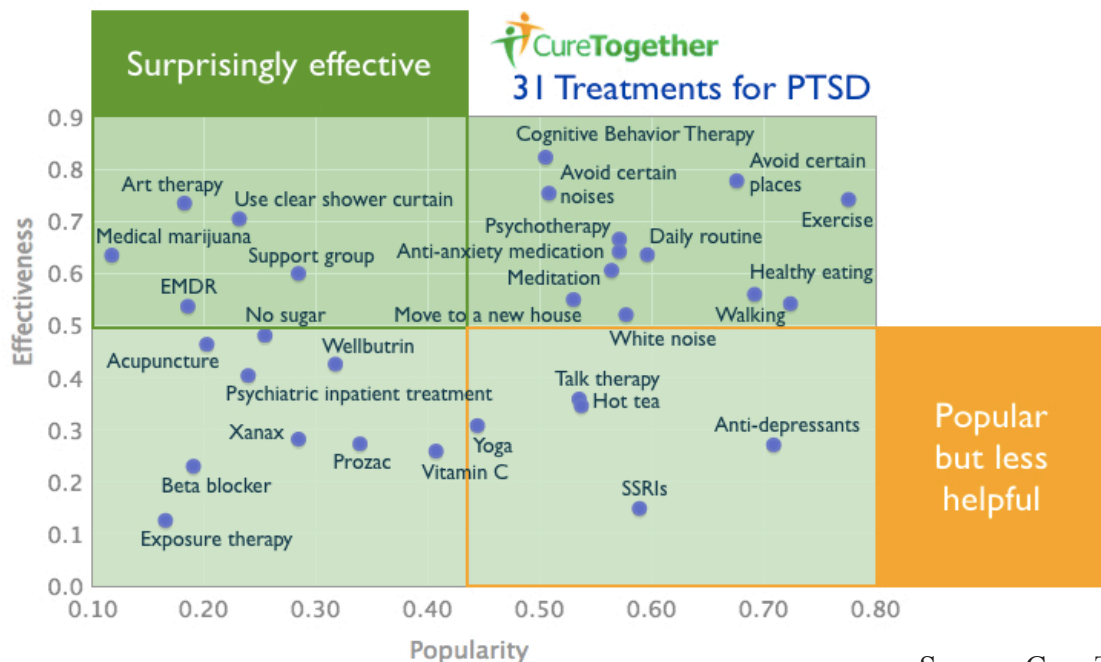
creativity as a response to heal from the tragic events of 9/11. In an article published by USA Today shortly after the attack, Maya Angelou’s promotion of ‘healing arts’ was highlighted. Using history as a narrative, Angelou explains how music and lyrics ultimately became a way that her people survived slavery. But even with life circumstances that seem distant from one’s own, “the messages in this art form transcend the specific trauma and speak to people throughout the world to this day.” She tells story after story about how the arts have helped individuals in history and people that she personally knows, including her own son, to overcome physical, mental, and spiritual pain (Moran & Shoop, 2002):

In all forms of art, part of you is in the trauma, and part of you is a step away from it. You learn something as you create or appreciate the creative contributions of others. The message becomes, ‘someone was here before me – someone survived – and that means I can.’ -Maya Angelo

**WHY STUDY THIS TOPIC?**

The National Center for PTSD (2006) released a report stating that 60.7% of men and 50.1% of women in the United States have been in contact with at least one traumatic event during their lifetime, which is an estimated 223.4 million people. From that number, 20% go on to develop PTSD symptoms. At any given time, 8% of Americans struggle with diagnosed PTSD, which adds

**Figure 2: Thirty-One Treatments for PTSD**



Source: Cure Together (2013)

up to about 24.4 million people (which is equal to the population of the state of Texas). And while these numbers are extremely high, studies have found that there is a hesitancy among health and mental health professionals to officially diagnose individuals with PTSD, limiting their ability to access necessary services (PTSD United, 2013). The Sidran Institute (2013) states that PTSD is more than a health burden within the United States, but an economic one as well. Annually, \$42.3 billion are spent on health care related to anxiety disorders, often because of misdiagnoses and/or under-treatment. Individuals suffering from PTSD constitute the highest rates of health service usage, mostly because of their inability to effectively cope with PTSD symptoms (Sidran Institute, 2013). To make matters even more striking, women, minorities, and individuals in poverty are more likely to develop PTSD symptoms than the average American, but due to the lack of resources available to them, they are not able to properly process through their PTSD (Bradley, Schwartz, & Kaslow, 2005; Gapen et al., 2011; Schumm, Briggs-Phillips, & Hobfoll, 2006).

The most commonly utilized therapy techniques addressing the issues of PTSD victims are cognitive-processing therapy, prolonged exposure therapy, and medication (DeAngelis, 2008). While these techniques have proven decently successful, patients themselves might find verbal approaches to be too coercive, and drugs to actually be less successful than medical professionals believe. In a study by the organization Cure Together, 531 individuals with PTSD ranked and described the most beneficial therapy modalities used to address their symptoms. Figure 2 shows a selected 31 treatments that were ranked based on popularity and effectiveness.

Not surprisingly, cognitive behavior therapy was at the top, but a close follower in ranking is something unexpected – art therapy. Based on its position on the graph, art therapy seems to be one of the most effective, yet one of the least popular. It seems that there is a gap between what is effective in helping address PTSD and what is most utilized by therapists. This begs the question – why are art therapy and other expressive art modalities not being utilized more often by therapists? If PTSD victims themselves claim that art therapy is within the top 5 most effective treatments in addressing their needs, why are not more mental health professionals using them (Carmichael, 2013)?

Empirical studies showing the effectiveness of arts interventions are relatively new, as arts interventions only started being considered in a clinical setting in the

late 1950's. The utilization of arts based therapies is not intended to be a substitute for regular psychotherapy and clinical practice, but as an enhancer of therapeutic effectiveness. With the realization that verbal counseling can be coercive and limiting to certain individuals, specifically ones that have undergone some sort of traumatic experience, arts therapies are starting to become more popular among the general public (Malchiodi, 2005). Though knowledge is increasing, there is a need for strong empirically based research that can be shared throughout the larger psychological community. This literature review will evaluate the research that is available and highlight how the current research is a springboard for further study.

### STUDY QUESTIONS

The initial research for this report was framed with three questions:

- What are some critical societal needs in the United States?
- What are current ways in which those needs are being addressed?
- Can arts based interventions become part of the solution?

When starting to research areas in which art modalities could be an effective agent of change, a commonality among all of my findings emerged. Individuals in the identified groups were exposed to traumatic events that shaped their every day reality. Among these demographics were (1) refugees and immigrants, (2) victims of sexual violence, and (3) incarcerated and formerly imprisoned individuals. Post-traumatic Stress Disorder was linked to these populations, who are often unable to find the resources they need. This finding led to the main question of this report:

**What is the effectiveness of arts based therapy in treating populations struggling with PTSD?**

### DEFINITIONS AND TERMINOLOGY

In order to effectively find research and draw conclusions, a definition of “trauma” and “arts based interventions” must be determined. While many people are exposed to traumatic events, not all develop symptoms of PTSD. However, for the sake of this report, populations must demonstrate signs and behaviors of PTSD. This paper will use the definition and criteria determined by the DSM (Diagnostic and Statistical Manual for Mental Disorders) for Post-traumatic Stress Disorder by the American Psychiatric Association (2013). The extensive list of criteria with examples is found in Appendix 1.

“Diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity.”

While the list of criteria is extensive, it provides an understanding of what symptoms the patients might be dealing with, which will be highlighted in the studies that are reviewed. This definition of trauma allows for the evaluation of sources in context to the predetermined criteria of what is considered to be Post-traumatic Stress Disorder.

Throughout the mental health world, the concept of ‘arts based intervention’ has several names, each with different nuances. Determining what terminology will be used in this study will help decrease confusion. Unless specific terms are used in an important research article, the report will utilize the following terms:

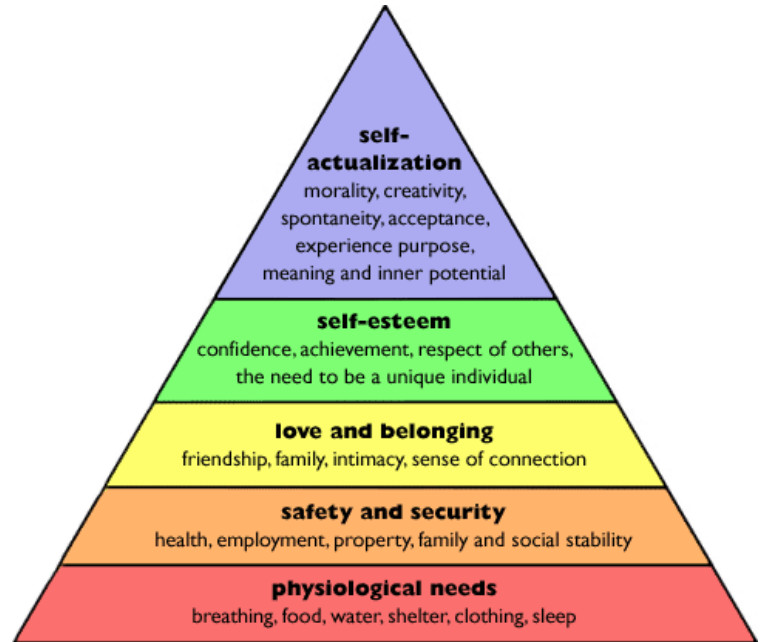
- Arts intervention
- Arts based intervention
- Expressive Arts Therapy
- Any specific artistic modality (music therapy, drama/movement therapy, etc.)

The most frequently used term for general arts therapy interventions in the academic world and in in this report is “expressive arts therapy,” which is defined as “the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation, or health care” (Malchiodi, 2005). Ultimately, it is the utilization of artistic modalities for the promotion of psychological, physical, and spiritual wellbeing.

**MASLOW’S HIERARCHY OF NEEDS EXPLANATION**

In 1943, Abraham Maslow wrote “A Theory of Human Motivation” that became a cornerstone in human needs theory, and greatly impacted the fields of psychology, business, sociology, education, community development, and medicine. The focus of his paper was on the concept of motivation theory and the “hierarchy of needs” that determined what needs had to be met in order to promote higher levels of thinking and performance (Maslow, 1943). The concept is often graphically illustrated with a hierarchical triangle, and briefly describes each level of need with some examples of what that practically looks like in an individual’s life. Over seventy years have passed since this theory was published, and it is still one of the most widely known psychological models in the professional and academic world.

**Figure 3. Maslow’s Hierarchy of Needs**



Source: The Skool Life (n.d.)

There has been some controversy over this model, however. There have been hundreds of studies that have either added to the model to make it more comprehensive, or have disproven it completely. David Lester (2013) used a model that was developed in order to prove Maslow’s Hierarchy on 51 college students to see if there was a positive and significant correlation between the lives of the college students and Maslow’s Hierarchy. He concluded that there was no positive and significant correlation in any of the stages except for the physiological needs. However, another researcher found that there is a positive correlation in the model, but the idea that one need must be completely fulfilled in one level before moving into the next one was disconfirmed. This meant that moving from one level to another was much smoother than Maslow had initially stated (Hagerty, 1999).

While there is discrepancy in the research on the accuracy of Maslow’s model, it is a well-known and useful tool through which complicated concepts of human development can be discussed. For reasons of clarity and having a consistent model to rely on, this report will reference Maslow’s Hierarchy throughout. The goal is to help the reader understand that PTSD prevents individuals from achieving physical and mental wellness, and that expressive arts therapies can help assist individuals in meeting those needs beyond the highest level of ‘self-actualization.’

## METHODOLOGY

The format of this paper is ultimately a literature review in the form of a report. Sources were found using the Vanderbilt University Library databases and included both quantitative and qualitative research. Peer-reviewed journal articles, reports, governmental databases and websites, newspaper articles, relevant books, therapy organization databases, and curricula/lesson plans from educational sources were searched to find relevant information. *The Arts in Psychotherapy* journal was searched manually for relevant studies.

## ORGANIZATION OF RESULTS

The literature review portion of the report is organized and divided by the population that is being studied. Each section includes a description of what characteristics and types of life experiences defines that certain population in addition to relevant statistics and information about the current state these populations are in. The sections will then introduce, analyze, and connect research findings from the literature concerning the targeted population using expressive arts modalities.

Literature Review

## MASLOW'S HIERARCHY OF NEEDS

As stated in the introduction, Maslow's Hierarchy of Needs is a framework through which research has understood the psychology of human motivation and need. Conversations and research surrounding the world of art-making in this model most often consider it to be at the top of the hierarchy in the "self-actualization" category (McLeod, 2007; Olson, 2013). Because of self-actualization's goals of self-realization, expression, and finding meaning, the arts are usually placed into this category as they innately promote these ideals. However, there has been some discussion on whether or not the process of art-making can be placed into one of the lower levels of the hierarchy, and therefore make it more of a necessity than the traditional ideas assume. As a response to community and culture, art can be viewed as a means of achieving belonging within a community – the third level of the hierarchy, and the fundamental psychological need.

The arts are a primary way of expressing culture throughout the world (Pitts, 2012). Culture is the summation of beliefs, values, art, and knowledge of a community that leads to a common framework of social action (Collins English Dictionary, 2003). Unified culture inspires community. Researchers David McMillan and David Chavis developed the "Sense of Community Theory,"

which created a set of criteria and principles which stated that an individual's sense of community came from experiences and not structures. The main aspects of the 'sense of community' included spirit (originally called membership), emotional safety, boundaries, sense of belonging, trust, trade, and art (McMillan & Chavis, 1986). The final principle of the theory focuses on the artistic and creative contributions of individuals into culture as a means of creating and experiencing community. "Art represents the transcendent values of the community. But the basic foundation of art is experience. To have experience, the community's members must have contact with one another. Contact is essential for sense of community to develop" (McMillan & Chavis, 1995). Understanding how the arts promote an individual's sense of belonging drastically changes the role of the arts and humanities in society. The work of musicians, painters, poets, dancers, and actors, increase in their significance in that they promote dialogue and interaction between people and their communities.

Everly and Lating (1995) describe that no matter what level of Maslow's Hierarchy one has achieved, a traumatic interaction forces the individual into the lower level of desiring safety. Maslow explains how once the individual's sense of security is challenged, it can become a lifelong obsession, leading to isolation and loneliness. The arts have been proven to help promote social inclusion among struggling and marginalized communities, meaning that they would help address even the Maslowian need for safety in some instances (Hinks & Petticrew, 2003). Recognizing that the arts have power, even to fulfill primary needs, makes expressive arts therapy much more important than something that is occasionally used by therapists of trauma victims.

There are some additional studies that have researched the applicability of Maslow's model in the context of collectivist cultures. As their value systems differ significantly from Individualistic ones, the model is modified to fit those cultures. In a study done with a pool of Chinese subjects, researchers determined that the fundamental need for collectivist cultures is love and belonging (Gambrel & Cianci, 2003). Within the context of the arts, collectivist art-making emphasizes how individuals are not so different from each other. It promotes an understanding of connectedness among the people (Sawyer, 2006). Again, art-making proves itself to be a power of promoting connectedness and belonging, a vital need in both individualistic and collectivist cultures.

Placing the arts within the framework of Maslow's Hierarchy of Needs highlights the possible positive im-

pact it can have on the development and wellbeing of an individual. While the arts are not the only way that the love and belonging state can be fulfilled, recognizing that they have incredible potential can really change the future of research and, ultimately, therapeutic practice.

## REFUGEE TRAUMA

Mrs. B. was very happy about the fact that, for the first time, she felt able to present herself [through dance] to the therapist as a happy and lively African woman instead of being a sick and weak refugee patient. (Koch & Recke, 2009)

## DEFINITION AND CURRENT SITUATION

In the year 2013, about 700,000 individuals were granted refugee status and 25,000 individuals were given asylum status in the United States, representing populations from across the world (Bureau of Populations, Refugees, and Migration, 2014; Martin & Yankay, 2013). While many receive physical examinations after resettling in their new environment, mental screenings and identification of mental health problems lags behind (Refugee Health Center, 2012). In a large and comprehensive community based study researching trauma in refugee children, an alarming 75% fully demonstrated symptoms of PTSD (Allwood, Bell-Dolan, & Husain, 2012). Kinzie, et al. (1990), evaluated a community of Southeast Asian refugees and found that “70% of refugees seeking treatment at a mental health center, met the diagnostic criteria for PTSD, with rates as high as 93% for certain sub-groups.” Not only is it prevalent, but the effects of PTSD can last lifetimes if not treated. About 60% of refugees that were formerly diagnosed with PTSD continued to fulfill the criteria. The study evaluated where the trauma stemmed from, and much of the evidence suggests that the frequent exposure to community violence and disunity is a leading factor in the continuation of such symptoms (Marshall et al., 2005). PTSD symptoms were demonstrated at a higher rate than their non-refugee counterparts in similar environments and in the host country. A need for personal trauma care, as well as community building need to be implemented in order to effectively address these issues (Lustig, et al., 2003).

## RESEARCH FINDINGS

Different modalities of arts therapy have been used with this population. However, there is a significant amount of research within the field of dance and move-

ment therapy (DMT) that demonstrate positive outcomes with refugee and immigrant populations. As trauma engrains itself very deeply into the physical aspect of the body, dance therapy attempts to address social and emotional issues through freeing an individual from the physical constraints of trauma.

In a study by German psychotherapists Koch & Recke (2009), an evaluation on client perspectives of the effectiveness of DMT based therapy was done. Through a series of case studies, it was determined that DMT was effective in helping individuals achieve a positive view of their own body, and were able to more adequately deal with the effects of trauma in their own life. As stated in the paper, this therapy was aimed “at enabling and supporting victims of trauma to regain a positive relationship with their body and to experience life more fully again.” Two methods that were used with this population were 1) using DMT as a mode of relaxation and a ritual of healing, as well as 2) a catalyst of vitalization, becoming aware of personal resources, in addition to feeling connected to one’s cultural roots. These methods also promoted trust within the relationship between the therapist and client. A case study on a forty-year-old mother from Togo revealed that struggles of integrating into Germany placed her in a state of fierce isolation and a set of reoccurring haunting daydreams. Through the utilization of DMT, the woman reported that “she felt able to present herself to the therapist as happy and lively African woman instead of being a sick and weak refugee patient.”

Within the United States, Karen Callaghan has done extensive research within her practice with victims of torture and asylum. One of the primary conclusions she makes from her studies is that this population must address the traumatic memories on the body level before being able to completely reintegrate into society (Dokter & Callaghan, 1998; Callaghan, 1993). An expert on torture survivors and asylum seekers, Grey describes how victims of this trauma are often incompetent in forming interpersonal relationships (Grey 2001; Grey, 2002). This directly relates back to the discussion of Maslow’s Hierarchy of Needs where it was established how the need of love and belonging directly influences an individual’s ability to work through trauma. On a quantitative level, studies found that DMT approaches demonstrated a reduction of symptoms related to PTSD and depression (Harris 2007a; Harris 2007b).

Other modalities have been used and researched as well within this population. Figure 4 lists important research with refugee populations using other modalities

of expressive arts therapy:

**Figure 4. Other Refugee Research**

Citation	Modality	Population	Results
(Rousseau et al., 2007)	Drama	adolescents in classroom	lower levels of impairment by trauma symptoms, higher levels of social inclusion
(Choi, 2011)	Music	adolescents from North Korea	helped stop negative coping skills and replace with positive, help promote positive world view, build social cohesion, help express repressed negative emotions
(Baker & Jones, 2005)	Music	adolescents in classroom	decrease in external behaviors, such as hyper activity and aggression
(Rousseau et al., 2004)	Art	children ages 7-13	lower scores of internalizing and externalizing symptoms, higher levels of self-esteem

There has also been plenty of research that has not shown a change in behavior using arts intervention methods. In a study looking at music therapy within a Mexican farmworker community, there was no significant statistical difference in their levels of anxiety, depression, and social isolation. However, even studies like that suggest in their discussion sections that the findings do not disprove the power of the arts to help an individual (Schwantes, McKinney, & Hannibal, 2014). Some studies within expressive arts therapy, while not proving to be effective on their own, are paired together with regular “talk therapy” methods and proven to be successful that way (Fitzpatrick, 2002).

**SEXUAL VIOLENCE**

Music succeeds where words sometimes fail because our lives are lived by more than just our rational brains. True healing must be a holistic process that reunites and integrates all parts of our total experience. (Volkman, 1993)

**DEFINITION AND CURRENT SITUATION**

There are many ways to define sexual violence, as it is a very broad topic, but for the sake of the literature available, this paper will focus on sexual abuse through the acts of rape, sexual exploitation, and domestic vio-

lence.

Every two minutes, another American is raped (Rape, Abuse, & Incest Network, 2009). The Centers for Disease Control (2012) estimates that 1 in 5 women are raped at some point in their lifetime, with over 42% reporting that their first abuse incident was before they turned 18. Men are not excluded from this issue, as 6% reported to have been coerced into doing some sexual activity that they were not wanting to do within 12 months of the survey. An even more common issue is domestic abuse. In the United States, about 20 people per minute are victims of domestic violence. One in 3 women and 1 in 4 men report having some sort of abuse by an intimate partner in their lifetime (Black et al., 2011). Sexual exploitation is the process of manipulating someone’s vulnerabilities for another individual’s sexual or monetary gain. The International Labor Organization estimates that 4.5 million people are trapped in sex trafficking globally, which is an increasing issue in the United States with over 17,000 individuals being brought over transnational borders for that purpose (Polaris, 2014).

Sexual assault, which is an aspect of all the aforementioned issues, has consistently yielded the highest rates of PTSD compared to any other traumatic event (Norris, 1992; McFarlane et al, 2005). Violations of sexual intimacy are extremely harmful to an individual and their development. Even in acts of ‘voluntary’ sex, such as prostitution, the rates of PTSD are as high as 67% (Farley, Baral, Kiremire, & Sezgin, 1998). Resulting behaviors of sexual assault PTSD include social isolation, mental confusion, negativity towards others, negative beliefs about self and the world, and maladaptive coping strategies (Dunmore, Clark, & Ellers, 2001).

Again, the issue of social isolation highlights a PTSD victim’s inability to adequately fulfill the need of love and belonging, as demonstrated in Maslow’s Hierarchy of Needs. Approaches only focusing on the individual’s trauma and not their ability to create community can fall short of the desired results.

**RESEARCH FINDINGS**

Clinicians in the field of therapy often admit that their traditional forms of ‘talk therapy’ are inadequate in dealing the complex issues facing survivors of sexual violence (Salter, 1988). As a result, more holistic approaches or interdisciplinary approaches have been proposed in order to try and serve this population better. Music therapy is one of them. In moments of music-making, physiological and psychological parts of the brain are activated,

allowing individuals to process through information in a new way. Within the process, there is a constant shift between conscious and unconscious information in one’s memory, making certain ideas more accessible (Austin, 1996).

Many victims, due to the previous forceful assertion of traumatic acts, are reluctant to resist or decline actions that can cross boundaries in fear of some sort of retaliation. A musical intervention that addresses this issue is drumming. The rhythmic yet improvisatory nature of such an activity can place individuals quickly out of their comfort zone. As a steady beat becomes more natural for the client(s), the therapist may ask the individual to start improvising. Regularly increasing and decreasing the intensity of the beat, pace, and rhythm, expose the individuals and challenge them in their assertiveness of their improvisation and creativity. The activity continues until the client says, “stop,” or the therapist decides to end the activity. It then moves into verbally processing the experience, focusing on areas of frustration with the improvisation and their comfort/discomfort with asserting their creative ideas. Goals are made on how to continue to develop assertiveness and self-regulation (MacIntosh, 2003).

In a case study focusing on Ann, a 14 year old that was physically and sexually abused, the power of music education and improvisation were evaluated. Ann had always desired to learn how to play the piano, so within 12 sessions, the therapist provided private instruction on piano and flute in addition to other therapy methods. As basic skill on both instruments was achieved, improvisational activities were added to the sessions. Her success on the piano helped increase her self-confidence and allowed her to relax, specifically when sharing about issues in her life, such as her mother’s alcoholism. The growing confidence in her musical abilities allowed her to open up and share painful experiences of her past. That Christmas, she asked for a keyboard, so she could practice more often. Through the collaboration of her music therapist, social worker, and mother, Ann was able to continue taking lessons, while seeing a regular therapist (Hadley & Purdon, 2006).

Besides music therapy, other modalities have been used to address the needs of victims of sexual violence. Here are some highlighted studies that demonstrate the diversity and effectiveness of arts interventions beyond music therapy:

Figure 5. Other Sexual Violence Research

Citation	Modality	Population	Results
(Bowman & Halfacre, 1994)	Poetry	19 year old male	positive results in self-expression of deep emotions, provide personal reflection without social judgment, increased levels of trust to other people
(Mills & Daniluk, 2002)	Dance	female survivors of childhood abuse	added pleasurable experiences to the process of therapy, ability to move out of cognitive defenses, taking ownership and feeling connected to their bodies
(Brooke, 1995)	Art	sexually abused women	higher rates of self-esteem, positive coping with shame and anger, ability to more clearly verbalize trauma experiences
(Haen & Weber, 2009)	Drama	children and adolescents	helped regulate anger, helped develop sense of closure

As this table demonstrates, many different modalities have been utilized to try and address this population. However, it is important to note that there is very limited available quantitative research available. Most of the literature seems to focus on the development of self-esteem, and some on emotion regulation.

In the training of counselors to use expressive arts therapy with this population, the organization First Aid Arts (2014) found that many of the facilitators were able to use the projects as a form of self-care, ultimately avoiding secondary trauma, a serious issue among counselors in this population (Elwood, Mott, Lohr, & Galovski, 2011).

**INCARCERATION**

Through art therapy, Susan was able to begin to identify her feelings and to express them verbally as she described her work. Eventually, she progressed to the point that she volunteered to share first during the process portion of the art therapy sessions. (Erikson & Young, 2010)

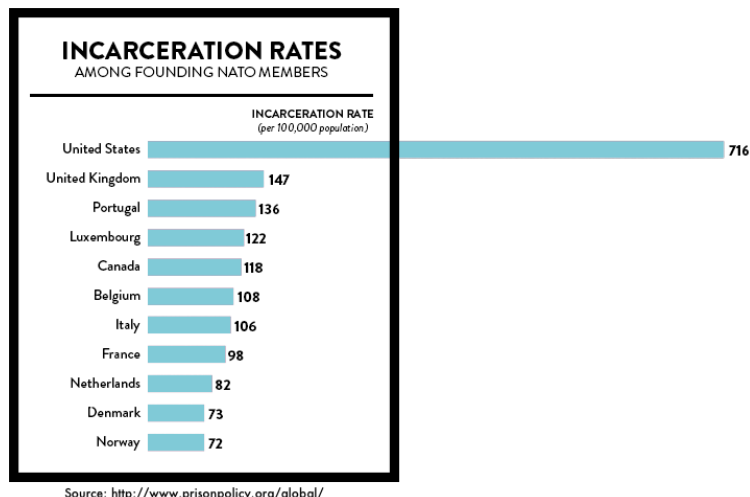
**DEFINITION AND CURRENT SITUATION**

In the year 2013, the United States held about 1.6 million inmates in state and federal prisons, marking a slight increase from the previous year (Carson, 2013). For every 100,000 people, 716 are incarcerated - more than any other country in the world (Wagner, Sakala, & Begley, 2014). Figure 6 graphically compares the U.S. with the



other members of NATO in terms of incarceration rates:

Figure 6. Incarceration Rates



This graph demonstrates the incredible difference between the United States and other economically and politically comparable nations. This reality begs the question, what happens to all these people once they are incarcerated?

Post-traumatic Stress Disorder is an undeniable reality for many incarcerated individuals. Based on the high levels of recidivism and on available research literature, such a claim is undeniable. A comprehensive literature review suggested that the previously assumed 2% PTSD rate of prison inmates is actually a 21% (Goff, Rose, Rose, & Purves, 2007). In a study on female inmates in Illinois, 60% of the 217 sample fulfilled the criteria for PTSD (Reichert & Bostwick, 2011). The high variance among findings of PTSD is disturbing, as the scope of the problem is unknown. Much of this topic is often debated, and the ethics of the treatment of inmates are questionable. However, this issue was chosen for this literature review, because of the large amount of literature that exist around treating trauma in ex-convicts, inmates, and prisoner’s lives.

RESEARCH FINDINGS

The biggest body of research with this population in combination with arts based interventions was in a series of studies written by David Gussak spanning between 2003-2009. His research looked at how art therapy reduced depression and anxiety levels of inmates in prisons. The sessions started with easier activities that were more individualistic to more complex activities that were more group oriented. An important project revealing the reality of prison life was the “self box” activity, where participants decorated a small box with collages and drawn im-

ages that represented them in some way. The goal was to be able to communicate something new and unique about themselves to the other members of the group. At the end of the session, the inmates were given permission to keep the boxes to store personal belongings – “a rare commodity in prison.” There were several projects at the latter end of the sessions that took several weeks to complete in a group, which most definitely encouraged team-work and persistence. Having an extremely solid methodology and instrumentation, Gussak concluded that art therapy is effective in addressing depression and mood swings of inmates both male and female. When compared to a control group that did not take part in the art therapy sessions, program participants scored significantly higher in depression and mood levels than their counterparts (Gussak, 2009).

One of the case study examples in a group art therapy research study focused on a middle-aged incarcerated woman named Susan. Having gone through a sexually abusive childhood, prostitution, physical abuse, and drug dealing, she fulfilled the criteria to meet PTSD while in prison. Due to her background, verbal therapy was extremely difficult for her as she had such low self-esteem. However, by participating in the art therapy program, she was able to start describing her thoughts more coherently than she was able to before. With each session, her growing confidence was obvious, leading her in becoming a leader in the studio. Susan had found a way to express herself through art therapy, and her self-image and confidence grew as a result (Erikson & Young, 2010).

Other modalities were used with this population with the following results:

Figure 7. Additional Incarceration Research

Citation	Modality	Population	Results
(Leed & Wimmer, 2006)	Drama	Incarcerated women	empowered women in their own diversity, helped women have a long term view, no longer bound by the prison stigma
(Gold et al., 2014)	Music	Incarcerated men	decrease of state anxiety, (further research pending)
(Maeve, 2000)	Poetry	Incarcerated women	Social cohesion, growing trust between inmates and nurses

Besides for David Gussak’s work, there is very little quantitative research done in this field. In light of this, the

study results are not as overwhelmingly positive as some of the other more researched psychotherapy populations. However, there are several programs in prisons that utilize the arts and do not consider themselves “therapeutic.” Examples include creative writing programs in juvenile prisons where they focus on literacy and ultimately performance of a spoken word piece.

Falling under this category is an arts intervention program based out of the United Kingdom. Though not specifically addressing the issue of PTSD in their research, the programs certainly take a Maslowian approach in their goal of reducing recidivism. Viewing the prisoner as a holistic person with needs that go beyond just physiological, programs in music, creative writing, visual art, theatre, and even music production and mixing have had great success in helping the inmates feel safe, create community and relationships, feel empathy for other people, and raise their self-esteem – all of which specifically fall under a category in Maslow’s Hierarchy of Needs. Using non-scientific research can be just as beneficial in establishing the effectiveness of arts interventions (Bibley, Caulfield, & Ridley, 2013).

## **DISCUSSION**

### **IMPLICATIONS OF FINDINGS**

The goal of this report is to demonstrate the potential that the arts have in trauma intervention. While there is insufficient empirical research on the effectiveness, there are thousands of case studies that act as testimonies to the power of expressive arts therapy in individual lives. The report attempted to mix systematic research with real life stories to give a holistic perspective on the current state of arts interventions. The field is growing, both domestically and internationally, providing excellent opportunities for future research with diverse populations.

A crucial aspect that the expressive arts therapy community needs to keep in mind is that most of the impactful therapy practices were paired up with regular forms of therapy and counseling. Individuals pursuing to be expressive arts therapists need to be as comfortable with traditional “talk” therapy approaches as a regular therapist. This will increase the likelihood of success in the therapy session. There are definitely people that respond better to these regular types of approaches, however, arts interventions have the unique ability to reach individuals in marginalized communities better than traditional models of therapy. The establishment and development of the field is vital to being an ethical

and empathetic mental health community that desires to reach and serve people in all circumstances in a way that is non-coercive and understandable to them. The field of expressive arts therapy is much larger than what this report covers. Beyond just a tool for therapy, it has also been used in circumstances of conflict resolution, religious practices, primary and secondary education, and cultural practices (Levine & Levine, 2011). Recognizing that all of these fields are connected and can help build on each other is important in developing arts intervention programs.

### **LIMITATIONS OF STUDY**

As stated several times throughout the report, the lack of research in the field leaves many question unanswered. Given the general nature of this literature review, an in depth analysis of all the research was not possible, meaning that there were aspects of the research that could have been overlooked or just not found. Additionally, I have limited experience with statistical analysis, which means that I depended heavily on the discussion and conclusion sections of the research studies instead of the actual statistical diagrams of the results. This could have led to an inaccurate understanding of the effectiveness or causality.

### **INSTRUMENTATION AND EVALUATION**

There has been some discussion among the professional academic community whether arts based interventions are as effective as the expressive arts therapy community makes them to be. This is largely based out of the assumption that effectiveness can only be systematically recorded in similar ways among all forms of research. As many individuals in the field were initially trained in the humanities, a qualitative and reflective evaluation model has been the primary way of assessing effectiveness. There are definitely plenty of quantitative empirical studies that have shown that arts based interventions are not effective in certain circumstances (Schwantes, McKinney, & Hannibal, 2014; Fitzpatrick, 2002). These studies need to be taken just as seriously as studies that demonstrate positive results. However, there seems to be an inconsistency between what the general statistical data of effectiveness suggests with personal responses and evaluation from clients. One reason for this inconsistency could be that current measuring and evaluation techniques are not fitting and adequate for expressive arts therapy results. There needs to be further research on how to evaluate data consistently from arts intervention programs, while still providing both the quantitative and qualitative results.

**RECOMMENDATIONS FOR FURTHER RESEARCH**

The main area of research that is especially important for the development and acceptance of expressive arts therapy is creating criteria and measurement instruments that effectively demonstrate how the arts impact an individual. As previously discussed, the inconsistency between the majority of quantitative research and the reflections of clients needs to be addressed by creating a suitable instrument of measurement and evaluation. Additionally, more carefully produced research studies need to be done in the field using all different types of modalities in combination with diverse populations. Having a greater pool of research will help spur on the development and acceptance of journals like *The Arts in Psychotherapy*, which currently produces a lot of reliable studies, in addition to research studies that are published in bigger psychological and counseling journals for a wider audience to view.

**MULTICULTURAL COMPETENCY**

Using arts intervention methods has been proven to be especially effective with marginalized communities. However, the field of human development grossly underrepresents multicultural and minority communities, often leading to the counselor being “culturally encapsulated” (Wrenn, 1962). As the world continues to grow more globalized and multiculturalism becomes the norm, culturally competent counselors are necessary for effective work and service (Brown, 2009). Specifically when working with individuals of color, an empathetic understanding of how racial identity impacts self-perception, and ultimately the levels of self-esteem, love and belonging, and even safety in Maslow’s Hierarchy is vital to interpreting information gained in therapeutic sessions with or without arts intervention (Ford & Harris, 1999). Luckily, many of the expressive arts therapies are diverse in their outlook and practice, providing multicultural individuals the opportunity to express themselves in a therapeutic situation when they usually are not able to through regular talk therapy (Koch & Recke, 2009; Fitzpatrick, 2002). However, there needs to be more research on how to evaluate and interpret data without having one’s own cultural outlook, consciously or subconsciously, tampering with what the client is actually communicating.

The caged bird sings  
with a fearful trill  
of things unknown

but longed for still  
and his tune is heard  
on the distant hill  
for the caged bird  
sings of freedom.  
-Maya Angelou, “Caged Bird”

**APPENDIX**

**1. PTSD Criteria**

*From DSM-V of the American Psychiatric Association (2013):*

- Criterion A: stressor
  - o “The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence”
  - o This can happen either through direct exposure or indirect exposure (such as witnessing an event, learning from a close relative or friend, or “repeated exposure to aversive details”

Something important to note for the sake of this study is that two of the three populations being studied (refugees and incarcerated individuals) fulfill the second point of “Criterion A” of being repeatedly exposed to aversive details.

- Criterion B: intrusion symptoms
  - o The traumatic event is repeatedly re-experienced by the individual, whether through intrusive memories, nightmares, dissociative reactions (such as loss of consciousness), prolonged anxiety and distress from a memory trigger, or a physiological reaction to traumatic stimuli
- Criterion C: avoidance
  - o “Persistent effortful of distressing trauma-related stimuli after the event”
- Criterion D: negative alterations of cognitions or mood (for the sake of this study only a few will be listed)
  - o Persistent negative views and expectations about oneself or the world (“I am bad” or “the world is dangerous”)
  - o Persistent blaming oneself for the trauma
  - o Persistent negative emotions
  - o Feeling alienated from others
  - o Inability to feel positive emotions
- Criterion E: alterations in arousal and reactivity

- o Irritable and/or aggressive
- o Self-destructive
- o Concentration problems
- o Sleep disturbance
- Criterion F: duration
  - o More than a month
- Criterion G: functional significance
  - o Impairment of social ability, occupational ability, etc.
- Criterion H: exclusion
  - o These are not due to medication

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