UNDERSTANDING THE CONSTRUCT OF RESILIENCY AND ITS RELATIONSHIP TO ART THERAPY

BY

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The undersigned certifies that she or he has read and recommends to the Faculty of Graduate Studies and Research for acceptance, a final project entitled UNDERSTANDING THE CONSTRUCT OF RESILIENCY AND ITS RELATIONSHIP TO ART THERAPY submitted by LAURA WORRALL in partial fulfillment of the requirements for the degree of Master of Counselling.

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The undersigned certifies that she or he has read and recommends to the Faculty of Graduate Studies and Research for acceptance, a final project entitled UNDERSTANDING THE CONSTRUCT OF RESILIENCY AND ITS RELATIONSHIP TO ART THERAPY submitted by LAURA WORRALL in partial fulfillment of the requirements for the degree of Master of Counselling.

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ABSTRACT

The relationship between the construct of resiliency and art therapy practice was investigated. A literature review method was used to better understand how the construct of resiliency can inform art therapy practice for working with individuals who have experienced adversity or trauma. Resulting from the information gathered in the literature review, a pictorial model representing the integration of resiliency into art therapy practice was developed. The study of resiliency does have implications for how art therapists practice, in that it can help practitioners focus on client strengths and resources. Art therapy can be seen not just as a treatment modality for trauma, but also as a preventative practice for those individuals “at risk” for adversity.
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Figure

1. A pictorial model integrating the construct of resiliency and art therapy practice……53
The concept of resiliency, and the notion that individuals have the capacity to overcome adversity, is an important theory in psychology. Instead of focusing on individual psychopathology, researchers looking at resiliency have become interested in understanding why some individuals seem to bounce back after experiencing a traumatic situation while other individuals, in the same or similar situations, experience any number of mental health difficulties. Some research into the construct of resiliency has noted that creativity can be a protective mechanism for individuals who have experienced adversity (Harms, 2005; Wolin & Wolin, 1993). Given that creativity can be seen as a protective mechanism, the present author is interested in understanding better how art therapy, with its obvious use of creativity in therapy, can build resiliency in individuals who have faced a trauma. Alternatively, how can art therapy interventions tap into a person’s already established creativity and personal resiliency traits in order to support recovery from a traumatic event?

Ungar (2004) defined the phenomena of resilience as a particular set of outcomes, behaviours, and processes that indicate well-being in spite of serious threats to adaptation or development. Looking at what makes individuals resilient and determining how individuals adapt or cope with stressful situations or traumas is a complex phenomenon involving individuals, their environments, and numerous risks and protective factors (Harms, 2005). However, one significant protective factor noted by resiliency researchers Wolin and Wolin (1993) is an individual’s ability to be creative. Harms (2005) also noted that being creative could have a positive impact on the outcome of individuals who face adversity or trauma.

While resiliency research originally focused its attention on the extraordinary causes of wellness and adaptation in the face of adversity, the discovery that resilience appears to be...
a common phenomenon has profound implications for promoting human coping (Masten, 2001). Resilience is a result of normal development and human adaptation processes. Therefore, effective resilience interventions may be those that tap into the basic systems for development and adaptation, of which creativity may be one avenue. Turkus (as cited in Cohen, Barnes, & Rankin, 1995) reported that by choosing art therapy as part of recovery from adversity and trauma, individuals are able to explore their, “personal creativity and resilience” (p. xi).

Of note in the resiliency literature is that resiliency literature has generally neglected to translate the theories within the construct of resiliency into clinical interventions in psychology (Bonanno, 2004; Waaktaar, Christie, Borge, & Torgensen, 2004a). Moreover, specifically regarding art therapy, there also seems to be limited research into how art therapy can integrate the well-researched construct of resilience into its practice (Malchiodi, 1998). However, there has been some research emphasizing art therapy’s unique role in recognizing visual signs of resilience in the artwork of clients who have experienced trauma (Morgan & White, 2003; Malchiodi, 1998), and other research using art therapy to enhance resiliency in groups of people who have experienced a trauma or who are at risk (Stepney, 2001; Waaktaar et al., 2004a).

Creativity has the transformative power to shape a person’s pain and trauma into something new, through the sheer act of painting, drawing or sculpting (Wolin & Wolin, 1993). Creative therapies, such as art therapy, offer a number of important avenues to potentially increase a person’s resiliency. For example, Morgan and White (2003) have highlighted three ways in which art therapy interventions can enhance the resiliency of those people who have experienced a traumatic event: a) art therapy can aid in self-mastery of
thoughts and feelings through the use of metaphors and creativity; b) art therapy can enhance individual coping skills and self-esteem; and c) resiliency can be recognized in the artwork of those individuals who have experienced a trauma. In addition, art therapy can aid in the externalizing of the traumatic event, in a safe, distanced manner, making it easier for the individual to examine the traumatic event (Johnson, 1987).

Being creative and making art can obviously help individuals to express their inner pain and difficult feelings. However, these are also activities that can reveal an individual’s “potentials to adapt, cope and thrive in what may seem to be overwhelming circumstances” (Malchiodi, 1998, p. 160). Rather than art therapy regarding artwork as simply being a reflection of an individual’s emotional state, Malchiodi (1998) stated that perhaps a more important aspect to art therapy is its ability to support an individual’s personal resiliency. The images and words that emerge from creating artwork can provide individuals, “with a creative direction to wellness” (Cohen et al., 1995, p. ix). Better understanding of an individual’s ability to maintain psychological health and well-being, through the framework of resilience, could have a positive affect on art therapy interventions and practice, and ultimately benefit the clients who choose this mode of counselling.

The purpose of this paper is to enhance understandings of the construct of resiliency in individuals who have experienced a traumatic event, and ultimately improve art therapy practice with this population. Therefore, this paper will summarize theory and research pertaining to resiliency art therapy and creativity in order to better understand how the construct of resiliency helps inform art therapy practice. The present literature review begins with an analysis of the construct of resiliency. The review highlights the risk factors, protective mechanisms, and theoretical applications and limitations to resiliency research. In
addition, the present literature review will briefly explore trauma literature, in order to understand better the effects of trauma on individuals and the theory of trauma recovery. As well, literature and research that relates to art therapy theory and art therapy interventions with individuals who have experienced a trauma is examined. And finally, the present literature review presents research about creativity as it relates to the practice of psychotherapy.

Following the comprehensive review of these content areas, a pictorial model is introduced. The literature review provides the foundation on which a pictorial model describing the integration of resiliency with art therapy practice was developed. The pictorial model shows the integration of the construct of resiliency with art therapy practice. As Malchiodi (1998) stated, there is little information regarding the connection between art therapy practice and resiliency literature. Connecting the concepts within resiliency literature to the concepts in art therapy practice, and creating a model of how these two theories can be integrated, ultimately enhances art therapy practice and helps those individuals who have experienced hardship or trauma. Finally, a synthesis develops from the literature review and pictorial model. As well, recommendations for further research needed to better understand the integration of these two concepts.
CHAPTER TWO: PROCEDURES

Method

In order to understand better how resiliency literature can inform the practice of art therapy, this paper accomplished two tasks: a) it developed a comparative literature critique; and b) it developed a pictorial model integrating the content areas of the literature review.

Literature Reviewed

In developing a comprehensive literature review the following topics were considered: “resiliency,” “art therapy,” and “creativity.” Several steps were utilized to complete a comprehensive critique of the literature. Leedy and Ormrod (2005) stated that a good literature review “evaluates, organizes and synthesizes what others have done” (p. 77). By evaluating, organizing and synthesizing the research of others in the areas of resiliency and art therapy, this review attempted to add “new knowledge in the field” (Leedy & Ormrod, 2005, p. 79) of art therapy literature, in the form of a comprehensive literature review, as well as, by a theoretical model which integrated the concepts of resiliency with the practice of art therapy.

The literature for this review was collected from electronic databases such as “PsycARTICLES,” “PsycBooks,” and “PsycINFO,” using the following keywords: “resiliency,” “hardiness,” “psychological trauma,” “creativity,” and “art therapy.” This literature review will attempt to increase understanding of how literature regarding an individual’s resilience to trauma might inform art therapy practice. Given the scope and nature of this paper, the present author focused the literature search on the content areas between the years of 1990 and 2006.
The comparative literature critique has two purposes. First, the review informs art therapy and counselling practice by increasing the understanding of how creativity can help clients who have experienced trauma and adversity, and point towards any further research needed to utilize effectively the resiliency framework in art therapy interventions when working with individuals who have experienced adversity or trauma. And second, the literature review serves as the framework for developing the pictorial model of how these two ideas, art therapy practice and the construct of resiliency, can be integrated.

Model Development

From a thorough critique of literature regarding resiliency, art therapy theory and practice, and creativity, a pictorial model was created to merge the construct of resilience with art therapy practice. A thorough literature review provides the framework and foundation for the development of a pictorial model. The development of a pictorial model provides readers with both a brief summary of the literature reviewed, and allows them to “see” how the concepts in the literature review can be integrated. This model would be of benefit to how counsellors and art therapists by showing how to approach their work with clients who have experienced adversity or trauma. A pictorial model gives practitioners a greater understanding of the resiliency construct and in particular how creativity can enhance a client’s resiliency.
CHAPTER THREE: LITERATURE REVIEW
A Critical Analysis of the Construct of Resiliency

In Search of Wellness

One of the greatest strengths of resiliency research has been its ability to shift psychology’s attention to health and the ecological context in which health occurs (Ungar, 2005). Initial research into resilience focused on the correlation between children’s experiences of stressful life events and the outcomes that they experienced. However, more recent resiliency research has shifted its focus to determine the factors that foster competency in children who experience adversity and trauma (Boyden & Mann, 2005). There are a number of important aspects that are central to understanding the construct of resiliency that appear in the literature: definitions of resiliency, the history of the study of resiliency in psychology, risk factors and protective processes, applications of resiliency literature, along with a critical analysis of the limits to the concept of resilience.

Definition of Resilience

The phenomena of resilience are a particular set of outcomes, behaviours, and processes that indicate well-being in spite of serious threats to adaptation or development (Masten, 2001; Ungar, 2004). The Concise Oxford English Dictionary (2002) defined “resilient” as any person or animal that is “able to withstand or recover quickly from difficult conditions” (p. 1218). Other researchers define resiliency as simply the ability to bounce back from adversity and trauma (Bonanno, 2004; Rutter, 2001; Wolin & Wolin, 1993). Harms (2005) defined adversity as a term used to describe the negative life events that may be stressors or traumas that individuals encounter. Resilient describes children, youth, or adults who have overcome the adversity they have experienced. Within the literature
resilience can have two different meanings. First, *resilience* can be a state of being such as, “he or she is resilient.” Second, *resilience* can be a characteristic such as, “he or she shows resiliency to a particular risk” (Ungar, 2004). Coping and adaptation are two additional concepts that are often found within the construct of resiliency. *Coping* has been defined as an individual’s cognitive and behavioural strivings to deal with new and different situations, while *adaptation* is a process in which an individual’s potential develops in response to different situations (Maluccio, 2002). Assimakopoulos (2001) concluded, after researching resilient-identified adults who were traumatized as children, that resilience is a natural process of coping.

An important issue articulated by Ungar (2004), is how mental health is defined by the resiliency literature. Ungar (2004) believed that the concept of resilience needs to be understood as a social construct. Knowing how mental health is defined has a great impact on how resilience is defined. The ability for someone to bounce back from adversity or trauma is ultimately defined by the person’s resulting mental health. One of the criticisms articulated by Ungar (2004) is that the bulk of “risk and resiliency literature anchors itself within the large and varied discourse on developmental psychopathology” (p. 6). However, more recent resiliency literature, which Ungar (2004) categorized as post-modern, constructionist, and narrative, is mostly concerned with understanding health and health-oriented interventions. Still, ultimately who decides what is healthy? The importance of understanding mental health as dependant on a person’s “discursive empowerment” relies on the power that individuals have to define themselves as healthy (Ungar, 2004, p. 4).
The construct of resilience gained a great deal of recognition in the literature following the groundbreaking longitudinal study of Werner and Smith (1992). These researchers followed 505 children born in 1955 on the Island of Kauai. Werner and Smith (1992) discovered that while a number of children that they deemed to be “at risk” given a number of environmental factors such as, poverty, parents with little formal education, parental discord, alcoholism, and mental illness, developed into competent caring young adults. Werner and Smith (1992) noted that protective factors, such as support and opportunities, seemed to buffer the affects of adversity enabling children to develop normally. These researchers, Werner and Smith (1992), defined these children as “resilient” and determined that it was not that the life stressors had not affected these children, but rather they managed in spite of adversity to have positive outcomes in their lives.

The resiliency research following Werner and Smith’s (1992) seminal study has attempted to articulate the various factors that might influence positive outcomes, as well as develop interventions for those people who face adversity. There are subsets of research within the resiliency literature that focus on different aspects of the concept of resiliency. Martineau (1999) noted that there are generally three types of discussions within the literature looking at the construct of resiliency. The first type of research is expert discourse derived from studies of children who are identified as resilient. These are studies that look at children who have survived any number of adversities and traumas. The second type of dialogue emerges from psychotherapeutic narratives of adults who are identified as resilient. This type of research, more phenomenological in nature, looks at how adults survived and succeeded despite the wide variety of adversities they faced as children. Finally, the third
type of dialogue appears from the research of advocates who study at risk children and who advocate for programs and resources for these children. These studies attempt to advocate for programs to either bolster children and youth’s personal protective factors, or alternatively minimize the risks that children and youth face.

In reviewing the research and clinical literature regarding resiliency Hirayama and Hirayama (2001) described two ways in which resiliency is conceptualized: a) individual protective factors; and b) protective mechanisms or processes. First, during the initial stages of investigating resiliency in the 1970’s, resiliency was thought to be a characteristic that certain individuals possessed. These individuals were thought to have protective factors that made them “invulnerable” to trauma or adversity (Anthony, 1987). And in these early resiliency studies, much effort was made to discover the qualities that made resilient individuals “invulnerable” to trauma and adversity.

However, according to Hirayama and Hirayama (2001) it was resiliency researcher Michael Rutter, who advanced the theory of resiliency by seeing resiliency as processes, or mechanisms rather than a list of factors or variables. According to Rutter (1987) “resiliency cannot be seen as a fixed attribute of the individual. Those people who cope successfully with difficulties at one point in their life may react adversely to other stressors when their situation is different” (p. 317). Rutter (1987) continued on to state that the words ‘process’ and ‘mechanisms’ are preferred because any one characteristic or protective factor can be protective in one instance and a risk factor in the next instance.

Risk Factors

One of the most important aspects to note when looking at the construct of resiliency is that it cannot exist without the notion of risk to a person’s physical and psychological well-
being. The concept of resilience is reliant on the concept of trauma and adversity, because without it there is nothing to be resilient from (Gore & Eckenrode, 1994). Therefore a great deal of the literature concerning the construct of resiliency is concerned with risk, or risk factors.

There are a number of risk factors identified throughout the resiliency literature. Risk factors are either personal factors or environmental factors that are barriers to an individual’s health and well-being. Personal risk factors include constitutional traits such as temperament, physical health, and self-esteem. Environmental risk factors are either individual factors or chains of events that place an individual’s health or well-being at risk. The list of environment risk factors includes innumerable situations such as poverty, low education, and a lack of parental support (Ungar, 2004). Gore and Eckenrode (1994) noted that the dilemma with researching risk factors is the difficulty in defining exactly the “nature and extent” of life stressors and risks (p. 22). One of the limiting aspects when researching risk factors, identified by Gore and Eckenrode (1994), is that risk factors tend to be clustered together. For example, poverty and lack of education are two risk factors that are often found together, making it difficult for researchers to fully comprehend the effects of any single risk factor.

Resiliency research also has identified trauma as a risk factor for future mental health difficulties such as Post Traumatic Stress Disorder (PTSD) (Harms, 2005). Herman (1992) described psychological trauma as a “feeling of intense fear, helplessness, loss of control, and threat of annihilation” (p. 33). The effects of experiencing a trauma can be vast and varied. There are a number of responses for those people who have experienced a traumatic event. People who have experienced a traumatic event may experience symptoms of PTSD such as, hyper-arousal, intrusive thoughts such as flashbacks, traumatic memories, and numbing or a
detached state of consciousness (Herman, 1992). Exposure to trauma can have long lasting negative effects on overall health and well-being throughout an individual’s lifetime (Pizarro, 2004). A significant number, possibly 30-50% of child survivors of disasters are likely to develop symptoms of PTSD that persists for long periods of time (Udwin, 1993).

Kozlowska and Hanney (2001) discussed how trauma experienced by children is a risk factor for the development of psychopathology later in life. A trauma experienced in infancy or early-childhood, has a long-standing effect on the child’s nervous system, making them more vulnerable to any subsequent trauma (Kozlowska & Hanney, 2001). Testa and McCarthy (2004) noted that some of the reactions that children and adolescents have to trauma may include, “withdrawal, disrupted behaviours, inability to pay attention, insomnia, irritability, anxiety, anger, confusion, and depression” (p. 39). Individuals who have experienced a traumatic event have also experienced a great loss of personal control, which can lead to individuals redefining themselves as helpless, and without control (Johnson, 1987).

Herman (1992) noted that it is those individuals disempowered in society, or disconnected socially from others, who are most at risk from the adverse affects of a traumatic event. Therefore, it is believed that recovery or enhancing resiliency cannot occur in isolation, but within the context of relationships. Individuals having experienced a traumatic event are likely to feel a loss of control, and feel disconnected from their community and family (Johnson, 1987). Herman (1992) also agreed, stating that traumatic events shatter “the constructions of the self that is formed and sustained in relation to others” (p. 51). Interestingly, as will be noted later, feeling connected to a community and family is also listed as a protective factor for those who have faced trauma or adversity.
**Protective Mechanisms**

Protective mechanisms are of increasing interest to those clinicians who work with ‘at risk’ children and youth. Research suggests that protective mechanisms are those believed to reduce the potential for negative outcomes in adverse situations (Harms, 2005; Ungar, 2004). Protective mechanisms, similar to risk factors, tend to cluster into two main groups: personal factors and environmental factors. One set of personal protective factors has a strong biological component such as physical health and temperament. The second set of personal protective mechanisms is related to a person’s social environment such as self-esteem, mastery beliefs, hopefulness, personal insight, creativity, and a sense of humour. Finally, there are environmental resources and processes that are considered to be protective, such as family income, education, community support, strong interpersonal relationships, and peer relationships (Boyden & Mann, 2005; Gore & Eckenrode, 1994; Harms, 2005).

A number of different factors determine how individuals respond to and recover from life’s stresses and traumas. One factor in determining how an individual will adapt or cope with a stressful situation or a trauma is, “a complex interaction between individual and environmental risk and protective factors” (Harms, 2005, p. 15). Adaptation or coping is not about simply identifying a list of personal strengths, but rather determining how these various strengths and risk factors interact with one another. Harms (2005) also raised an important point that the reciprocal nature of the interactions between risk and protective factors leads to different individual outcomes regarding health and well-being. Therefore it seems that understanding how individuals will react to a traumatic event is complex and difficult to predict.
Individual personality characteristics are certainly important regarding resilience to the psychological harm of a trauma; however, Herman (1992) also noted that the characteristics of the trauma itself also appear to be important to an individual’s resilience. It is significant to note that each person will have his or her individual reactions to a shared traumatic event. Herman (1992) stated that, “studies of diverse populations have reached similar conclusions: stress-resistant individuals appear to be those with high sociability, a thoughtful and active coping style, and a strong perception of their ability to control their destiny” (p. 58). Another interesting discovery regarding protective processes within the resiliency literature is the recognition that an individual’s exposure to adversity may also protect an individual against future stressors (Boyden & Mann, 2005). While there is some controversy in the literature regarding this notion, especially whether exposure to trauma protects a person against negative affects from further traumas (Kozlowska & Hanney, 2001), it is generally accepted that developing coping skills to deal with life-stressors can help an individual be more prepared for coping with further stress. This concept is not unlike Meichenbaum’s stress inoculation training, which proved that individuals could increase their ability to manage stress by learning and acquiring useful coping skills. It was shown that “exposure to a stimulus that is mildly stressful will enable one to tolerate a similar stimulus of somewhat greater intensity” (Meichenbaum & Novaco, 1985, p. 421-422).

Benard (2004) has developed a comprehensive list of personal strengths that are broken down into four major categories that often overlap. Benard (2004) stated that, “these resiliency strengths are most fittingly seen as developmental possibilities that can be engaged in all individuals through the provision of…supports and opportunities” (p. 13). Resiliency in individuals often looks like: 1) social competence, which includes: responsiveness,
communication, empathy and caring, compassion, altruism, and forgiveness; 2) problem solving, which includes: planning, flexibility, resourcefulness, critical thinking, and insight; 3) autonomy, which includes: positive self-esteem, internal locus of control, self-efficacy, mastery, adaptive distancing, resistance, self-awareness, mindfulness, and humour; and 4) sense of purpose, which includes: goal direction, achievement motivation, educational aspirations, special interests, creativity, imagination, optimism, hope, faith, spirituality, and a sense of meaning.

When highlighting the importance that having a special interest, creativity and imagination plays in resiliency, Benard (2004) noted that it was Werner and Smith’s (1992) longitudinal study, previously mentioned, that initially noticed that children who had special interests and hobbies that gave them a sense of mastery, were amongst those deemed resilient. Resilience research documents the important role that creativity and imagination have in individuals surviving and transcending adversity, trauma, and risk (Benard, 2004). Benard (2004) stated further that “having a special interest and being able to use one’s creativity or imagination can result in “flow” or self-actualizing, optimal experiences” (p. 30).

Of particular interest to art therapists, or counsellors using art therapeutically, is that creativity and imagination are seen as personal strengths in people who are deemed to be resilient. Creativity is also one strength among the seven outlined by Wolin and Wolin (1993) that they believe people mobilize in their struggle with hardship. Harms (2005) also noted that being creative could have a positive impact on an individual’s outcome when faced with adversity or trauma. Returning to Werner and Smith’s (1992) important longitudinal research study, these researchers also found that the children who had special
interests and hobbies that gave them a sense of mastery were among those children who they identified as resilient. Benard (2004) also notes that, “the value for children of expressing creativity is validated by a growing body of research on the creative arts, brain science, and multiple intelligences” (p. 30). Being creative and using one’s imagination are important strengths and abilities that give people who are faced with adversity and trauma a sense of purpose and self-mastery.

Resiliency Applications

Interventions. When considering the applications of resiliency literature it is important to understand the complex interplay between risk factors, protective mechanisms, and mental health (Gore & Eckenrode, 1994). A great deal of resiliency literature calls for meaningful interventions in order to reduce the number of negative outcomes experienced by individuals facing adversity. Pless and Stein (1994) defined interventions as including, “all those that alter or affect the risk of poor outcomes by protecting normal developmental processes in the face of stressful situations” (p. 318). Regarding interventions for those ‘at risk’ for adversity, Rutter (1999) outlined the various possible interventions, from assisting children with healthy development, increasing personal coping skills and problem solving skills, to larger macro interventions at a school and community level. However, Rutter (1999) also cautioned that resiliency interventions, either on a personal, or community level, have not been well studied or researched and there is, “little evidence to indicate which of these various avenues of intervention carries the greatest potential for benefits” (p. 375).

A recent intervention study conducted by Waaktaar et al. (2004a) explored the application of resiliency concepts in a clinical context. Waaktaar et al. (2004a) investigated how group work designed to enhance adolescent participants’ creativity, self-efficacy,
coping, and sense of community, influenced the participants self-reported behaviour and resourcefulness. These researchers discovered that after running a creative group for adolescents exposed to stressful environments, there was little change in the youth’s resilience based on behaviour difficulties and resourcefulness, and in fact, they noted a drop in the youth’s self-rated pro-social behaviours from pre-intervention to post-intervention. Waaktaar et al. (2004a) also noted a number of factors as to why participation in this group had such a limited impact on the youth in the study. It would be interesting to know if resiliency factors are teachable to individuals experiencing adversity. In a separate article describing a wider and more successful application of their resiliency intervention group, Waaktaar, Christie, Borge, and Torgersen (2004b) spoke about having difficulty distinguishing which of the interventions used were most useful, because they could not separate the various factors addressed in their intervention. Whether interventions can foster personal resiliency is one question that certainly needs further research.

*The underestimation of resilience.* Recent conclusions have emerged regarding the “ordinariness of resilience” (Masten, 2001, p. 227), which has implications for how interventions may be undertaken. While resiliency research originally focused its attention on the extraordinary causes of wellness and adaptation in the face of adversity, the discovery that resilience appears to be a common phenomenon and has profound implications for promoting human coping. An important conclusion reached by researchers on human resilience is that psychosocial resilience supports the notion that an individual’s psychological development is “highly buffered and self-righting” (Masten, Best, & Garmazy, 1990, p. 485). This idea supports the notion that humans are active creative agents in their lives, and that resiliency is an innate human tendency, given the proper environmental and
social supports. Because resilience can be seen as a result of normal development and human adaptation processes, “it follows that efforts to promote competence and resilience in children at risk should focus on strategies that protect or restore the efficacy of these basic systems” (Masten, 2001, p. 235). The most effective resilience interventions will be those interventions that tap into the basic systems for development and adaptation. Bonanno (2004) also agreed that resilience in populations of people experiencing trauma and loss is also underestimated by clinicians because counsellors typically only deal with individuals who experience psychopathologies after a trauma or loss.

**Limitations to Resiliency Research**

*Complexity.* The literature regarding resiliency outlines a number of limitations to the construct. As mentioned earlier, identifying risk and protective factors is a complex concept when trying to understand how they interact with each other. Ungar (2004) outlined two significant shortcomings with regard to resiliency research. The first is determining what constitutes a risk and what does not with a particular population. Development, adaptation, coping, and recovery are continual and complex processes across the lifespan, and explaining and predicting these complex processes is a difficult task (Harms, 2005). The second significant limiting factor to the concept of resiliency is how social and cultural contexts play a deciding role in determining what are good and bad outcomes (Ungar, 2004). Ungar (2004) continued critiquing the resiliency construct by stating that the meaning of resiliency may be more important to those who research it rather than those who experience it. Yet another shortcoming to the resiliency literature is that as a whole, it varies greatly in its estimate of how many children and youth survive adversity (Ungar, 2004).
One caution raised concerning resiliency as a construct is the process that describes positive child adaptation to adversity (Luthar, Cicchetti, & Becker, 2000). Resilience research needs to be careful not to blame the victim. The implication is that the negative outcome an individual encounters from adverse situations was because he or she did not possess enough personal protective factors. As well, resiliency literature has to be careful not to infer that, given certain situations, some people are unable to overcome adversity. This certainly is difficult because there are people who do experience poor outcomes following exposure to adversity or trauma. There are a number of different reasons, often beyond an individual’s control, that lead to the experience of psychological difficulties after a traumatic event. Therefore, it is important for society and individuals not to blame those who suffer from poor outcomes, as there may be other factors such as cultural, social, environmental, heredity, or mental-health issues that play a part in whether an individual is resilient or not. In a significant critique of resiliency literature Bonanno (2004) articulated that a major difficulty is that the literature describing outcomes of experiencing trauma has failed to differentiate adequately between resilience and recovery. Bonanno (2004) translates this failure to articulate the differences between resilience and trauma recovery as one source of the current controversy about when, for who, and how to conduct clinical interventions for individuals who have experienced a traumatic event. While the literature seems to be vague regarding the difference between recovery and resiliency, it seems to be an important point to elucidate. I believe, as noted previously, that resiliency is expressed when a person bounces back after experiencing a trauma (Bonanno, 2004; Rutter, 2001; Wolin & Wolin, 1993). The resilient may include those people who do not experience any adverse psychological affects of a traumatic event, or who regain psychological health quickly after a traumatic event.
Recovery, on the other hand, is when people who have experienced a traumatic event enter into the process of regaining psychological health. The process of recovery can result in varying degrees of success over different lengths of time (Herman, 1992). The issues in recovery may be complex and multilayered. The notion is that people could eventually recover from the symptoms and reactions to traumatic experiences either partially or fully. Herman (1992) noted that the process of recovery can be life-long. Thus I believe that it is possible that a continuum of healing may exist. This continuum might have resiliency at one end, and recovery at the other, with varying combinations of resiliency and recovery in between these two ends.

*Cultural limitations.* Yet another considerable limitation to resiliency research relates to its cross-cultural relevance, which has limited its focus, until recently, on Western European children and youth. This limited focus makes it difficult to generalize the construct of resiliency to non-industrial countries (Boyden & Mann, 2005). Stanton, Salzar, and Spina (2000) as cited in Ungar (2004) criticized existing resiliency models for their foundation in American values of individualism, which dismiss cultures where stronger family connections chart the pathway to resilience. In order to understand lives lived well in the face of adversity, it is essential to look at the cultural, social, and structural factors involved (Ungar, 2005). Hirayama and Hirayama (2001) concurred, and concluded their review of resiliency literature stating that there is a need to better understand the role and function of “cultural beliefs and attitudes that influence the development of resiliency” (p. 83).

In conclusion, the construct of resiliency is seen as an important construct in the area of psychology. The study of resiliency has prompted researchers to look at the processes and contexts involved in maintaining and developing psychological health. Research of this
construct has certainly evolved over time. As well, there continues to be an aspect of resiliency research that could benefit from further research, such as how this construct is applied cross-culturally. However, by better understanding risk and protective processes researchers continue to find clinical applications to promote resiliency in people facing adversity and traumatic situations.

Art Therapy Theory

In order to comprehend how the construct of resiliency relates to the art therapy, it is necessary to review and understand art therapy theory. Art therapy has a number of differing theories about the nature of using art in a therapeutic process. However, central to all of these theories is how the role of creativity in therapy can aid in clients ability to gain insight, heal, resolve inner conflict, and awaken their individual creativity (Rogers, 2001). The following discussion will outline some of main theories of art therapy, and include the various benefits of using art in therapy to the client, the therapist, and the therapeutic process.

Art Therapy Process

Definition and scope of practice. Art therapy involves the use of different art media, such as paint, clay, crayons, markers, and pastels, through which a client can express and work through the issues, concerns, or difficulties, that bring them into therapy (Case & Dalley, 1992). Art therapy typically involves the client, the therapist, and an image which is produced by the client. In art therapy the client and the therapist intentionally look at the client’s artwork, describe what is seen, and proceed to clarify any personal meanings in the image (Betensky, 1995). Given the diverse nature of practice of those therapists calling themselves art therapists, Ulman (2003) describes the difficulty with specifically defining the nature of art therapy. For example, some art therapists emphasize the creative process and the
client’s artwork, while other art therapists emphasise the therapeutic process. At one end of the continuum are those art therapists who emphasize art-making and the creative process, and who believe that making art is inherently therapeutic and healing because it offers client’s opportunities to better understand themselves and change (Malchiodi, 2005).

However, at the other end of the continuum are art therapists who emphasise the therapy part of art therapy and who tend to minimize artistic goals of art-making, believing that making art is mainly a useful form of communication and self-expression (Malchiodi, 2005; Ulman, 2003). There are other practicing art therapists that fall somewhere in between the two ends of this continuum. Therefore, a precise definition of the practice of art therapy is difficult. However, a common factor amongst all art therapy is that artwork is assumed to possess unique ingredients for effective psychotherapy (Guttmann & Regev, 2004).

Moreover, there is an additional definition of art therapy that was proposed by Betensky (2005). Betensky (2005) posits that art therapy is a unique synthesis of the two components of art and therapy. There is a tendency in art therapy literature to define the two main components of art and therapy separately, then define the role of each, and finally discuss how the two components then interface. However, for Betensky (1995) what results in art therapy is a synthesis of art and therapy. When these two components are combined they create something unique and new, something more than the sum of each element. Betensky (1995) also nicely summarized that the goal of art therapy is to: “tap personal resources not verbally accessible and to reach personality aspects that are particularly responsive to expressive arts: spontaneity, the ability to experience joy verbally and visually in colour and form, optimism, and self-assertion evoked by an art experience” (p. 141). Interestingly, these goals for art therapy are also similar to how the resiliency literature
defines the strengths of those individuals who are resilient: having hope, expressing feelings, having self-esteem, being creative (Wolin & Wolin, 1993).

As well, there are many different settings in which art therapy is practiced. Traditionally art therapy was practiced in psychiatric in-patient settings. However, as mental health service delivery has evolved, so too has the practice of art therapy. Art therapy is used with a variety of different issues such as: eating disorders, domestic violence, sexual abuse, trauma, loss, mental handicaps, and most forms of mental illness (Malchiodi, 2005). Art therapists are also found in many different settings such as hospitals, social service agencies, schools, and private practice. Many people see art as a form of play, and therefore best used with children, however, art therapy is also widely used with adolescents, adults, groups, couples, and family populations (Malchiodi, 2005). Additionally it is important to note that no particular artistic skills are needed by the client to participate in art therapy. As Case and Dalley (1992) pointed out, many art therapists work with individuals who have difficulty drawing because of their development or lack coordination, and these individuals can find a number of creative ways to communicate their thoughts and feelings in the presence of a skilled art therapist.

Benefits of art therapy. Edith Kramer, a pioneer in art therapy proposed that the creative process has an inherent healing quality. Most art therapists believe that the creative process is an important aspect to art therapy; however, it is not the entire process. While art-making is important, so also is the therapeutic process, “expressive therapy centers on the expression of emotion within the framework of the therapeutic relationship” (Ulman, 2003, p. 20). Case and Dalley (1992) also agree that the art is important but believed that the therapeutic relationship is paramount. The therapist offers a safe, non-judgmental space in
which to create art that has something to do with the difficulties that the client is experiencing. While art-making and being creative can be valued for its own healing properties, the presence of a trained art therapist offers the essential ingredient of an expert knowledgeable about the therapeutic process.

However, having artwork to focus on in the therapeutic session can have a number of advantages. In art therapy a concrete product is created and therefore a tangible record of the therapy exists. The art-work can be erased and destroyed and therefore forgotten, or it can be saved, reviewed, and revisited in later sessions (Case & Dalley, 1992). As well, Malchiodi (2005) noted that for some individuals, looking at a drawing with a therapist is easier than making eye-contact. For some clients, talking about their painting or drawing may be easier than speaking directly about complicated and sensitive issues. Moreover, the client’s artwork can be an additional source of information to both the client and the therapist. No matter what kind of art-making is being used it requires an activity, a physical action. Therefore, art therapy also offers a mind-body connection, different from traditional verbal therapy (Malchiodi, 2005).

Making art promotes a release of emotions, called a catharsis, in which discharging emotions provide some emotional relief. Because engaging in art expression can stimulate a release of emotions, there may be an increase of verbal communication and recalling of increased details (Gross & Haynes, 1998). While art making is central to an art therapy session, verbal communication is also. Talking about the artwork can help the client gain personal insights and make connections between their artwork and the issues that they struggle with (Rogers, 2001).
The creative process of making art can also alleviate stress because the creative process alters a person’s mood. Rossi (2005) posited that joy felt as a result of being creative, physically exercising, and experiencing a novel event, are not just the shallow trappings of life but are “psychosocial and cultural approaches to well being” (p. 7). Malchiodi (2005) stated that as neuroscience continues to research the relationship between physiology, emotions, and images in order to better understand the effectiveness of art therapy.

*The Role of Creativity in Art Therapy Practice*

*Importance of creativity.* Rubin (1983) said that creativity is central to art therapy, and “aspects of creative thinking which seem to me to be essential to art therapy are those which I believe facilitate not only good creative work, but also better mental health” (p. 12). Art therapy emphasises the healing aspects of the creative process (Rogers, 2001). Healthy functioning, as well as creativity relies on a person’s ability to be flexible, able to see other alternatives, and being open to change. Rogers (2001) posits that part of any psychotherapeutic process is to awaken an individual’s creative energy; therefore, creativity and therapy do overlap. What is creative is often therapeutic and what is therapeutic is frequently a creative process (Rogers, 2001).

A major aspect to activating a client’s creativity is to help initiate his or her imagination. A large portion of creativity is the ability to be imaginative, to see other possibilities, and to dream about the future. Allen (1995), an artist and an art therapist, stated that the imagination is one of the most important faculties that a person possesses. Allen (1995) also believed that our imagination is both our greatest resource as well as our most “formidable adversary” (p. 3). The imagination is important because it is through the imagination that that people are able to discern their possibilities and options (Allen, 1995).
Allen (1995) also stated that, “art making is a way to explore our imagination and begin to allow it to be more flexible, to learn how to see more options” (p. 4).

Making art and being creativity in therapy concerns combining two strengths: one is being verbal and the other is visual. As discussed earlier, while art-making can be inherently therapeutic, an important aspect to the art therapy process is discussing how the client’s artwork may relate to his or her presenting concerns. Therefore, art therapy uses both the left brain and the right brain hemispheres in therapy. Rubin (1983) supposed that art therapy combines the use of the two hemispheres to promote understanding and integration of the trauma or adversity in clients. This notion is supported by a history of split-brain research. It was revealed that the left hemisphere of the brain is dominant for language processing and the right hemisphere specializes in visual-spatial processing; however, it was also discovered that these divisions are not always maintained (Gazzaniga, 2005). In a recent review of the history of split-brain research Gazzaniga (2005) noted that while there have been insights gained into the regional specificity of each hemisphere, it has also been discovered that there is an important integration between the hemispheres when the difficulty of the task increases. Gazzaniga (2005) stated that, “studies show that when the processing capabilities of a single hemisphere are inadequate for a given task, the processing resources of the other hemisphere are recruited” (p. 654). Therefore, while there are regional specialties for each hemisphere the two hemispheres often work together to complete more complex tasks.

Transformation. By being creative, an individual has the ability transform a difficult or traumatic situation into one in which there is hope for the future and resolution of the problem. One of the protective factors identified by some resiliency researchers as being a factor mitigating against life-stressors or traumas, is a person’s creativity (Harms, 2005;
It is fascinating to know how art therapy, with its obvious focus on creativity in therapy, can tap into the notion that creativity is a protective factor against risks, or traumas experienced in life. Wolin and Wolin (1993) outlined a list of seven resiliencies, in the form of a Mandala, which their research indicated are the qualities and strengths of resilient individuals: a) personal insight, b) independence, c) relationships, d) initiative, e) humour, f) creativity, and g) morality. Wolin and Wolin (1993), when interviewing resilient individuals, discovered that creativity has, “the power to reverse a harsh reality by turning inward to the imagination” (p. 165). Wolin and Wolin (1993) went on to state that, “by imposing the discipline of creativity on their despair, resilient survivors heal an injured self” (p. 173). Creativity has the transformative power to shape a person’s pain and trauma into something new, through the sheer act of painting, drawing or sculpting.

*Personal Mastery.* Producing artwork and being creative requires that the client engage in a physical action. The client must be able to utilize and sometimes control the art materials and use his or her imagination in order to create something from nothing. The act of creating can enhance the client’s sense of being able to master not just the art materials, but also his or her presenting concern (Malchiodi, 2005). A good example of this acquisition of sense of personal mastery is a study conducted by Stepney (2001). Stepney (2001) reported how a weekly art therapy group for adolescents, who did not experience a trauma, but who were ‘at risk’ in an alternative school program, impacted the adolescents’ behaviours. Some goals of this program were to foster the participant’s resiliency to their environment and improve social functioning, regulate emotions, and increase social behaviour. The research concluded that, “art therapy provides the positive cognitive, emotional, and social growth fostering opportunities for creative self-expression that can
enhance the student’s consciousness of self, others, and the environment” (Stepney, 2001, p. 102). This conclusion regarding the positive effects of art therapy in the study by Stepney (2001) is in direct contrast to the earlier sited study by Waaktaar et al. (2004a) that reported little change in the “at risk” adolescents after participating in a creative focused group. Art therapy and creativity can lead individuals to gain a sense of mastery and control, not just of the art materials, but also of the content expressed.

In conclusion, art therapy is an “action-oriented modality offering individuals of all ages possibilities for communication, enhancing verbal exchange, and literally letting the therapist and the client “see” things from a different perspective” (Malchiodi, 2005, p. 43). Creativity is a central feature to art therapy. By being creative and producing images an individual can express his or her thoughts, feelings, and experiences. Therefore, art therapy may help a variety of individuals to overcome emotional suffering, reframe troubles, resolve conflicts, gain insights, change behaviours, and increase an overall sense of well being (Malchiodi, 2005).

Applications of Art Therapy

The following section of the literature review researches the application of art therapy theory when working with people who have experienced adversity and trauma. This topic is presented in order to better understand how the construct of resiliency can inform working with this population. Art therapy’s overall effectiveness as well as its effectiveness when working with people who have experienced a trauma were explored. Given that construct of resiliency is defined as the ability to bounce back from adversity and trauma (Bonanno, 2004; Rutter, 2001; Wolin & Wolin, 1993), an exploration of trauma and some basic trauma theories were also developed. Finally, this section of the literature review concludes with an
exploration of how a few researchers have utilized art therapy activities resulting in the activation of various resiliency processes.

Effectiveness of Art Therapy

As stated earlier, art therapy is used in a variety of settings to address a variety of different issues. However, this literature review focused exclusively on art therapy as it applies to the area of trauma, in order to better understand the interface between the theory of art therapy and the construct of resiliency. To begin, art therapy procedures have been used with individuals who have experienced a trauma resulting from war (Tibbetts, 1987; van der Velden & Koops, 2005), natural disasters such as earthquakes (Gregorian, Ararian, DeMaria, & McDonald, 1996; Roje, 1995), hospital settings (Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001; Testa & McCarthy, 2004), and sexual abuse (Pifalo, 2002). However, research into the effectiveness of art therapy in general, and especially the effectiveness of art therapy with individuals who have experienced trauma is limited (Johnson, 2000; Malchiodi, 2005). Reynolds, Nabors, and Quinlan (2000) researched art therapy literature and attempted to identify outcome trends concerning the effectiveness of art therapy. These researchers concluded that art therapy literature overall lacked effectiveness studies, and instead focused on theoretical concepts and the results of individual case studies. Because art therapy research tends to focus on a single group or case study designs that do not include control groups, generalization of these studies becomes limited (Johnson, 2000). While case study designs in art therapy research are useful in that they do provide descriptions and generate hypotheses, they do not provide significant evidence of outcomes of art therapy (Reynolds et al., 2000). While Reynolds et al. (2000) did find a generally positive effect of art therapy within the individual populations studied, they
conclude their review of art therapy outcome studies by recommending a more focused research effort regarding art therapy efficacy with a variety of different client populations.

Another particularly interesting conclusion from Reynolds et al. (2000) research was that one of art therapy’s target populations, traumatized children, had to date not been studied regarding art therapy effectiveness. However, in a more recent study, Chapman et al. (2001) focused on the effectiveness of art therapy interventions with children ages 7-17 who were receiving medical treatments at a large urban hospital trauma center. Chapman et al. (2001) concluded that while there were no significant differences between the group who received art therapy and the control group’s reduction of PTSD symptoms.

**Using Art Therapy in Working with Trauma**

Because the focus of this literature review is on how art therapy can be informed by the construct of resiliency when working with people who have experienced a traumatic event, it is important to understand what is meant by the word trauma. Therefore, it is important to discuss briefly, trauma, the effects of trauma on individuals, and recent literature that explains recovery from trauma.

**Definition of trauma.** The American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders outlines four criteria that a person needs to experience in order to diagnose Post Traumatic Stress Disorder (PTSD): 1) a traumatic event; 2) autonomic hyperarousal; 3) intrusive imagery; and 4) avoidance behaviour. People who have experienced a traumatic event may be likely to experience symptoms of PTSD, such as, hyperarousal, intrusive thoughts such as flashbacks, traumatic memories, and numbing or a detached state of consciousness (Herman, 1992; Howard, 1990). For the purposes of this paper, it is imperative to make the distinction between recovering from a trauma, and being
resilient to it. Resilience is a distinct process from recovery. Resiliency is usually the ability to maintain psychological stability in the face of trauma, while recovery is the return to normal functioning after a period of reduced psychological functioning (Bonanno, 2004). The concept of “trauma” encompasses both an individual experience as well as a universal human experience (Scaer, 2005).

**Affects of trauma.** The affect of experiencing a trauma can be vast and varied. Exposure to trauma can have long lasting negative effects on overall health and well-being throughout an individual’s lifetime (Pizarro, 2004). Trauma is also a risk factor identified in the resiliency research (Harms, 2005) for future mental health difficulties such as PTSD. A significant number, possibly 30-50% of child survivors of disaster are likely to develop symptoms of PTSD that persist for long periods of time (Udwin, 1993). Kozlowska and Hanney (2001) also discussed how trauma experienced by children is a risk factor for the development of psychopathology later in life. As noted earlier, some researchers believe that experiencing a previous trauma does not protect a person from subsequent trauma. A trauma experienced in infancy or early-childhood, has a long-standing effect on the child’s nervous system, making them more vulnerable to any subsequent trauma (Kozlowska & Hanney, 2001). Testa and McCarthy (2004) note that some of the reactions that children and adolescents have to trauma may include, “withdrawal, disruptive behavior, inability to pay attention, insomnia, irritability, anxiety, anger, confusion, and depression” (p. 39).

Individuals who have experienced a traumatic event have also experienced a great loss of personal control, which can lead to individuals redefining themselves as helpless, and without control (Johnson, 1987).
Another major result of trauma is that individuals often feel disconnected from their community and family (Johnson, 1987). Herman (1992) also agreed, stating that traumatic events shatter “the constructions of the self that are formed and sustained in relation to others” (p. 51). In an interesting contrast to this notion however, Klingman Shalev, and Pearlman (2000) reported that traumatic events not only affect communities, “but sometimes also create them” (p. 299). Klingman et al. (2000) noted, that individuals unconnected to one another might form relationships based on the sharing of a traumatic event. As noted in the resiliency literature earlier, community attachment is an important protective factor in how individuals react to traumatic and stressful events.

**Trauma treatment.** The literature describes three essential components to the treatment of trauma (Herman, 1992; Johnson, 1987). First, the client needs to access the traumatic memory in a safe and controlled manner. Second, there is a working through of the trauma where the individual is able to examine and re-conceptualize the event, “intrusive re-living the event is transformed into mere remembering” (Johnson, 1987, p. 11). Third, a re-joining and reconnecting to ordinary life, needs to take place.

Crisis intervention theory suggests that individuals who have experienced a traumatic event have a “natural need to share their experiences and emotions with one another after it is over” (Klingman et al., 2000, p. 306). Klingman et al. (2000) also mentioned that healthy people with a strong social network might not need professional trauma interventions, as is noted by the literature how some people seem to be able to experience traumatic events without any adverse affects. Social and community support have a powerful influence on the resolution to a traumatic event (Herman, 1992).
Art therapy’s contribution to trauma treatment. Art therapy interventions offer a number of important aspects to working with a trauma that may aid an individual’s recovery and enhance individual resiliency. Artwork can help an individual to access the traumatic event in order to work through it. The artwork can offer a physical and psychological distance from the traumatic event to make it safer to explore. As noted earlier, the creativity involved in making art helps the person affected by a trauma gain a sense of mastery and control over their world and the traumatic event.

Gaining access to a traumatic event is sometimes difficult. Art therapy can help to gain access to traumatic events because the encoding of a traumatic event often takes place in an individual’s “photographic” memory (Johnson, 1987). Kozolowska and Hanney (2001) also noted that because the brain codes traumatic events visually, art therapy has a particularly unique role in accessing the traumatic event. Johnson (1987) reported that, “due to the manner in which the trauma is neurologically encoded in visually dominated forms, art therapy has a special place in the assessment and early stages of treatment” (p. 12). van der Kolk (2002) affirmed that communicating through language about a traumatic event is a very important way for individuals to gain mastery and control over their thoughts and memories, “putting an experience into words is one way in which people can regain the capacity to imagine alternative outcomes, besides the disaster of the trauma” (p. 48). van der Kolk (2002) also acknowledged that drawing, painting, and playing can be preferred modes of communicating about a trauma for most children as well as for many adults.

Creative therapies, such as art therapy, offer an externalizing of the traumatic event, in a safe, distanced manner, which makes it easier for the individual to examine the traumatic event (Johnson, 1987; Johnson, 2000). Making art encourages the externalizing of the trauma
onto the paper or into a sculpture for the purposes of separating the individual from the traumatic event (Marvasti & Florentine, 2004). The goal of externalizing the traumatic event and working through it is to change the traumatic memory and to integrate the trauma into the individual’s consciousness. The integration of the traumatic event will place the individual in control of remembering the event, instead of the event controlling the individual (Johnson, 1987). Verbalizing and attaching a narrative to the trauma is an important feature in art therapy (Gross & Hayne, 1998). A study by Gross and Hayne (1998) fascinatingly noted, that art making can help increase the amount of verbal information young children share about an emotionally laden event. Because making art can increase the amount of information regarding the trauma shared and talked about with the therapist, it is possible that the individual using art will work through the trauma more thoroughly.

As well, Morgan and White (2003), in their research into how artwork can enhance Critical Incident Stress Debriefing (CISD) with children, highlight three ways in which art therapy can aid with the initial assessment of those who have experienced a traumatic event. One, art therapy helps individuals master their thoughts and feelings about the event, and enhance individual coping skills. Two, resiliency can be recognized in the artwork of those individuals who are coping and adapting to the trauma. Three, creative thinking, by using metaphors for the trauma in the artwork, is an important means of healing and gaining mastery over the event. In a study combining narrative therapy and art therapy with victims of war, conducted by van der Velden and Koops (2005), the conclusion drawn was that the artwork intensified the therapy process. Because it takes longer to create artwork than to tell the story or narrative about the trauma, the individual is exposed to the traumatic themes for a greater length of time, which intensifies the therapy process. The researchers of this study
thought that the art therapy not only intensified the therapy process, but also created new opportunities for the clients to work through their experiences in a safe and controlled manner.

Art-making and CISD. Klingman et al. (1987) stated that, “art forms provide a useful means for the generic approach for children following a disaster” (p. 153). Using art therapy with children, both who had witnessed and who had survived a train collision with a school bus, Klingman et al. (1987) found that the art-crisis intervention was a useful tool to counteract the potentially harmful effects of the trauma and enhanced the adaptive resolution of the crisis. Similarly, Morgan and White (2003) looked at the use of art therapy during a CISD found that using art making combined with a CISD model for children and youth had four functions: a) to increase the comfort and emotional safety of the participants; b) an appropriate containment of emotional material; c) to promote the expression of thoughts and feelings; and d) to enhance ego-strengths. It would be interesting for future a study to know if making art during a CISD actually decreases the incident of PTSD for participants.

Using Art Therapy to Promote Resiliency

Overall, there seems to be very little literature concerning the topic of how the construct of resiliency can inform art therapy practice. However, there are a few researchers investigating the topic of using art therapy interventions with people who have experienced a trauma, who have indirectly and directly noted that art therapy seems to promote an individual’s resiliency (Chapman et al., 2001; Golub, 1985; Klingman et al., 1987; Morgan & White, 2003; Testa & McCarthy, 2004; van der Velden & Koops, 2005). As well, there is some research available, on interventions that use art therapy to promote resiliency in populations deemed “at risk” (Heenan, 2006; Stepney, 2001; Waaktaar et al., 2004a;
Waaktaar et al., 2004b). The following section of the literature review attempts to connect the concepts within resiliency literature to the general concepts in art therapy practice. As noted in the resiliency literature, there are a number of personal and environmental protective mechanisms that can help a person experience a positive outcome after adversity or trauma. I believe that there is evidence in the general art therapy literature pointing to how art therapy can help enhance an individual’s resiliency and activate these resiliency mechanisms in such areas as: becoming increasingly creative, increasing self-esteem, personal control and mastery, acquiring support, and becoming socially connected.

Creativity. As noted earlier, resiliency researchers have identified that creativity can be a protective processes for those who have experienced trauma and adversity (Harms, 2005; Waatkaar et al., 2004b; Wolin & Wolin, 1993). Art therapy encourages individuals to be creative, and use their imagination in a therapeutic setting. Art therapy can do two things. First, it can allow a person, who is already creative, an outlet for their creativity and a purpose for expressing themselves visually in order to better understand the traumatic event. Second, art therapy can aid an individual to develop his or her creativity in a non-judgemental supportive atmosphere, in order to gain some insight and resolution of the traumatic event experienced. Art therapy can strengthen an already creative individual by supporting expression of the traumatic event. Likewise, art therapy can encourage and help individuals develop creativity in order to heal from traumatic events.

Increased self-esteem. In addition, art therapy can bolster coping mechanisms and restore self-mastery and self-esteem in individuals who are particularly vulnerable (Howard, 1990). Dosamantes-Beaudry (2003) stated that the most healing intervention a therapist can provide is to help an individual fortify whatever resources and coping mechanisms he or she
has available. An individual’s beliefs in his or her own abilities to cope are important protective factors noted in the resiliency literature. Marvasti and Florentine (2004) reported that through experiencing the achievement of making art, creativity provides an opportunity to increase an individual’s self-esteem.

There are a number of different examples in the literature of how art therapy can help individuals increase their self-esteem and begin to have mastery of the traumatic event itself. In one example, Testa and McCarthy (2004) worked with a group of children who created a mural following the September 11, 2001 attack on the World Trade Center. These researchers concluded that the children who participated in this art group strengthened their sense of accomplishment, self-efficacy, and self-esteem. Perhaps there is more control through using art-making or controlling the art materials and that may connect with a sense of control over the traumatic memories. In another example, Golub (1985) used a group art therapy program to treat Vietnam veterans, and encourage the exploration and resolution of overwhelming traumatic images. Golub (1985) noted that participants were able to transform their traumatic images when those images were created in the context of a safe environment. Once some of the traumatic images had been transformed, Golub (1985) noticed that the Vietnam veterans were likely to feel a greater sense of self-esteem, control, and integration of the traumatic experience. In a final example, Heenan (2006) studied an art therapy group offered in a community health setting for people experiencing mental health difficulties. This group was promoted as an ‘art as therapy group’ and a qualitative analysis of the participants comments following the 10 week group was conducted. Heenan (2006) noted that the majority of participants credited the ‘art as therapy’ group with improving their self-esteem and self-confidence.
Individual support. Dosamentes-Beaudry (2003) reported that the resiliency literature suggested that society focus on both decreasing the number of stressors in our world, as well as recognizing the importance for individuals to acquire the emotional and cognitive skills to enable them to be more resilient to the psychosocial stressors they encounter. Dosamentes-Beaudry (2003) also emphasised the importance, as highlighted by much of the resilience literature, of children finding at least one supportive adult mentor in their lives. Having a supportive person that understands and can help work through stressful and traumatic events is the strength of, not just art therapy, but all therapy in general. I also believe that this is true for children and adults alike. In general it is probably true that when individuals feel supported their ability to cope with adversity increases.

Social support and connectedness. As noted earlier, trauma treatment and crisis intervention theory suggests that people need to talk about their experiences and emotions with one another. Also noted earlier, social and community support have a powerful influence on the resolution of traumatic events (Herman, 1992). Given these two notions, therapeutic group experiences can be one method of increasing a person’s sense of social support. Much of the literature regarding art therapy with individuals who have experienced a trauma has taken place with a group context (Klingman et al., 1987; Klingman et al., 2000; Kozllowska & Hanney, 2001; Morgan & White, 2003; Pifalo, 2002; Testa & McCarthy, 2004; van der Velden & Koops, 2005). The benefits of a group experience are vast and support the resiliency notion that identifies social connections to a community providing a protective mechanism against the effects of stress and trauma. Group art therapy can help individuals connect to communities and other individuals who have experienced similar events. Hirayama and Hirayama (2001) noted in their research of resiliency and its potential
application to children’s groups to foster resiliency, that group work is an important method of connecting children and their families to external networks of support. Formal or informal groups can be a major source of resilience, as they can “serve to cushion or mediate the effects of stressful circumstances or negative risk factors (such as poverty, racism, poor education, drug abuse, etc.)” (Hirayama & Hirayama, 2001, p. 81).

‘Seeing’ resilience in artwork. A final, yet important aspect to note is how the concept of resiliency can play an important role in how art therapists conduct therapy. Malcholdi (1998) believes it is imperative for art therapists not to interpret the artwork of their clients, because in some cases where images of hope emerge from a traumatic event the art therapist is witness to resilience, and not the defence mechanism of denial. If art therapists exclusively rely on the image made in art therapy, without taking into account the client’s important verbal associations to their artwork, there is the possibility to misinterpret certain images made. It is important for the art therapist to remember that images of hope and transformation can occur after a client experiences a trauma, which may be an indication of the individual’s resiliency and not their denial of the situation. Therefore, using a phenomenological approach to art therapy and relying on the client’s verbal associations to their artwork is essential.

In conclusion, it is important to identify the overall effectiveness of art therapy as an intervention, in order to understand how art therapy can help individuals who have faced adversity or a traumatic situation. Also, it was essential to better understand how trauma affects individuals in order to understand how art therapy can benefit this population. As well, it was noted that while art therapy literature seems to be limited in its research of how art therapy interfaces with the construct of resiliency, there was some research indicating
how art therapy can build and maintain some resiliency mechanisms. While these researchers
did not set out to study art therapy and resiliency, the outcomes of their research do indicate
that art therapy can enhance some of the mechanisms noted in the resiliency research that can
aid individuals in maintaining and enhancing mental health outcomes. Art therapy helps
individuals access traumatic memories, promote creativity, self-esteem, self-confidence,
mastery and control, individual support, community support, connectedness, as well as
recognizes those individuals who are resilient.

A Critical Analysis of Creativity

The notion of creativity will be examined in the following section of this current
literature review. Previously in this literature review resiliency processes and art therapy
theory have been explored. One significant commonality between these two areas of content
is the notion of creativity. Therefore, it is important to better understand what is meant by the
term creativity, as well as some of the more salient characteristics of this construct. One
overarching philosophy offered in the literature reviewed is that creativity has a vital role in a
variety of human activities (Ward, Fink, & Smith, 1995). This next section will explore how
creativity is a strength and ability that all human beings can potentially develop.
Additionally, how creativity can evoke emotions for people was examined. As well, the
notion that creativity can be a reward in and of itself, without resulting in the creation of any
novel solutions or products will be looked at. Given the characteristics of creativity, the next
step was to better understand what the literature says about how creativity can be applied to
the activity of therapy. Rossi, (2002) offered a unique model for understanding how
psychotherapy is a creative endeavour; as well this model provided the basic foundation for
integrating the construct of resiliency with art therapy practice.
Creativity as Strength

Differing explanations of creativity. After completing a brief review of the literature regarding creativity it is clear that there are a number of competing definitions of creativity. Early and major contributions to the study of creativity were made by psychoanalysis and Gestalt psychology (Carr, 2004). For example, Freud believed that creativity and creative output was a socially acceptable method of expressing “unacceptable unconscious aggressive and sexual drives for power or love” (Carr, 2004, p. 150). As well, Gestalt psychologists, focused on the creative process that involved learning such as transformation, figure-ground reversal, and closure (Carr, 2004). Creativity began as a subject of psychometric study lead by J. P. Guilford who called the psychological community’s attention to the lack of research on creativity (Guilford, 1950). Guilford’s initial research, concentrated its efforts upon isolating the personality traits of creative people (Feldman, Csikszentmihalyi, & Gardner, 1994). It was believed that creativity was a subset of skills for those individuals with a high intelligence quotient (IQ). However, Runco (2004), a researcher interested in the nature of creativity, believed in a different notion when writing that creativity is certainly not the same as intelligence or giftedness. Feldhusen and Goh (1995) elaborated by stating that “creativity is often defined as a parallel construct to intelligence, but it differs from intelligence in that it is not restricted to cognitive or intellectual functioning” (p. 231). It now seems to be widely accepted that IQ and creativity are relatively independent sets of abilities, and that individuals do not have to have a high IQ in order to be creative (Carr, 2004).

In Maslow’s (1962) research regarding creativity in self-actualizing people it was determined that psychological health and creative talent seem to be separate variables. Maslow (1962) found the need to distinguish between two types of creativity: a) special
creative talents such as visual arts, music, and poetry; and b) self-actualizing creative talents which manifest themselves in everyday life such as having a sense of humour, housekeeping, and teaching. As a result Maslow (1962) concluded that there is a “kind of creativeness which is the universal heritage of every human being that is born, and which seems to co-vary with psychological health” (p. 135). Maslow (1962) concluded that self-actualizing creativity is synonymous with the definition of psychological health because both concepts are essential and “defining characteristic of essential humanness” (p. 145).

There have been decades of research into the topic of creativity and surprisingly there is no one universal definition of the construct and there are still difficulties in measuring creativity itself (Houtz, 2003; Runco, 2004). Feldman et al. (1994) acknowledged that even the word creativity seems to have a variety of different meanings. To begin, it is apparent within the literature on creativity that there are a number of differing characteristics to creativity. For example, in their review of creativity literature and research Feldhusen and Goh (1995) stated that creativity is a process that is influenced by a number of different factors such as: “personality factors, motivation, cognitive styles, metacognitive skills, and the manipulations of environmental conditions” (p. 231). Also, Csikszentmihalyi (1994) talked about creativity as having a number of different aspects, and manifesting itself as: a trait, a process, and a product. Runco (2004) also stated that creativity is best viewed as a type of self-expression that differs from other forms of talent. Creativity has also been defined as an intrinsic human capability that results from the application of ordinary cognitive processes (Ward et al., 1995). While creativity is obviously important to musical, artistic and inventive pursuits, it is also an essential ingredient in problem solving (Ward et al., 1995). Ward et al. (1995) are proponents of the cognitive approach, in which creativity is
seen as a cognitive phenomenon. Problems often demand creative solutions whether those problems are large societal problems, such as global warming, poverty, and world hunger, or individual problems such as job searching, searching for meaning in our lives, and recovering from traumatic events. In their discussion of creativity Ward et al. (1995) posited that “creativity is based on the same kinds of cognitive processes that we all use in ordinary everyday thought: retrieving memories, forming mental images and using concepts” (p. 9). These authors also proposed that humans simply execute these everyday cognitive processes differently when they act creatively.

When attempting to describe who is creative, Runco (2004) added that “everyone is creative” (p. 22). Being creative is a natural part of being human. Creativity results from applying ordinary cognitive processes in special ways and by suspending knowledge. A person can mentally doodle in visual forms, and then interpret their significance, “in doing so you might discover a new invention or a new way of thinking about some problem” (Ward et al., 1995, p. 20). Simonton (2000) summarized how creativity is amongst the “very special ways that human beings can display optimal functioning” (p. 151). Simonton (2000) continued on to comment that “creativity is often seen as a sign of mental health and emotional well-being,” and that art and music therapy have emerged to “promote psychological adjustment and growth through creative expression” (p. 151). As well, Carr (2004) commented on personality and creativity and stated that the literature reviewing the notion of a creative personality has concluded that, “compared to normal controls, creative artists and scientists have different personalities” (p. 156). Carr’s (2004) research also posited a profile of those creative artists and scientists that include characteristics such as: being open to new experiences, self-confidence, dominant, driven, ambitious, impulsive, hostile and less
conscientious and conventional. As well as a creative personality, it also seems that creativity follows a number of stages (Simonton, 2000). While acts of creativity seem to just appear as sudden insights, when examined, these insights typically follows a path of a) understanding well the domain, field, or area in which the problem is found; b) long hard work on solving the problem; c) including an incubation during which problem solving occurs in the cognitive unconscious (Carr, 2004).

In summary, there are a number of broad conclusions that can be drawn from a review of creativity literature. As well, intelligence and creativity are seen as independent characteristics. There seem to be some enduring personality characteristics for those individuals who are deemed artistic or scientifically creative. Another broad conclusion arrived at in the studies of creativity is that creativity is a process that requires brain processes, and is developed by following a number of stages. And finally, motivation is also an important characteristic of those who are deemed creative, as will be described in the next section.

*Creativity can be its own reward.* Not all creative activity needs to solve momentous problems or culminate in clever solutions, often creativity can be a reward in its own right. Positive psychology believes that the “rewards of creativity – and more generally, of any behaviour that stretches and enlarges the self – are as genuine and as primary as those homeostatic rewards that reduce discomfort and disease” (Nakamura & Csikszentmihalyi, 2003). The motivation for engaging in creative acts is a further subject of many research studies. Understanding why people are creative and what motivates them to continue to be creative is of interest, as it answers some of the questions about why creativity on its own can be a reward for some people. Nakamura and Csikszentmihalyi (2003) outlined the concept of
“flow.” Having a special interest and being able to use one’s creativity can result in an experience of “flow” which is described as an experience of complete involvement, engagement, and participation. Flow experiences are intense and an individual’s concentration is so complete that there is no ability to think about anything else. During these “flow” experiences, self-consciousness disappears and time often becomes distorted.

Activities that produce such results will be so gratifying that people are willing to engage in these activities for their own sake with little regard for what they will receive in the end (Nakamura & Csikszentmihalyi, 2003). Bernard (2004) also noted that these flow experiences provide a number of important features to the individual involved: a) a sense of task mastery; b) offer a meaningful, compelling, transcendent experience; c) distance individuals from their current challenges and stresses; and d) serve as a buffer against adversity and trauma preventing pathology.

The notion that creativity can be a reward in its own right, is a notion similar to the differing definitions of art therapy previously discussed, where creativity can be seen as healing when accompanied with a therapeutic relationship, or creativity can be seen as therapeutic and healing on its own. It is believed, as discussed in the review of the resiliency research and art therapy research, that being creativity is a resource that may provide some protective capabilities for those people who experience traumatic and adverse events (Wolin & Wolin, 1993). Simonton (2000) also pointed out that creativity research has discovered the adaptive nature of human beings, “it is a startling testimony to the adaptive powers of the human being that some of the most adverse childhoods can give birth to the most creative adulthoods” (p. 153). While adversity and trauma are not necessary ingredients for creativity, it is interesting to learn how adaptive humans are. In Simonton’s (2000) research, it was
determined that individuals with childhood experiences of abuse and neglect could culminate in adulthood that are creative and productive. It is posited that being creative can offer individuals with a method of healing difficult childhoods.

In Heenan’s (2006) research it was noted that art therapy with its roots in psychoanalysis and the discovery of the unconscious has much of its current research focused on the psychotherapeutically oriented art therapy. However, Heenan (2006) also pointed out that within the past 20 years there has been an increased interest in arts for health initiatives “where engagement in the creative process per se is seen to have therapeutic value” (p. 182). The importance that the creative process has in health promotion and healthy human development is well established across diverse cultures and the arts. Creativity can play a role that is two-fold in improving mental health outcomes (Heenan, 2006). First, in conjunction with an art therapist, the arts can be part of a therapeutic care plan. Second, the arts and creativity can help individuals break down mental health problems and connect with the larger community (Heenan, 2006). Heenan (2006) also stated that the arts and being creative can help promote mental health by: providing individuals with a form of self-expression; to improve the environments of mental health services; change the way in which people with mental health issues are viewed; and it can provide those individuals with mental health issues a voice. Therefore, there are many advantages to using the arts as a means of working with people facing mental health issues, including a history of trauma and abuse, and people who simply have difficult problems to solve.

*Creativity can evoke strong emotions.* Being creative can be a person’s most impressive ability, “and it often evokes strong emotions” (Ward et al., 1995, p. 9). Ward et al. (1995) continued on to state that, “when you do something creative you feel good” (p. 9).
Carr (2004) also outlined that when reviewing the general aspects of coping with trauma and stresses there are a number of important mechanisms that can help individuals experience positive mental health. To begin, problem solving, the benefits of social support, experiencing a catharsis, crying, faith, meditation, relaxation, exercise, reframing, humour, and distractions, are factors that will help enhance an individual’s positive mental health outcome following a stressful or traumatic event (Carr, 2004). Specifically regarding catharsis, Carr (2004) discussed the notion that when individuals face traumas or challenges that outstrip their capacity to cope, they try to keep these ideas out of their minds. It is also noted that people who have experienced traumas as a child and have not addressed these memories, tend to have poorer health, visit doctors more often, and suffer from more illnesses (Carr, 2004). Catharsis is a coping method which involves “sustained exposure to the trauma in a graphic way that allows the event to be re-experienced (Carr, 2004, p. 220). Catharsis is a gaining of relief from a trauma by recounting the event within the context of a safe and trusting environment. In this way producing art about an event can be seen as a cathartic experience, leading to a relief of the traumatic event. Cathartic experiences, such as making art, writing, or talking about traumatic events, take the individual back to the event and give him or her opportunity to recount the event. In this manner being creative can offer the individual an opportunity to evoke strong emotions and memories about the traumatic event, which opens the door to making healing possible or even heals through releases in the mind/body.

The Psychobiology Bridge

Ernest Rossi is one researcher looking into how the study of neuroscience can help explain how people change and grow through the experience of new and novel experiences.
Rossi’s (2002) research falls under the general category of ‘positive psychology’ in that it attempts to help individuals to “learn to optimize their own natural psychobiology to solve their own problems in their own creative ways” (p. 255). The general hypothesis is that just as negative emotions and cognitions can lead an individual to overproduce stress proteins and the formation of illnesses, the opposite is also true: that positive psychological experiences can also “facilitate gene expression, neurogenesis, problem solving and healing” (Rossi, 2002, p. 243). Rossi’s (2002) hypothesis has significant repercussions for the role of the creative arts and culture for aiding growth of the brain. Specifically, psychobiology can now help explain how the arts can be healing and ultimately aid in the growth of new neural networks in the brain. Rossi (2002) continued to explain that the creative arts in all cultures are one manner that facilitates the “dynamics of curiosity and wonder that nurtures imagination and psychological transformation” (p. 139). In addition, Rossi (2002) believed that the enjoyment involved in the creative arts is not just meaningless frills in life but instead they are cultural and psychological pathways to well-being, often experienced as insights and awareness, “in fact we might say that the evolutionary function of the creative arts and sciences is to evoke experiences of novelty and numinosum that drive gene expression, protein synthesis, neurogenesis, and healing” (p. 140). It is hypothesised that the recall and creative replay of memories will activate gene expression and help to construct new neural networks in the client’s brain, resulting in client growth and change (Rossi, 2005). Given the abundance of single-case design studies in art therapy literature, there is strong evidence that art therapy does work for a variety of different client populations. However, by studying what happens in the brains of individuals who are creative, psychobiology and neuroscience are only just now beginning to be able to explain exactly why creativity helps individuals
positively change and move towards health. Malchiodi (2003) concurred, stating that “neuroscience continues to provide an ever-widening understanding of how the brain and body react to stress, trauma, illness, and other events” (p. 22). It is believed that as neuropsychology develops that there will be a greater understanding of how artistic expression and creativity aids individuals emotional distress, and why making images and art are vital to enhancing health and well-being (Malchiodi, 2003).

Four Stage Model of Creativity in Psychotherapy

There are a number of researchers who have researched the notion that therapy is itself a creative endeavour. For example, Tallman and Bohart (1999) thought that people do not channel or process information, but “instead they are active thinkers who are continually generative and creative in every day life” (p. 110). These authors believed that clients are active participants, “creatively working” in collaboration with the therapist to solve their presenting problems (p. 110). As well, Rossi (2005) applied the “classical four-stage process of creativity – data collection, incubation, illumination, and verification” to psychotherapy (p. 8). Rossi (2002) broke down the stages that a client goes through in therapy to correspond to four stages in the process of creativity to show that therapy is indeed a creative undertaking, and as such this experience will lead to a client’s brain growth and facilitate client change.

Preparation. The first stage in Rossi’s (2002) four stage creative process in psychotherapy is preparation or data collection. The first step in any creative process is to become aware that something needs to change or be different. As well in therapy, it is in this stage the therapist asks the client to describe the problem and the initiation of the implicit processing begins preparing the client for problem solving.
Incubation. During this second stage there are two processes at work, replay and arousal (Rossi, 2002). First, Rossi (2005) believed that creatively replaying traumatic memories, or the experiencing of flashbacks, are a central feature of this stage that can facilitate client change. During this second stage of incubation, creative replay and psychobiological arousal of the client and his or her feelings are involved. It is in this stage that the client is asked to look inward at his or her feelings. Second, Rossi (2002) pointed out that often during this stage in the creative process a typical developmental step is that of becoming self-conscious. Often self-consciousness “can be a prelude to new patterns of awareness and behavior that set the stage for our future development” (Rossi, 2002, p. 273). Being aroused and replaying memories are hallmarks of this stage in the creativity cycle as well as in therapy in general.

Illumination. The third stage, illumination, is the point at which the client gains insights and uses his or her intuitions in therapy. There is a shift between stage two and three when insight about the problem is gained. In stage three, people find themselves with new ideas and intuitions about how to solve their problems. Rossi (2002) stated that this shift can often be aided by “a creative experience of novelty, enrichment, and physical exercise” (p. 275). Rossi (2002) continues on to explain that insight is often facilitated through the occurrence of creative experiences.

Verification. And finally, the fourth stage of this model is the verification stage. At this last stage the client reintegrates the new information into his or her thoughts. In this stage clients need to “reality-test” and integrate the new information in to his or her conscious identity (Rossi, 2002, p. 281).
Rossi’s four stage model of applying creativity to therapy helps to elucidate one way in which creativity can be an important process. This model of creativity in therapy is important to both art therapy practice as well as those individuals that the literature and positive psychology describe as resilient. Given that Rossi (2002) has already applied the notion of creativity to explain the process of therapy, therefore, I will use Rossi’s model to form the foundation of the pictorial model bridging together the construct of resiliency with art therapy practice.
CHAPTER FOUR: PICTORAL MODEL

The Integration of Art Therapy with Resiliency

The purpose of developing this pictorial model integrating art therapy and resiliency was to “see” the relationship between these two areas of psychological literature. As there is very little literature directly linking these two concepts (Malchiodi, 1998), a pictorial model linking the concepts identified in the previous literature review was yet another way of understanding how resiliency literature can inform the practice of art therapy.

This model was developed to serve two purposes. First, the pictorial model is one way of summarizing the salient aspects of the previous literature review. In this way the pictorial model is also a compliment to the previous literature review. Practitioners wanting to know more about any aspect of the model can refer to the literature review for clarification or a more comprehensive understanding. As well, the model is a convenient way of viewing all the information from the literature review together, and seeing how the ideas related to each other. Second, by simplifying how the construct of resiliency and its various characteristics may be integrated into art therapy practice, practitioners will be better able to understand and work with clients who have been affected by trauma and adversity. The premise for expanding the literature review to include a pictorial model is that practitioners, both counsellors and art therapists alike, will better understand the role of creativity in building and maintaining resiliency for clients who have experienced trauma and adversity.
Figure 1. A pictorial model integrating the construct of resiliency and art therapy practice.
CHAPTER FIVE: SYNTHESIS AND RECOMMENDATIONS

Strengths

This current study of how the construct of resiliency can inform art therapy practice has a number of different strengths. This current study provides the reader with a comprehensive literature review and understanding of the role of creativity in both art therapy and resiliency. As well, the pictorial model summarizes the literature review, integrating the construct of resiliency with art therapy practice. It is thought that this literature review and model will be beneficial to practitioners when working with clients who have experienced a trauma.

To begin, a major strength of this comprehensive literature review was that it elucidated the commonalities of each of the areas of content and clarified aspects where the three theories of, art therapy, resiliency, and creativity overlap. Given the vast amount of research on resiliency and creativity, and the relative amount of research on art therapy, there is very little research into connecting these theories. Therefore, one of the biggest strengths of this paper is its capacity to shed light on the connections between art therapy practice and resiliency theory through the common feature of creativity.

In addition, another strength of this study was the development of the pictorial model which serves as a conceptual framework for how to integrate resiliency with art therapy practice. Because the present author was unable to find any literature specifically linking art therapy practice with the construct of resiliency, the model that was developed helps to simplify and clarify how resiliency theory can inform art therapy practice. The pictorial model which was developed from the literature review offers both a summary of the literature review, as well as a visual form linking the concepts together.
Yet another one of the focuses and strengths of this study is that it looks, not at how psychopathology is developed and maintained, but rather at how humans build and maintain mental health. Practitioners as well as clients will benefit when the focus of therapy is on building and maintaining client strengths. Seligman and Csikszentmihalyi (2000) stated that mental health practitioners need to recognize that some of the best work that they currently do with clients is amplifying client strengths rather and repairing any weaknesses in their clients. This is the major work of resiliency researchers as a whole, to identify which strengths will enable individuals to bounce back from adversity, to amplify and support those mechanisms in order that clients may flourish in the face of adversity and trauma. Currently, the branch of psychology, called positive psychology, continues to advance research regarding the construct of resiliency. Psychology as a whole generally focuses on psychopathology and illness. However, positive psychology aims to “catalyze a change in the focus of psychology from preoccupation with only repairing the worst things in life to also building positive qualities” (Seligman & Csikszentmihalyi, 2000, p. 5). The goals of positive psychology are to study human strengths, resilience, and optimal human functioning (Kelly, 2004). Psychological treatment from a positive psychology viewpoint is believed to be not just about fixing what is broken, but it is also about nurturing what is best (Seligman & Csikszentmihalyi, 2000). These authors stated that what grounds positive psychology is that it focuses on issues of prevention, “prevention researchers have discovered that there are human strengths that act as buffers against mental illness: courage, future mindedness, optimism, interpersonal skills, faith, work ethic, hope, honesty, perseverance and the capacity for flow and insight” (p. 8). These human strengths are very similar to those of resiliency researchers looking at those individuals who have positive mental health outcomes following
adversity and trauma. Kelly (2004) also stated that one of the goals for positive psychology is to determine “why some people respond to traumatic events with despair, depression, and purposelessness, and others with resilience and a new sense of purpose” (p. 269). Therefore, with its focus on optimal human functioning, positive psychology seems to have taken up the cause of researching resiliency in order to better understand the processes, including creativity, behind positive human functioning.

The final strength of this study is that this study will be of benefit to therapists, and ultimately clients, because it increases practitioners’ awareness of how creativity can be a mechanism through which individuals maintain or build their resiliency after experiencing a trauma. Information regarding the connections between resiliency and art therapy theories will be helpful to art therapists when working with clients who have experienced a trauma. In O’Connell Higgens (1994) study of resilient individual adults who experienced trauma or came from abusive childhoods, it was noted that “insight-oriented and expressive therapy was especially beneficial to some of the resilient, giving them active ways to rework traumatic experiences within the safe containment of a therapeutic setting” (p. 342). By better understanding the notion that creativity can be a mechanism through which people are resilient to trauma, art therapists can aid their clients to work towards tapping into those already existing strengths and resiliencies in order to increase the healing process.

Art therapists can also be cognizant of the possibility of building client resiliencies to adversity and trauma through the creative activities in art therapy to encourage and support client healing and health. While the exact process for how this occurs is still a topic of study in all three of the content areas, as examined by Rossi (2002), it seems to be clear from the art therapy, resiliency, and creativity research presented that it is possible that the creativity
experienced in art therapy can potentially help clients deal with and be resilient to a traumatic event. Of course what is now required is a better understanding of exactly how being creative is helpful, not just on a theoretical level but on a practical mind-body connection level (Malchiodi, 2003). A better understanding of what occurs is needed when people are creative, and an understanding of what physical, cognitive, and emotional changes people may experience when engaging in creative activities.

Limitations and Recommendations

There are a few areas of limitation to this review of integrating the construct of resiliency with art therapy practice. To begin, the literature in the area of resiliency is mostly based on theory and case studies, and not a great number of empirical quantitative research studies. In addition, as previously mentioned, resilience research has not had a great impact on psychotherapeutic practice (Luthar et al., 2000; Waaktaar et al., 2004a), which continues to focus on the development of psychopathology. One of the most difficult challenges for clinical practitioners is to operationalize broad resiliency concepts into therapeutic techniques. However, constructing a model of how the broad resiliency concepts can inform art therapy practice is exactly what this literature review and pictorial model have attempted to accomplish. Consequently this current literature review and model are based on theories and not direct quantitative or qualitative research. Therefore, the recommendation is that in order to explore the relevancy of resilience factors in clinical work, studies into effective interventions are needed (Waaktaar et al., 2004). Bonanno (2004) concurred, stating that there has been limited clinical inference made from current research regarding resilience. Psychotherapeutic practice, including art therapy, needs to conduct more studies regarding what factors are present for healthy and optimal functioning to occur, instead of focusing
solely on those factors which help people to recover from psychopathology. Studies of how creativity can enhance or bolster an individual’s resiliency to a traumatic event are warranted in order to prove exactly how the theories of resiliency can inform art therapy practice on a practical level, not just a theoretical level.

One limitation of this current review is the lack of empirical research in the current art therapy literature available establishing the source of therapeutic effect of art therapy (Johnson, 2000). Art therapy tends to concentrate its research efforts on qualitative design studies that emphasise the effectiveness of art therapy with a specific population. While these qualitative studies have great merit in helping explain how effective art therapy is with special populations, these studies can be difficult to generalize to other populations. As well, qualitative research in art therapy does not look at the efficacy of art therapy, or how effective art therapy is compared to other forms of counselling. Thus it is difficult to find empirical research regarding the efficacy of art therapy, because much of the existing art therapy literature tends to base its research on qualitative case studies. While practitioners in the field of art therapy do emphasise the role of creativity and non-verbal expression in improving a client’s self-esteem and feelings of hopelessness, it is difficult to prove because of the lack of efficacy studies in the field (Johnson, 2000). Thus a limiting factor of this current study is that art therapy efficacy studies are limited. Therefore, it is recommended that art therapy literature conduct more scientific studies regarding its effectiveness, particularly related to working with people who have experienced trauma. In addition, it is recommended that future art therapy research look exclusively at how art therapy can reinforce the known protective mechanisms identified in the resiliency construct for those who have experienced a trauma, compared to other counselling interventions.
Another drawback to this current review may be the limited number of qualitative art therapy studies cited. I believe that qualitative research and phenomenological studies of art therapy have much to add to better understand art therapy’s relationship to resiliency. Knill, Levine, and Levine (2005) discussed the notion that the arts have an essential part to play in the phenomenological study of humans. Knill et al. (2005) stated that, “if art is understood as a mode of “showing” or “manifesting,”” then this central role for the aesthetic within a phenomenological philosophy makes sense” (p, 31). These authors make a case for studying art therapy and the expressive arts through a qualitative lens to better understand what the art can “show” us (Knill et al., 2005). It would, therefore, be interesting to better understand the links between resiliency research and art therapy through further phenomenological research of art therapy.

A final limitation of this review is that given the many and often overlapping protective mechanisms in resiliency literature, it may be too simplistic to focus on only creativity. This current review focused on the area of creativity as being a commonality between the resiliency and art therapy theories; however, there are undoubtedly other areas that these two theories have in common. To pull one protective factor out of the context of interacting with the other mechanisms may reduce and diminish its effectiveness. As well, creativity is a huge and diverse topic and this current literature review has simplified it in an attempt to apply it to two other larger theories. Thus the results may be an over simplification of the theory of creativity and how it is applied to both art therapy and resiliency theories.

When reviewing the literature presented in this current review, there are a number of questions that arise for possible further study. For example, the present author is curious about art therapy’s potential preventative capacity, to build creative resiliency in people who
face adversity and risk. Given that creativity is a process that those individuals who are identified as resilient possess, is it possible to use art therapy as a method of prevention and build this capacity with clients who are deemed ‘at risk’ for harm or adversity. Another question that arises for the current author is whether art therapy simply taps into an individual’s already existing creative resilience, or whether participating in art therapy can help create those resiliencies within people? To answer these questions, further research into the effectiveness and application of art therapy is recommended.

Conclusion

In conclusion, our society generally views resiliency as something that a person either processes or does not. However, through this current literature review, resiliency is seen as more than an innate set of personal traits that can help an individual overcome adversity such as a stressful lifestyle or traumatic event. Current research has determined that resilience is more of a framework, with a number of mechanisms interacting to help establish an individual’s ability to be resilient. This means that people can be resilient in one circumstance but not another. Ungar (2005) reported that resiliency is, “the structures around the individual, the services the individual receives, the way health knowledge is generated, all of which combine with characteristics of the individual” (p. xxviii). It was discovered that one of the mechanisms or processes that can help increase an individual’s resiliency is creativity. And this review looked at how creativity can be used to enhance an individual’s resiliency to trauma and adversity. Art therapy with its obvious use of creativity in a therapeutic setting can benefit from understanding the framework of resiliency in order to work with clients more effectively. Using the resiliency lens and understanding personal risk
factors and protective mechanisms art therapists can design culturally sensitive, and helpful interventions for those most in need after experiencing a trauma.

In addition, the pictorial model that was developed to increase practitioner’s awareness of the role of creativity in building and maintaining resiliency in clients. By focusing on what helps people live positive functioning lives, positive psychology and specifically psychobiology, is beginning to better understand exactly what happens with people’s gene expression and how their brains grow and change when engaged in creative activities. Art therapy has a great deal to offer individuals who have experienced a traumatic event. Art therapy can be an effective assessment tool for those at risk for difficulties adjusting after a traumatic event (Morgan & White, 2003). And finally it was seen in this literature review that art therapy can aid in an individual’s resiliency by generating opportunities for individuals to be creative which will: a) enhance gene expression and build new neural networks aiding in growth and change; b) increase a client’s mastery and control; c) aid in creating hope for the future; d) activate a client’s creative thinking and problem solving skills; and e) increase a client’s social connectedness.
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