Changing the Outcome of Adverse Childhood Experiences: How Interpersonal Relationships, Play, and the Arts Support Posttraumatic growth

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Changing the Outcome of Adverse Childhood Experiences: How Interpersonal Relationships, Play, and the Arts Support Posttraumatic growth

Abstract

Objective: This dissertation offers a contemporary understanding of childhood trauma, neurobiological principles of prolonged effects of adverse childhood experiences, and the importance of play, in context with nurturing relationships. In this qualitative study, the researcher explored the narratives of adults who had experienced complex and prolonged childhood adversity, which are potentially traumatic events that later contribute to poor health and psychological outcomes, yet who did not experience these negative outcomes to wellbeing. Specifically, the researcher examined the importance of interpersonal relationships in the context of expressive arts (drama, music, dance/movement, art) as protective through childhood and into adulthood.

Method: The researcher used grounded theory methodology and recruited 10 adult participants 25 years and older who reported having four or more adverse childhood experiences (ACE), who did not report significant negative behavioral, physical or chronic health conditions. Participants completed two qualitative retrospective interviews including a structured family history and a semi-structured interview regarding important relationships and the arts. Data analysis used the constant comparative method to complete both iterative and theoretical coding.

Findings: Interview data supported the importance of nurturing relationships combined with expressive arts, which served as protective factors for adults against long-term health implications of ACEs. Relationships provided a context for identity formation and integration of emotional and cognitive processing in relation to early trauma. Expressive arts enacted in the context of supportive relationships demonstrated how activating therapeutic powers of play, in the forms of self-expression, emotional catharsis, stress management, indirect teaching (learning through metaphor), improved self-esteem, and creative problem solving, diminished the effects of ACEs exposure. Findings conclude that self-care was achieved across the lifespan through continued play and art expression. Participants reported that these two facets, relationships and the arts, together in early life attenuated the impact of their negative childhood experiences later in life.

Conclusion: The findings reveal how relationships in combination with the therapeutic powers of play, provide a context for self-expression, self-care, and healing. This potent combination promotes the development of posttraumatic growth following childhood trauma. The systemic health consequences of childhood trauma merit building protective factors into societal frameworks to enhance child health and development. Thus, the implications of this work extend to public health policy and education as institutions evaluate the necessity of public funding for arts programs in schools. Schools utilizing approaches to learning that incorporate the arts in addition to science, technology, engineering, and mathematics (STEAM), may contribute to lessening the impact of trauma.

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Changing the Outcome of Adverse Childhood Experiences: How Interpersonal Relationships, Play, and the Arts Support Posttraumatic growth

Michelle M. Pliske, MSW LCSW RPT-S

A DISSERTATION

In

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In

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ABSTRACT

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The Importance of Relationships

Access to Creative and Expressive Arts within Communities

Therapeutic Powers of Play

Managing Stress

Self-Expression

Catharsis

Indirect Teaching

Self-Esteem

Abreaction
DEDICATION

This dissertation is dedicated to all the clients I have served as a clinical social work practitioner. It has been a privilege to witness their courage and journey towards finding meaning of adversity and trauma through the play therapy process. I also dedicate this work to all the participants who shared their narratives and stories of hope and sorrow, they inspire me to continue this work. I look forward to dedicating my career towards improving communities and helping those who have been impacted by adverse childhood experiences.
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model for how to be present and follow a child’s lead. You inspire me every day to do better and continue to pursue making an impact for children’s mental health and education.
CHAPTER 1
Introduction

Overview

Jim entered the interview room voicing that he was nervous. Talking about his childhood was not something he often did, due to the emotional turmoil it created.

My dad, he’s one of the hardest working people I’ve ever known. I don’t know what happened to him in his life. I’ll tell you, when he let go, it was scary. I remember a time, we were fishing. My dad loved to go deep sea fishing. He used to claim that he got the boat for all of us to have fun but it was really so he could go deep sea fishing and drag me along. One time, he had me drive the boat and I did something wrong and some of the lines got tangled up. He got mad. I don’t know really what, why that day, but I just looked at him and said, “Fine. If you can do a better job…” The next thing I know, I’m seeing stars. He didn’t even say anything. He just backhanded me. My dad was a big guy. That’s what it was like though. You just never knew when the volcano was going to blow. (personal communication, December 18, 2019).

Jim later became an officer with the county sheriff’s department. He volunteered to be placed within a high school, because he felt a connection to youth who struggled at home and needed support within their community.

Adversity and traumatic events can shape a narrative about one’s personal identity, relationships and community surroundings (Rendon, 2015). Jim wanted to be someone who was a part of the community to help kids who came from hard backgrounds such as his own (personal communication, December 20, 2019). Jim’s experience echoes the stories of others who have been directly impacted by trauma. This dissertation work is an exploration of stories like Jim’s,
stories of adversity in which people uncovered meaning, developed an understanding of their identity, found connection with others in their community, and discovered ways of survival which integrated their emotional experience of trauma through the arts.

**Adverse Childhood Experiences**

Felitti and Anda (1998) published a study on adverse childhood experiences (ACE) initiating a conversation about early childhood exposure to trauma. This study demonstrated the long-term health implications of childhood trauma, which has significant economic and other impacts on society. In 2007, the estimated annual cost of this issue, including both expedition of tending to immediate needs and secondary effects, was estimated at 103.8 billion dollars (Wang & Holton, 2007). Schaefer et al. (2018) reported that childhood adversity is projected to create an economic burden exceeding $585 billion over the next decade. Yet research on mechanisms for mitigating these long term effects, and reducing their associating costs, is largely absent. Further, traditional measures of childhood adversity fail to account for social determinants of health.

Trauma is often associated with dramatic physical and mental health outcomes, such as chronic stress, behavioral issues, self-esteem deficits, anxiety, depression, learning deficits, and emotional regulation deficiencies, all with projected long-term risks for chronic disease and premature death (Arvidson et al., 2011; Felitti, et al., 1998, Anda & Felitti, 2006; Perry, 2006; Siegel, 2012). Trauma is most widely talked about as including traumatic interpersonal relationships within the family, but fails to account for community and societal impacts of interpersonal traumatic events, such as racism, poverty, school place violence, and neighborhood violence. The ACEs concept continues to proliferate in psychological and somatic literature, and multiple researchers have corroborated the problematic health consequences (Arvidson et al., 2011; Perry, 2006; Toth & Gravener, 2012; van der Kolk, 2014).
The capacity to express full human potential across social, relational, and cognitive domains is related to how the brain organizes humans’ perception of challenge within their developmental experience (Perry & Hambrick, 2008; Solomon & Siegel, 2003). Child abuse, neglect, family dysfunction, unsafe communities, and other forms of adversity are challenges children face globally. Child abuse primarily includes the developmental experiences of interpersonal physical abuse, psychological abuse, sexual abuse, and neglect. Traumatic early childhood experiences have been expanded over recent years to include trauma that pertains to parental mental illness, incarceration, divorce, and domestic violence within the home (Finkelhor et al., 2015). Abuse, trauma, neglect, and other adversity re-organizes the developing brain and creates a range of serious emotional and behavioral issues, along with cognitive deficits that impact growth and learning (Panksepp & Biven, 2012; van der Kolk, 2014). Low socioeconomic status, peer victimization and community violence are all aspects of environmental challenges and demonstrate further adverse experiences (Finkelhor et al., 2015).

ACEs are often dosage dependent; the greater the number of ACEs one acquires, the more likely one will develop serious physical and mental health complications later in life (Burke-Harris, 2018). Research is coalescing to establish that child abuse and neglect create enduring psychological, behavioral, medical, and social outcomes with long-term health consequences that increase morbidity (Burke-Harris, 2018; Perry & Hambrick, 2008; Toth & Gravener, 2012), increase societal healthcare costs (Schaefer et al., 2018) necessitating community programs to support early and preventative intervention.

Exposure to early childhood adversity is not a new phenomenon, nor is it a phenomenon unique to developing worlds. In 2012, the United States registered one of the worst records of child abuse in the industrialized world, with 9.2 occurrences per 1,000 children (Ross & Juarez,
In 2017, childhood victimization in the United States affected over 700,000 children annually (U.S. Department of Health and Humans Services et al., 2017). The nation continues to maintain these rates (National Children’s Alliance, 2018). Researchers using meta-analytical methods estimate the global prevalence of child sexual abuse to be 11.8% or 118 per 1,000 children (Stoltenborgh et al., 2011) however the size of the problem of childhood victimization is not yet fully understood, due to limited data extracted from many developing countries and under-reporting of child victimization within every country (Belsey, 1993; Stoltenborgh et al., 2013). The statistical data does reveal that child abuse and trauma is not an issue hiding within underdeveloped nations but a global issue.

ACEs are incredibly common, 1 in 6 adults experience four or more types of adversity during development increasing their risk to a wide range of chronic disease (Centers for Disease Control [CDC], 2019; Jones et al., 2019). ACEs account for up to 21 million cases of depression, 1.9 million cases of heart disease and 2.5 million cases of obesity (CDC, 2019). The CDC (2019) issued a statement calling for prevention of ACEs to reduce health conditions in adulthood. Negative outcomes during adulthood could be reduced as much as 24%-33% for substance use, chronic obstructive pulmonary disease could be reduced by 27%, asthma, 24%, kidney disease by 16% and cancer by 6% if we could find a way to prevent ACEs (CDC, 2019). Considering the staggering cost of care for addressing childhood trauma, it is imperative we begin thinking about programs to prevent ACEs or to support societal health with programs which mitigate the impact of early childhood trauma.

Expressive Arts: Play and the Art’s within Relationship

Axline (1969) demonstrated that play is the child’s natural medium for self-expression. Play is the most appropriate mode of processing experience for healing because children can
express a wide range of emotions and cognitions through their play (Carey et al., 2015; Findling et al., 2006). Play provides balance and safety due to the symbolic nature of materials and child expression (Landreth, 2001; Shelan & Stewart, 2015). Creative arts, including play and expressive practices, have a unique role in the reduction of trauma symptoms for those who have difficulty with verbal expression (Malchiodi, 2008, 2020). Young trauma survivors with limited language capabilities, and those who are unable to express experiences with words (Malchiodi, 2008, 2020), benefit from expressive arts because they offer a means of communicating ideas without words. Expressive therapies that integrate movement, art, and music are vital for the developing mind to formulate understanding of traumatic experiences (Gil, 2006).

Effective expressive arts community intervention programs, grounded in creativity for a pediatric population, can aid in reducing debilitating physical and mental health outcomes (Gil, 2006; Malchiodi, 2008). Traditional methods of psychotherapy and education include highly cognitive or heavy language-based approaches. These methods are likely to fail with children exposed to complex trauma due to lower brain networks that are disorganized, underdeveloped, or impaired because children are unable to focus on the words of a heavy based language approach as a result of adverse experiences (Gaskill & Perry, 2014). Providing bottom up approaches (e.g., play, music, movement, drawing) allow children to integrate their lived experience through pictures or motion to sculpt a life narrative and this serves to counter condition the effects of toxic stress and facilitate coping (Gaskill & Perry, 2014).

Funding pediatric expressive arts programs and incorporating these services into existing educational and community mental health structures would provide children opportunity to access resources which promote health, mitigating the impact adversity has on a child’s psychological and physical health. Over time, this would reduce healthcare costs by reducing the
rate of consumption of costly medical interventions in adulthood. Children who have the opportunity to engage in effective expressive arts prevention programs may have better outcomes despite their adversity due to the mitigating effect of ACEs.

Expressive therapies and creative arts are individualized and responsive to the developmental and emotional needs of children, providing a necessary language and relational experience to shape development. A recent Drexel University quasi-experimental study found clear evidence to support a statistically significant decrease in cortisol levels following making art (Kaimal et al., 2016). Performing music has been shown to enhance metacognitive skills during learning (where learners think about their own cognitive processes), such as self-regulation, planning, monitoring and self-evaluation (Benton, 2013). Education systems that honor a child’s need to play, explore, utilize movement for self-expression and regulation and offer learning through sensory based modalities provide opportunities to reduce stress and make meaning of life experiences.

**Relationships Embedded within the Arts Support Posttraumatic Growth**

Bronfenbrenner (1970, 1994; Bronfenbrenner & Morris, 2006) voiced that children can reach their full potential if they are afforded the opportunity to develop their capacities to the fullest, are given the knowledge to understand the world, and are provided the wisdom to change it. However, irrespective of functionality in other respects, if a society neglects its children, it risks eventual disorganization and demise (Bronfenbrenner, 1970). Human development is influenced and changed by multiple environmental factors and interactions at different ecological levels (Bronfenbrenner, 1979, 1989; Rosa & Tudge, 2013; Tudge et al., 2016), with experience serving as a major modifier of development (Perry, 2006). Expressive therapies and the infusion of arts into healthcare and educational systems is a strong protective factor that contributes to
reducing the impact of adversity (Malchiodi, 2008). However, political and policy decision making continues to cut funding sources to the performing arts in public schools (Mahnken, 2017), and many third-party payers of private and public funding push for short-term manualized programs to treat the complex emotional effects of trauma (Stehn, 2014).

This dissertation study explores how early intervention for children and families exposed to trauma and adversity through expressive arts can shift the long-term health outcomes of trauma in a positive direction. Public health examines the prevention of disease and which environmental toxins impact community change health outcomes for societies. Access to expressive resources within the community needs to be addressed as a public health issue to mitigate ACEs. Further investigation is necessary to understand how access to expressive arts impacts individuals who have had exposure to adversity. Investigation is needed to understand what preventative programs (adaptive and protective resources) can be provided to children within their community to reduce the long-term effects of toxic stress, adversity, and trauma.

Research Questions

Does having access to creative and expressive arts within a community counter the effects of traumatic experiences? Does creating the opportunity for a child to engage in creative expression through relationship provide a foundation of coping skill development that later aides in the use of emotional and cognitive coping resources during post-trauma encounters?

Statement of Purpose

This study was designed to provide insight into the experiences which inherently helped an individual or family system find meaning with their experience of adversity and integrate that experiences thereby improving healing.
ACE studies demonstrate the long-term health impact of childhood adversity identifying health consequences as a result of chronic abuse, trauma and neglect experienced in childhood (Felitti & Anda, 1998). The risk associated with these experiences are considerable, however protective factors provide mitigation to potential long-term deficits. Protective factors extend beyond individual characteristics of strength to growth-fostering relationships (Hartling, 2008). Relational dynamics are linked to the construct of resilience (Greene, 2014; Hartling, 2008; Walker et al., 2006), however what fosters these relationships and potentiates engagement includes the connection with expressive arts. Expressive arts provide social connection, self-expression of the experience of catharsis (Schafer & Drewes, 2014). The analysis of the community and larger social programs in conjunction with a micro system biological understanding of brain development, nervous system, and physiological functioning will inspire the development of meaningful programs and social policy decision making.

Building communities which interlace adaptive resources for processing complex experiences in children’s lives will provide a model of inherent prevention of negative long-term health outcomes, reducing the long-term societal suffering costs of trauma. The implications of this study’s outcomes extend to public health policy and social reform efforts as society continues to evaluate how to direct funding resources towards expressive arts healthcare programs and educational arts programs in schools and communities.
CHAPTER 2

Review of Literature

Historical Context

Prior to the 15th century, very young children were absorbed into adult society and perceived as “small-scale adults” (Costin, 1997, p. 50). Moving into the 15th century, childhood was not viewed as a separate entity within the lifespan. The 19th century yielded children’s behavioral and emotional needs beginning to be addressed through formal discourse and professional organizations (Chaffin, 2006; Costin, 1997). Advocates for preventing cruelty towards animals were among the first to organize efforts to address the issue of maltreated children (Chaffin, 2006). Much of the movement included multidisciplinary efforts with the medical community, with physicians, social workers, and psychologists forming opinions alongside legal experts to intellectualize and codify child abuse as a crime. The end of the 19th century yielded efforts from “child savers,” including the New York Society for the Prevention of Cruelty to Children, founded in 1874, and the Massachusetts Society for the Prevention of Cruelty to Children, founded in 1878. The organizations raised awareness and began prevention efforts to address the complex issues surrounding child abuse (Chaffin, 2006; Costin, 1997; Hitchcock & Mulvihill, 2011). Even admirable causes and reform efforts can come with a price.

One problematic aspect of child services included major proponents of evangelical Christian philosophy. With this endeavor came a push for propaganda in missionary zeal: To do good for children was to do good for faith and organized religion (Costin, 1997). The history of helping maltreated children includes maltreatment of children from those who provided the help. Through a Christian upbringing with proper religious education, children of the “unworthy poor” would be saved from the demoralizing effects of their culture, family of origin, and religion of
origin outside of Christianity. Thus, it was believed and proselytized that Christian ideals would save children from a lifetime of laziness (Costin, 1997). The “child savers” within this zealot place of child welfare history caused further alienation of individuals. The outcome of Christian proselytization resulted in the loss of a rich and diverse cultural history via pressuring immigrant children and families to assimilate the dominant White culture.

The mission of social work started a movement towards helping the poor, the destitute, and those who were disenfranchised by the rapidly changing society through service and advocacy (Berg-Weger, 2016). The Hull House in Chicago, founded during this same timeframe by Jane Addams in 1889, began the early 20th century efforts of bringing forth social movements, social reform, ethnographic studies, and humanitarian aid in support of children’s unique needs (Johnson, 2016). This included establishing innovative programs to support and foster child development, such as a nursery, kindergarten, visiting nurse service, and a meeting space for political action groups (Berg-Weger, 2016).

The Social Security Act of 1935 furthered support for children by providing modest funds to support public welfare systems (Gerber & McGuire, 1995). Many of the original provisions were modeled after the Elizabethan Poor Law of 1601, which focused on “the deserving poor” (Berg-Weger, 2016; Gerber & McGuire, 1995; Trattner, 1999), to care for homeless, dependent, and neglected individuals, with children included in this conceptual basis (Chaffin, 2006). Legal activists continued to partner with social reformers as a central part of the process of shaping institutions and informing policy decisions. These efforts enabled a new discourse for how communities and groups needed to respond to crimes. By the mid-1960s, most states had laws and systems in place, including the criminal justice system, to intervene in families and protect children affected by neglect and cruelty (Chaffin, 2006; Ross & Juarez, 2014; Smaal, 2013).
Several early analysts comprised the psychoanalytic movement during this timeframe: Hermine Hug-Hellmuth (1919, 1921), Melanie Klein (1932, 1955) and Anna Freud (1965, 1974). They observed that engaging children utilizing traditional adult psychotherapy methods, such as free associations or conversation about the past, was difficult, even after developing a therapeutic and warm relationship. Child psychoanalysis, emerged within the field and contributed to practice, doctrine, and policy for addressing the psychological ramifications of negative experiences; it focused on play-based approaches, beginning with the work of these early child psychoanalysts. Child treatment further developed through relationship therapy and the emergence of nondirective client-centered approaches with Virginia Axline (1947, 1979) and Carl Rogers (1951). The combination of refining professional understanding of child trauma and increasing legal support for prosecuting child abuse and neglect as a crime laid the foundation for identifying, understanding, and addressing childhood adversity.

**Adverse Childhood Experiences**

The concepts of child maltreatment and early experiences of adversity have been expanded over the last several decades. Felitti and Anda (1998) published their ACEs study to begin the conversation about early childhood exposure to trauma and its long-term health implications. The groundbreaking study with adult participants uncovered commonalities of harmful past experiences in childhood that contributed to systematic negative long-term health outcomes. ACEs are predominantly interpersonal in nature, prolonged in exposure, and embody complex trauma phenomena. The original ACE questionnaire included a sample of participants insured by Kaiser Permanente and described seven aspects of ACEs: child maltreatment (exposure to physical abuse, sexual abuse, psychological abuse/neglect) and household dysfunction (divorce, incarceration, maternal or paternal mental health illness, domestic
violence). These types of trauma were categorized and quantified for scoring and comparative analysis to later manifestations of physical and mental health diagnoses. Post-traumatic stress is one primary diagnosis resulting from chronic abuse and trauma.

Posttraumatic stress disorder (PTSD) is best characterized by the symptom clusters of exposure to threat, injury or violence; intrusive symptoms, such as dreams or dissociative reactions (flashbacks), which can include repetitive play in children; persistent avoidance of associated stimuli to the trauma; negative alterations in cognition and mood and marked alterations in levels of arousal and reactivity associated event (American Psychiatric Association, 2013). “Classic PTSD” is discussed in literature most commonly as posttraumatic stress disorder and has been differentiated from the expanded theory of complex trauma or developmental trauma (Courtois & Ford, 2013).

Complex trauma has evolved over twenty-five years to include unique sequelae of symptoms associated with the nature of the trauma (Kliethermes et al., 2014). It extends classic PTSD symptomology to include layered additional experiences of pain associated with relational/familial and interpersonal forms of traumatization (Courtois & Ford, 2013). Complex trauma includes events that consist of prolonged exposure to relational rupture due to physical or sexual abuse, neglect, domestic violence, community violence exposure, and medical trauma (Courtois & Ford, 2013; Kliethermes et al., 2014; Terr, 1988), as identified in the ACEs study. Exposure often includes chronic threats to body integrity, personal development, and the ability to interrelate with others (Courtois & Ford, 2013; Malchiiodi, 2008). Complex trauma is not a one-time occurrence and more closely associated with repeated events, including symptoms such as denial, rage, prolonged sadness, and self-destructive behavior (Kliethermes et al., 2014). Complex trauma has emotional and behavioral dysregulation ramifications, including
relationship deficits, attachment disruption, cognitive deficits, and biological changes in physical health (Kliethermes et al., 2014; Terr, 1988; van der Kolk, 2014).

ACEs serve to demonstrate the importance of understanding the effects of early childhood complex and developmental trauma by providing quantitative outcomes of correlated adverse experiences and long-term mental and physical health consequences. Negative health outcomes associated with adverse experiences and/or trauma are consistent. The biological implications of adversity and trauma compound within the human body and are expressed through disorganization within the brain and nervous system (van der Kolk, 2014).

**Trauma’s Impact on the Brain and Nervous System**

The nervous system consists of a bodily network that functions to propagate and process internal data and external information moving throughout the body (Presti, 2016). The nervous system is specialized for rapid communication. Cells form tissues and create sophisticated networks with the brain as a central control station (Purves et al., 2012). The human brain is estimated to have a hundred billion nerve cells (neurons) for processing and at least as many glial cells for support (Nolte, 2009; Presti, 2016; Siegel, 2012). On average, ten thousand connections directly link neurons to one another, making the brain a highly complex and organized structure (Applegate & Shapiro, 2017; Badenoch, 2008).

The nervous system can be divided into two categories: the peripheral nervous system and central nervous system (Nolte, 2009). The peripheral nervous system includes pathways that move into all parts of the body and convey important messages from the central nervous system (Moore et al., 2014). The central nervous system contains the brain and spinal cord. The brain itself is comprised of many additional structures, all of which contribute to information processing of internal and external data entering the nervous system. The brain develops from
the bottom up, with development of the neural tube moving forward to form the spinal cord and lower brain stem. Further differentiation in the cerebellum and cerebral cortex follows (Nolte, 2009), and the brain continues this process of growth in a hierarchical manner with much of brain organization occurring within the first four years of life (Perry & Hambrick, 2008).

Our biological systems integrate muscle tension, eye movements, tone of voice, and cadence of speech seamlessly when properly orchestrated. Our internal canvas of biological functions for heart rate, breath, blood sugar analysis, temperature is interwoven within the body and brain, linked through the synchrony of the two branches of the autonomic nervous system (ANS): the sympathetic and parasympathetic systems (van der Kolk, 2014). This knowledge is crucial for understanding the biological impact of adversity and trauma (van der Kolk, 2014). The sympathetic nervous system moves us forward like an accelerant, but the parasympathetic provides acts as an inhibitor to the process. The ANS is not an acapella of biological operations, but it works in concert with the brain including the amygdala, regions of the prefrontal cortex, and the hypothalamus (Badenoch, 2008). All these structures play a role within the process we term “regulation,” or the ability for the body to synchronize itself creating homeostasis (Siegel, 2012).

Early childhood trauma unbalances the central nervous system, brain development, and the individual’s overall health (Zeanah, 2014). The capacity to express full human potential is related to the brain’s organization in association with developmental experience, with the major modifier to brain growth being environmental experience (Perry, 2006 Solomon & Siegel, 2003). Abuse, trauma, neglect and other adversity can organize a developing brain to express a range of serious emotional and behavioral issues along with cognitive deficits that impact growth and learning (Panksepp & Biven, 2012; van der Kolk, 2014). Andersen and Teicher (2008) tied early
exposure to stress and ACEs to sensitive periods of brain growth and maturation when specific regions of the brain were undergoing anatomical and functional development. These areas of the brain are most susceptible to environmental influences, particularly in the hippocampal region, where maladaptive exposure to stress-related glucocorticoid hormones interrupts normative pruning and far fewer synaptic connections are made.

Subsequent diagnoses in later life include depression, substance abuse, and post-traumatic stress disorder (Grabbe & Miller-Karas, 2018; Seng, 2018; Treisman, 2017). Andersen and Teicher’s (2008) results coincided with Carrion et al.’s (2007) findings that differences in hippocampal volume in children exposed to ACEs and severe stress were more likely to have a reduction in volume within the hippocampus due to the neurotoxicity of stress hormones, such as glucocorticoids. This reduction in hippocampal volume results in increasing problems with memory and concentration and impairs new learning (McGilchrist, 2009). The reduction also yields greater incongruence within the limbic system, resulting in a misalignment of emotion and cognition (Blumenfeld, 2018; Carrion & Wong, 2012; Courtois & Ford, 2013; McGilchrist, 2009). Clinical implications for hippocampal and limbic system incongruence yield the propensity for memory impairment, flashbacks, nightmares and dissociative symptoms (Badenoch, 2018), touching both a person’s thoughts and emotional responses simultaneously. Other important brain structures are also affected and, with them, a person’s executive functions.

The corpus callosum contains approximately 300-800 million axon fibers and is significant in interconnecting associative brain regions, thereby playing a critical role in the integration of interhemispheric information for executive functioning (Cyprien et al., 2011; McGilchrist, 2009). It is heavily myelinated, meaning the layers of lipid and protein substances around some axons greatly influence the velocity of impulse conduction among neurons (Moore
et al., 2014), and this region is associated with right-left hemispheric brain integration (McGilchrist, 2009). High levels of stress hormones during infancy and early childhood are associated with suppressed glial cell division, a process that is critical for myelination to occur (Zeanah, 2014). For children with a history of maltreatment and PTSD in early childhood, researchers demonstrated a reduction in corpus callosum size and function (Carrion & Wong, 2012; Keshevan et al., 2002). Reduced corpus callosum size due to traumatic stress has been correlated with interruptions in associative memory performance (Saar-Ashkenaz et al., 2014), impairment in the processing of emotional stimuli in association with memory (Jackowski et al., 2008), and interruptions in emotional and cognitive functioning, thus increasing adult vulnerability to psychopathology (Rinne-Albers et al., 2015).

Psychopathology includes receiving diagnoses such as bipolar disorders (Bucker et al., 2014; Cyprien et al., 2011), schizophrenia, or mood disorders, and manifests in contemplating or attempting suicidal behavior at increased rates (attempt or contemplation; Cyprien et al., 2011). Reduced corpus callosum size impacts the ability to problem solve. This section of the brain supports the sharing of information between the two brain hemispheres, with emotional/sensory information emanating from the right hemisphere and capturing the small details of a situation and expressing them through language being managed by the left hemisphere (McGilchrist, 2009). Therefore, trauma exposure impacts the structures on both sides of the brain that comprise the stress response system, creating comprehensive neuroendocrine dysregulation (Kliethermes et al., 2014).

Implications and Challenges of Understanding ACEs

Severe stress exposure due to adverse experiences causes the neuroendocrine system to become regularly hyperaroused, leading to the secretion of stress hormones, such as cortisol and
glucocorticoids (Pears & Fisher, 2005). During the first three to five years of life, disruption in sensorimotor function, visuospatial processing, executive functioning, language, and general cognitive functioning are moderately-to-strongly intercorrelated with high levels of toxic stress (Pears & Fisher, 2005).

Psychotherapeutic treatment centered entirely around cognitive processes misses a large aspect of human emotional experience. Concurrently, treatment focusing only on the body, failing to include thoughts, ideas, or linguistic narratives, also misses a large aspect of the human understanding of trauma. Therapy facilitated from a holistic approach incorporates biological complexity from the body, brain, mind, and social connection, and creates a deeper and longer-lasting impact for health across generations.

Without a thorough anamnesis, trauma symptomology may be easily missed by healthcare professionals, either as a differential or comorbid diagnosis, because the symptoms manifest similarly to those of other common childhood disorders, such as attention deficit hyperactivity disorder (ADHD). Socially unacceptable manifestations arising from ADHD represent internalizing and externalizing behavioral issues. Many of the predominant symptoms classified by the American Psychiatric Association’s Diagnostic and Statistical Manual, Fifth Edition (DSM-5; 2013) include inattention/concentration symptomatology in addition to hyperactivity or impulsivity symptoms, which all may be connected to trauma exposure. Hunt et al. (2016) quantitatively demonstrated a positive relationship between ACEs and later behavioral problems. They described a strong positive correlation within their data regarding early exposure to adverse experiences and later ADHD diagnosis by age nine (Hunt et al., 2016).

There is evidence that trauma exposure and higher frequency of ACEs also impact individuals in later life by increasing adolescent and adult victimization rates. Exposure to
adverse experiences demonstrate a correlation with later physical and sexual crime victimization in middle adulthood (McIntyre & Widom, 2011), mental and behavioral health issues across the entire lifespan (Finkelhor et al., 2015), which creates further need for social resource and healthcare consumption (Vigo et al., 2016).

The inherent bias in the original ACE study was that it utilized a sample of predominantly White, upper middle-class individuals and questions that were not inclusive to a spectrum of gender identification or a broad range of human experience. Although criticism of the original study comprises a lack of focus on diversity and factors attributable to intersecting identities (Cronholm et al., 2015; Finkelhor et al., 2013, 2015), this may be due in part to the fact that people from those social demographics had greater access to contracting private insurance. The research was mandated by a private health insurance company who wished to explore links between their members’ life experiences and adult obesity, and the mental and somatic health implications of ACEs were a surprise to researchers. This research nevertheless concluded with surprising results, therefore began an ongoing and continued conversation into the investigation of ACEs.

It is important and fair to note that many of the early work on ACEs predated much of the social change movements for LGBTQ+ rights and legal statutes associated with hate crimes. The Matthew Shepard and James Byrd, Jr. Hate Crime Prevention Act of 2009, signed into law by President Barack Obama, confirmed that a crime was committed because of bodily injury or attempts to inflict bodily injury due to perceived race, color, national origin, gender identity, sexual orientation or religious identities of any person (United States Department of Justice, 2018). This was signed into law 10 years following the date of the atrocious offense. However, some response choices, such as the categorization of domestic violence specifying only a mother
or female relative as victim, could be improved upon as this further excludes certain realities from appearing in the data, such as the possibility of an individual identifying as male having experienced abuse or violence. This narrowing reduced the scope of the problem. Given our understanding of disparities within communities and larger societal systems, it is also imperative we take a closer look at the theoretical concept of intersectionality to broaden our thinking.

Several prominent researchers are moving towards an expansion of our understanding of ACEs, including experiences associated with marginalization, oppression, poverty, and intersecting identities within ACE measures.

Qualitative data provides evidence that racial discrimination, unsafe neighborhoods, community violence, bullying, and experiences with the foster care system all are significant factors in adversity and poor health outcomes (Cronholm et al., 2015). Furthermore, Sue and Sue (2016) highlighted adverse experiences as being expanded to include environmental “injustices,” which expand to living near industries that contain pollution-producing operations. These “dirty industries” disproportionality and frequently are in urban and rural areas where people of lower socioeconomic status or people of color live (Sue & Sue, 2016). The term social determinant of health is being utilized to refer to nonmedical factors that influence health outcomes, including low socioeconomic status, environmental living conditions, and stressful experiences that shape health-related behavioral choices (Braveman et al., 2011).

Finkelhor et al. (2013) completed a revised ACEs inventory, extending it to include sibling abuse, peer abuse or bullying, community isolation or rejection, growing up in dangerous neighborhoods, and poverty. This revised inventory is a beginning toward redefining ACEs to include social determinants of health and community variable. However, it needs additional revision regarding diversity and identity factors and additional social issues that impact health,
such as oppression, racism, or marginalization. Greater scientific understanding shows that the chronic stress of adversity impact physiological pathways, resulting in cognitive and physical impairment, in addition to propagating high-risk health-impacting behaviors (Cronholm et al., 2015). The expansion of our thinking will capture the richer complexity of the human experience within intersectionality redefining how we view the scope and the depth of ACEs.

Expressive Arts, Movement, & Play: Historical and Current Understandings of Practice

Expressive arts in therapy is often defined as an action therapy (Weiner, 1999). Art, drama, and movement can help individuals explore issues and communicate thoughts and feelings verbally and nonverbally (Gil, 2006; Malchiodi, 2008, 2020). All forms of drama, creative writing, music making, and play can include participatory and sensory experiences in which individuals invest energy (Malchiodi, 2008, 2020). The documentary Paper Tigers (Redford, 2015) profiles a high school with a group of teenagers exposed to significant adversity and trauma. This film depicts relational factors that contribute to positive outcomes with youth facing adversity and provides insight into relationships embedded within expressive arts. These relationships are infused with music, movement, drama, art, and wilderness-based experiences.

Manualized treatment protocols have scientifically validated evidence in controlled settings; however, healthcare professionals have reported that these manualized treatments do not respond to all cases involving complex relational trauma (Stehn, 2014). Creative interventions encourage externalization of thoughts and feelings by exploring a trauma narrative through art and movement (Malchiodi, 2008, 2020). The key to supporting a child for development of regulation is creating safety and utilizing somatosensory routes. These routes may offer repetitive rhythmic movement, music, or allowing art and creative expression to unfold (Gaskill & Perry, 2014). Traditional methods of highly cognitive or heavy language-based approaches are
likely to fail with children exposed to complex trauma when the lower brain networks are
disorganized, underdeveloped or impaired; therefore, providing bottom up approaches (music,
movement, drawing) allow children the ability to make meaning of adversity and counter
condition the effects of toxic stress (Gaskill & Perry, 2014).

During his observation of artists painting, Csikszentmihalyi (2000) developed the
construct of flow, a psychological state where the presence of a high level of skill coupled with
challenge provides a sense of control over the activity at hand. Csikszentmihalyi characterized
the intensity of focus and concentration as a merging of action, awareness, and mind-body
connection. Flow involves a feeling that the passage of time is irrelevant and carries significant
intrinsic reward (Csikszentmihalyi, 2000). Play and expressive arts offer activities that promote
engagement and flow. Experiences that are interesting and captivating for an individual promote
creativity, thereby improving wellbeing through flow. Flow supports our understanding of how
creative activities can benefit a child’s wellbeing and increase positive emotion.

The principles and practices of trauma-informed care argue for treatment to attend to
posttraumatic sequelae to improve physical and mental health across the life span (Becker-
Blease, 2017; Seng, 2018). Trauma-informed care practices include innovative, alternative, and
somatic therapy approaches to achieve “bottom-up” intervention for trauma recovery (Grabbe &
Miller-Karas, 2018). Play and art offer a somatic experience coupled with engagement of the
mind, thereby merging the action holistically. We can postulate that children who engage in play
or art therapy have the opportunity to experience flow in addition to other therapeutic powers of
healing and growth, moving expressive arts into the forefront of trauma-informed care practices
and prevention programs for communities.

The Healing Power of Play

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Play is responsive to children’s developmental and emotional needs and has become so important to optimal social-emotional health and functioning that play is recognized by the United Nations High Commission for Human Rights as a right of every child (Ginsburg, 2007). The study of play began with French philosopher Jean-Jacques Rousseau who recognized childhood growth included an inherent value with play and games (Lebo, 1955). Rousseau (1979) theorized that play, as children’s natural behavior, could be used to support education. He specifically highlighted the importance of play for understanding children and recommended that adults enter the child’s world and participate within the play. Research over the last several decades connects imaginative play to many desirable educational outcomes. When children play, they engage in creative problem solving, develop more sophisticated literacy skills, and develop socioemotional skills, leading to better outcomes in forming complex ideas or in organizing information (Brown, 2019; Shuffelton, 2012).

The importance of creating a space for children’s creativity and play to promote thinking is exemplified in an anecdote from Albert Einstein. He hired a scribe to take notes for his classes, enabling him to skip school to escape boredom (Lillard, 2005). Einstein conveyed his dislike of traditional teaching methods, which limited his imagination; instead, he encouraged creativity and play using the hands for thinking about problems in new and innovative ways (Isaacson, 2017). Maria Montessori recognized that the traditional classroom environment lacked the free movement possibility and person-centered play and learning (Montessori, 2014). She proposed a radical shift in our education system during the early 20th century. She saw the need for positive emotional climates within an educational system to create powerful learning experiences, demonstrating that students could be motivated to acquire new knowledge within an environment prepared for this purpose (Lillard, 2005; Montessori, 2014). Montessori observed and
documented that an optimal space paired with a warm relationship created expansive and integrated thinking. Multi-sensory experiences were found to be fundamental in creating the ability for children to learn and grow (Montessori, 2014).

Axline (1969) posited that play is the child’s natural medium for self-expression. Children can express a wide range of emotions and cognitions through their play. Play is considered the most appropriate mode of processing and healing from an experience, because it harnesses a child’s interest and intellectual creativity through flow, integration of emotion, and thought capturing (Carey et al., 2015, Findling et al., 2006; Henderson & Thompson, 2015).

Understanding the best methodology for learning supports our ability to expand these ideas to therapy and emotional or behavioral processing. Play therapy creates an environment similar to that outlined by Maria Montessori, including utilizing developmentally informed child-centered multi-sensory processing and capitalizing on Rousseau’s (1979) philosophy of for entering the child’s world through play. Imaginative play activities are not only enjoyable, but provide intellectual, social, and emotional benefits for children (Soundy, 2009). Carefully designed environments enable children to approach their reality through sensory experiences, practical activities, and supportive relationships (Soundy, 2009). Play offers a language in which children are familiar and fluent, creating a culture of childhood with their peers. One could postulate that effective systems for child social emotional health and wellbeing employ adults who have developed cultural competency in the child’s world of play.

Psychoanalysts directly observed children as one of the first techniques underpinning the movement towards play therapy. Hermine Hug-Hellmuth (1919, 1921), cited as being one of the first professionals to record direct observations of play, presented a paper to the Psychoanalytic Society in 1913. She drew theoretical conclusions from children’s play.
behaviors; however, she did not adopt Rousseau’s (1979) framework of entering the world of play as a full participant. Melanie Klein was initially inspired by Freud’s work, and she formulated psychological principles of infant analysis in 1927 (Klein, 1955; Lebo, 1955). Her theories differed from Hug-Hellmuth’s and the psychoanalytic community, and she postulated that children have the capacity for insight (Berzoff, 2016; Klein, 1955). She described her model as the *psychoanalytic play technique* or *play analysis*, and found the best toys were small and simple, thus allowing children to project their own meaning onto the toy (Klein, 1955). Klein was the first to share her interpretations with the children, using their expressions, symbols, or metaphors in the context of what was being played out. She believed in the power of play and how it provided an outlet for expressing what the child viewed as unacceptable wishes or feelings (Johnson, 2016). Klein (1955) stated:

> In interpreting not only the child’s words but also his activities with his toys, I applied this basic principle to the mind of the child, whose play and varied activities, in fact his whole behavior, are means of expressing what the adult expresses predominantly by words. (p. 4)

Klein began the framework for shifting the paradigm and intervention strategies to better support children’s thinking and development.

Anna Freud also contributed to the development of play therapy. Her career included a substantial focus on using assessment and the necessity of acquiring appropriate training in child psychology. In her theoretical papers, Freud (1965, 1974) wrote this assessment process helped to correctly understand the etiology of concerns. Anna Freud was the first to suggest making use of a wider scope of data to ensure the analyst’s observations of the child in unstructured play sessions or structured assessments included cognitive assessments and projective testing (Freud,
1965; Midgley, 2011). Freud pursued diagnostic interviews with parents, school reports, and any other relevant information to conclude assessments and clinical formulation (Midgley, 2011).

Much of Anna Freud’s work used child’s play in an analogous way to free-association and dream work with adults (Freud, 1965, 1974; Lebo, 1955). She challenged the trend of her day, pioneering the importance of diagnosis, not simply as being centered around symptom clusters for children, but for taking into account the child’s age and developmental phase. She argued symptoms in childhood could be transitory and could have many different meanings at different times of the lifespan (Abrams, 2001; Midgley, 2011).

Today, play is considered children’s natural language. Play is thought of as the easiest way for children to express troubling thoughts and feelings from both the conscious and unconscious mind (Schaefer & Drewes, 2014). Ginsburg (2007) stated that “play is essential to development because it contributes to the cognitive, physical, social, and emotional well-being of children and youth” (p. 182). Play provides balance and emotional safety, owing to the symbolic nature of materials used for child expression (Landreth, 2001; Shelan & Stewart, 2015). Creative arts programs have an important role in trauma treatment for those who have difficulty with verbal expression (Malchiodi, 2008, 2020). Play becomes a protective factor for children to change the imprint trauma leaves on anatomy, physiology, and neurology.

**Therapeutic Powers of Play and Expressive Arts**

Stuart Brown, a psychiatrist who studies the therapeutic benefits of play, has shown that when a child is deprived of play, the consequences yield declines in physical and mental health and increase illness across the life-span (Brown, 2009). Jaak Panksepp (1998), who demonstrated that play can selectively stimulate neurotrophic factors, also discussed the outcome of play deprivation. This stimulation of nerve growth lies within the limbic system and
within the executive processing areas involved with learning and problem solving (Panksepp, 1998). There is an interdisciplinary concern regarding the reduction of free play for many children that spans educational professionals, pediatric physicians, occupational therapists, and mental health clinicians, alike (Ginsburg, 2007; Louv, 2008; O’Brien & Smith, 2002). Young trauma survivors with limited language, and others who also may be unable to put experiences into words, find a means of communicating ideas without words through play.

Drewes and Schaefer (2014) wrote about the positive influence of expressive arts on pediatric health for reducing pain and suffering while also positively influencing health outcomes. They cite the therapeutic change process, stating: “Therapeutic powers transcend culture, language, age and gender... play actually helps produce the change and is not just a medium for applying other change agents nor does it just moderate the strength or direction of the therapeutic change” (p. 1-2). The therapeutic powers of expressive arts reduce suffering through providing opportunity for children to engage in recalling trauma-related memories or emotions they have been avoiding.

Children with high ACEs scores demonstrating developmental trauma symptoms will engage in avoidance behaviors to reduce emotional and somatic experiences of anxiety and stress (Gil, 2006). Expressive arts serve in counterconditioning fears or in reducing fearful and anxious responses to stimuli. This counterconditioning helps children learn how to engage with aversive or trauma-related stimuli through systematic desensitization (Van Hollander, 2014). Wolpe (1958) discussed counterconditioning through reciprocal inhibition and wrote about systematic desensitization as a strategy to reduce fear and aversion through gradual exposure. Counterconditioning is a construct from behavioral analysis involving the conditioning of an unwanted behavior with a wanted behavior in response to or in association with the aversive
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stimulus. For example, in response to avoiding the subject or place where the trauma occurred, a client would learn to implement controlling his or her breathing while thinking of or physically approaching that place through using guided imagery, pictures, or in walking by the actual setting.”

Expressive therapies allow for the emotional and cognitive effects of titrating distress while processing anxiety-provoking trauma stimuli related to adverse life experiences (Wolpe et al., 1973). This serves to support emotional regulation or the ability to think and feel while difficult content or stimuli is present (Rabinovich, 2016). Counterconditioning can be incorporated through emotive imagery (Lazarus & Abromovitz, 1962), using mental pictures or even physical images through art or play materials for systematic desensitization with storytelling and metaphor (Shepherd & Kuczynski, 2009). Creating art, playing games, playing out the scene, engaging in role play (drama), storytelling, and listening to music are all examples of how expressive arts can create a metaphor of the trauma content, thus adding therapeutic distance and offering clients the ability to desensitize content and to make meaning of the experience (Hammel, 2019).

**Facilitating Communication**

Expressive arts facilitate communicating through self-expression. Self-expression for a child includes communication through play and movement, which fosters emotional release, increases understanding of social problems, and supports freedom to explore emotions or experiences within a relationship (Bennett & Eberts, 2014). Expressive arts offer a gateway for communication by providing both verbal and nonverbal mediums to facilitation and allows for emotional expression and thinking. Play can engage a child in articulating their thinking or emotional process while minimizing anxiety and fear. It offers the ability to “talk in the third
person, that is, have dolls, puppets, and make-believe characters express or act out for them the thoughts, feelings and behaviors that are too difficult or threatening to express directly” (Bennett & Eberts, 2014, p. 12).

Promoting communication through expressive arts creates safety within the environment, and offers children the possibility to communicate without language, thus incorporating more aspects of the body and right-hemisphere of the brain (emotional content or associated imagery) into multifaceted dialogue (McGilchrist, 2009). Expressive arts encourage communication within and among communities and plays an integral and integrative role for cultural celebrations, rituals, spiritual events, and festivals. Expressive arts act as a conduit within communities connecting through a shared performance. Expressive arts have a way of “binding people together, helping them become aware of shared humanity, shared feelings and experiences, actively drawing them together (McGilchrist, 2009, p. 104.).

**Nurturing Emotional Wellness**

Therapeutic powers for expressive arts nurture emotional wellness, ameliorating psychological and emotional states and promoting resiliency and posttraumatic growth. Brown (2014) intervened therapeutically using play within a Romanian pediatric hospital. He studied children from one to 10 years of age, who had suffered chronic abuse and neglect and spent most of their lives physically tied to the same cot within a hospital ward. The childcare workers were trained to engage in therapeutic play and provided play interventions to support recovery and child development. Brown (2014) cited one of the most significant elements of healing occurred through play in the context of relationship. This study Brown (2014) conducted joins play and relationships, two concepts critical for unpacking the nature of resiliency and posttraumatic growth. The study demonstrated the importance of catharsis through expressive arts and play
based interventions or “the release of pent-up negative affect such as anger or sadness, which then results in a lessening of the negative affect and can even result in an increase in positive affect” (Drewes & Schaefer, 2014, p. 71). This is derived from psychodynamic theory, in which the state of catharsis includes the discharge of feelings connected to trauma to include previously repressed images, emotions, or sensations connected to the traumatic event (American Psychological Association, 2007).

Levy (1959) discussed cathartic release of negative emotions and differentiated this psychodynamic approach as release therapy within the playroom. Brown (2014) considered how to promote a potential for cathartic play by providing adequate training to the playworker in child-led play techniques: Offer play materials that inspire creativity, engage the child in exploration and experimentation, and create safety and security within an environment of supervision and support. This intervention facilitated repair of the child’s social, physical, and emotional life. The researchers fostered resiliency through cathartic play, improving emotional wellness to include the formation of friendships with other children. These friendships increased markers of happiness not evident prior to the study, including observations recorded of children smiling, laughing, and engaging in make-believe play (Brown, 2014).

**Enhancing Social Connection and Relationships**

Stuart Brown (2009), founder of the National Institute for Play, posited that play is a cornerstone of all personal relationships. The way we engage in recreation or find connection with another person can be seen through play. Neuroscience demonstrates that the “environment of relationships is the raw material that builds the brain’s architecture, one encounter at a time” (Stewart & Echterling, 2014, p. 158). Researchers consistently note resiliency as a cornerstone of relationships (Greene, 2012; Kain & Terrell, 2018; Meyers, 2016; Schaefer et al., 2018; Woods-
Jaeger et al., 2018). However, much of the research to date has focused on biological and relational factors to build resiliency, largely ignoring how we engage in relationships. How we engage in relationship is the most important part of resiliency. The therapeutic powers of play support relationships and strengthening social connection within families or larger communities (Drewes & Schaefer, 2014b) and can serve as a protective factor for mitigating adverse experiences.

**Increasing Personal Strengths**

Resiliency, stemming from Latin “resilire” (to rebound), is an individual’s capacity to absorb disturbance or distress, adversity or trauma, and to return or reorganize back to original form after distortion by the stress load has subsided (Masten, 2014). Furthermore, researchers offer alternative views on resiliency to frame resilient individuals as those who do not revert, but emerge from trauma backgrounds with greater strength, insight, and perspective (Masten, 2014). Resiliency research has compared children with high or low risks of adversity to identify underlying mechanisms that promote positive outcomes (Levine & Klien, 2012; Seymour, 2014). Resiliency is often described as individual characteristics encompassed within supportive or secure relationships (Siegel, 2012) that create a phenomenon of coping, despite the level of risk or adversity endured. Research often focuses on interactional relationships between children, family or other support systems, but little attention is paid to how the interactional relationships unfold or the context in which the relationship dynamics occur.

Researchers are supporting expressive arts as fundamental in cultivating resilience for children impacted by trauma (Bratton & Ray, 2000; Bratton et al., 2005; LeBlanc & Ritchie, 1999; Perry & Hambrick, 2008; Ray et al., 2001; Russ, 2004; Schaefer & Drewes, 2011).
Expressive arts research demonstrates that building resiliency involves combining interpersonal relationships with the flow of creativity for children.

**Building Resilience and Posttraumatic Growth**

Research focused on resiliency primarily discusses the assumption that the personal disposition of the individual providing a supportive relationship in a child’s life creates protective factors (Greene & Conrad, 2012). Resiliency is generally thought of as the bouncing back to baseline or a prior level of functioning (Green, 2012), while posttraumatic growth asserts improvement is possible in several areas of life as a result of the traumatic experiences (Tedeschi & Calhoun, 2004). Causal relationships have been found between play, increased insight, and making meaning of adverse life experiences. This is accomplished through play and expressive arts offering an alternative way of communicating the emotional content along with linguistic content (Brown, 2009; Russ, 2010).

Play provides opportunities for children to engage in creative exploration and to build skills for mitigating anxiety (Drewes, 2009), reducing isolation sharing difficult traumatic experiences (Gil, 2017). Through collaborative storytelling, children can develop a narrative and create meaning out of life experiences (Cattanach, 2008; Hammel, 2019). Connecting and expanding our thinking about resiliency and posttraumatic growth, through the inclusion of expressive arts and opportunities for play, provides greater insight as to why some children have better outcomes later in life. These better outcomes can reduce the cost to society for physical or mental health illness, serving as preventative and protective factors.

The reduction of physical or mental health illness through inclusion of comprehensive protective resources can yield lower societal costs of suffering (Werner, 1993). The impact could lower costs associated with multiple systems, including criminal justice, healthcare, and
educational, and could reduce the economic burden chronic illness places on worker productivity and socio-economic status (Baillargeon et al., 2009; Ewart et al., 2017; Larson et al., 2017; Massoglia & Pridemore, 2015; McTernan et al., 2013; Vigo et al., 2016) and improve the emotional and physical well-being of children. This improvement allows for adults to have the ability to contribute positively to society (Joseph, 2011).

The Connection Between Expressive Arts, Resiliency and Posttraumatic Growth

Werner (1993) published a longitudinal study investigating the risk, resilience, and recovery of a cohort of children (N=698) born in 1955. She followed this cohort for more than 30 years. The ethnographic and qualitative study described approximately one-third of the children (N=201) were high-risk due to poverty; parental mental health illness; family environmental stressors, including discord or violence; and intrafamilial abuse (Werner, 1993). Many of the at-risk youth later developed serious learning problems, had trouble within the school system, spent time in the juvenile justice system, and struggled as adults with divorce, mental health illness, substance abuse, poverty, and poor self-concepts (Werner, 1993). These high-risk attributes and outcomes are many of the same characteristics outlined within the subsequent ACEs study (Felitti & Anda, 1998. The correlation of chronic illness associated with ACEs drive consumption of other social resources, increasing overall societal cost.

However, Werner (1993) differentiated one out of three high-risk children (n=72) became successful, confident, and caring adults who had little trouble within the systems they encountered. She discussed the prospect of resiliency and focused on several factors derived from both questionnaires and semi-structured interviews. She reported the temperament of the infant and child helped elicit positive responses from caring persons. These children had skills, values, and participated in chores or regular household responsibilities, which led to realistic
education and vocational plans. The resilient children had caregivers or adults who fostered self-esteem and maintained secure attachments. Werner (1993) emphasized that resilient children with positive outcomes who lacked support at home, or even within their extended family, had formed a connection or relationship with someone in the community who acted as a mentoring adult.

A striking portion of the interview data in this longitudinal study included themes centered on self-esteem and self-efficacy:

Our high-risk sample were not unusually talented, but they took great pleasure and interest in hobbies that brought them solace when things fell apart in their home lives. They also engaged in activities that allowed them to be a part of a cooperative enterprise.

(Werner, 1993, p. 511)

Werner discussed this theme as an interest in hobbies; however, this conceptualization foreshadowed the central role of expressive arts not only as opportunity for regulation but integration of trauma content through neurobiologically-informed processes. Maintaining a positive relationship with a caring adult, combined with acquiring a long-term skill created by the hobby, is the crux of making resiliency autocatalytic, a self-sustaining solution to ACEs.

Similarly, in another study on adverse childhood experiences, Meyers (2016) found “creative outlet” a critical component of positive outcomes. Meyers (2016) studied resiliency factors through a qualitative grounded-theory methodology. She interviewed adults who identified experiencing sibling abuse as children. Nineteen adults in this study, over the age of 21 years, completed a two-hour interview. Transcripts were analyzed and coded for patterns. Resilience was discussed in the context of previous studies to include biological temperament
and supportive relationships, however participants also had significant similarities within their narratives pertaining to creative outlets (Meyers, 2016).

Several participants engaged in discussion of how playing and writing music provided escape from daily living, which proved fundamental for emotional stability, as they found control and an outlet apart from family stressors (Meyers, 2016). Many participants in this study were involved in other forms of creative-arts seeking, finding music and theater as a means of finding “a purposive-directed outpouring of emotions” (Meyers, 2016, p. 151). These findings also highlighted the important aspect of childhood therapy, because many victims of abuse were provided therapy as a resource. Participants reported therapy to be a validating experience, grounded in the relationship of a non-judgmental adult who focused his/her attention and care on them as a victimized child (Meyers, 2016). Adult participants recollected feeling securely attached, accepted, and provided opportunities through creative outlets to make sense of their experience. Meyers (2016) stated, “Therapy appears to be a protective factor for survivors, as the choice made to capitalize on these resources is a manifestation of their resiliency” (p. 151).

Meyers’s (2016) study provides emerging support for the importance of expressive arts. Children connecting to therapeutic resources within their communities, has been demonstrated in the literature, but researchers have not yet explored in-depth the mechanisms at work in creative expression in conjunction with relationship. Meyers (2016) did not delve deeply into the factors associated with therapy, including specific methodology utilized with children. More information could yield a better understanding for how creativity in therapy helped foster emotional connection within child-adult relationships.

Woods-Jaeger et al. (2018) conducted in-depth qualitative interviews with 11 low-income parents of children between the ages of six weeks and five years who were attending
Head Start programming. Parents completed an ACE questionnaire and participated in a one-hour interview. This community-based participatory research (CBRP) was designed to actively engage low-income, urban parents impacted by adversity to better understand parental experiences of adversity, perception of the impact these experiences had on parenting, and protective factors that buffered potential negative impacts of ACEs on themselves and their children (Woods-Jaeger et al., 2018). Themes resulting from these interviews included how ACEs impacted parenting due to limiting parenting capacity, energy, and perceptions of the child’s behavior (Woods-Jaeger et al., 2018).

Participants raised a need for awareness about ACEs in the community through education programs. They asked for resources on how to build supportive communities that provide accessible parent education, mental health support, and treatment to family systems (Woods-Jaeger et al., 2018). These authors provided active voice to individuals and families impacted by adverse experiences, however, also they did not investigate deeply into the type of community building needed for participants to mitigate their ACEs. The authors did not discuss the type of community programs participants felt would best support the process of finding meaning associated with intergenerational trauma.

Cherewick et al. (2015) completed a grounded theory qualitative study with trauma-affected youth in the Eastern Democratic Republic of Congo utilizing purposive sampling strategies based on age, gender, and trauma exposure of youth from four villages in the Walungu Territory. The researchers gathered and translated interviews from 10 participants aged 10 to 15 years. The interview guide included broad, open-ended questions focused on identifying traumatic experiences, methods of coping, gender or age differences with coping, and sources of psychosocial support (Cherewick et al., 2015). The authors corroborated existing resiliency
findings, including emphasizing the importance of relationships and social supports when facing adverse childhood experiences and trauma. The researchers coded youth coping strategies as either cognitive or behavioral. They identified cognitive strategies as “trying to forget the traumatic event and use of prayer” (Cherewick et al., 2015, p. 8). The researchers viewed behavioral strategies for mitigating trauma as seeking social supports, for example, “engaging in play or spending time with friends was reported as a way to help youth forget, but it also implies use of social support, particularly if the play is with friends or a distraction activity” (Cherewick et al., 2015, p. 8).

The researchers coded play as “trying to forget” being the goal for mitigating stress and trauma. However, trying to forget also could be viewed through the lens of play, creating flow within the growth of fostering relationships. The engagement with play and creativity paired with secure relationships, may have been better described as the body’s propensity to heal itself and integrate the emotion and somatosensory information of trauma. One participant in their study stated, “A little time after I’ve played, sadness goes down. I also share with my friends. We chat about good things that make us laugh and I feel okay. I also pray or sing in order to feel better” (Cherewick et al., 2015, p. 8).

Participants also discussed ritual within their communities, such as song, dance movement, and play-based interactions, joined through relationship in the collective as a healing factor to cope with trauma. Cherewick et al. (2015) demonstrated that providing children a relational environment that offers multi-sensory experiences, play, movement, music, and art can protect the developing brain and nervous system from maladaptive outcomes, thereby promoting resiliency and opportunities for posttraumatic growth.
Simon, et al. (2015) completed a longitudinal qualitative study with 160 sexually abused youth ages 8-15 over six years using purposive sampling methods, semi-structured interviewing and narrative coding for posttraumatic change and growth. The interviews included broad, open-ended, neutrally worded questions to ensure youth were able to provide narratives which captured either positive or negative thoughts, feelings, and perceived effects over time (Simon et al., 2015). Simon et. al (2015) structured their questions with an example: “How do you think these experiences have affected you” (p. 281) to allow for a narrative to deepen or unfold depending upon the youth responding. Participants were provided time to respond with probes such as, “Would you like to say anything else?” (Simon et al., 2015, p. 281) to ensure sensitivity on part of the researchers due to the nature of the research associated with child sexual abuse.

The researchers determined youth largely emerged with improved appreciation for relationships as a result of peer support. Findings supported that greater posttraumatic growth occurred with higher levels of emotional support within relationships (Simon et al., 2015). However, the researchers also noted that some female youth reported on outcomes associated with abuse stigmatization, leading to difficulty with externalization and internalization of the abuse contributing to anxiety, depression, or negative attitudes towards the self. These researchers determined female participants were more likely to struggle with these negative outcomes (Simon et al., 2015). The research team discussed that the strength of attachments or healthy positive relationships was a key factor in determining better outcomes for posttraumatic growth within the dimension of closer or deeper relationships later in life as a result of posttraumatic change (Simon et al., 2015). They discussed the need for additional research regarding posttraumatic growth with young women to fully assess for the differences.
The study provided limited information regarding the nature of questions associated with relationships to determine what about the relationship did participants perceive to be supportive and contributed to improved quality of relationships and a deeper appreciation for relationships later in life. Further exploration of the context of the relationship and whether there was a connecting factor of self-expression through expressive arts would contribute to a richer understanding of these youth experiences.

**Supporting Youth Through Community Arts Programs**

There is growing discussion of providing experiential and expressive arts as a means of supporting impoverished communities impacted by violence and trauma to reduce negative outcomes associated with mental illness in an effort to reduce youth involved in crime. The Artists Collective, located in Connecticut, provides a “safe-haven” for youth at risk of gang violence, other crime, and mental health disorders (Rhodes & Schechter, 2014). They offer a space where youth culture can be realized and celebrated through making art, dance, and music. The program focuses on these activities through relationships among youth and between youth and teachers. The goal is to communicate, “We care about these kids, we have something to give them” (Rhodes & Schechter, 2014, p. 836).

The program considers music and dance as healing modalities to promote protective factors and to support positive outcomes in the face of adversity. The program’s preliminary results have yielded changes in life circumstances for children, including improved mental health, prosocial behaviors, reduced crime involvement, and connection to supportive adults who provide mentorship (Rhodes & Schechter, 2014). The combination of secure interpersonal adult-child relationships, combined with the flow of expressive arts, demonstrated the need for both to create positive change in children’s lives.
Kuban (2015) discussed the need for providing education about mind-body sensation awareness, emotional regulation, and breathing with expressive arts as interventions targeting traumatic stress to restore children’s health. Through case examples, the author illustrated the positive impact a community arts program can have when it offers youth support through an expressive arts-based group intervention. Clinical assessment and qualitative outcomes demonstrated that youth cope more adaptively in dealing with adversity when interventions combine creative writing, poetry, music, art, and dance with peer group relationships (Kuban, 2015).

The impact of early childhood trauma is devastating to the social-emotional development of the child and the subsequent long-term health of an adult. The literature on child trauma and healing discuss the importance of nurturing, supportive relationships to mitigate the impact of traumatic encounters. Research on play therapy and creative arts expressions within community programs provide powerful insight to how creativity is a powerful tool for healing trauma. The combination of nurturing, supportive relationships with expressive arts and play encounters may be the critical factor to how some children achieve posttraumatic growth and/or build resiliency following traumatic exposure.

Central Research Question

How do experiences with play, expressive, and creative arts serve as a protective factor for children who have exposure to adverse childhood experiences?

Purpose of Continued Study

Research on resiliency often focuses on temperament (i.e., biological characteristics) and relationship. Further research is needed to explore how the context of relationships, joined with play and expressive arts, may serve as a protective factor for processing information and
integrating somatic and linguistic narratives to support posttraumatic growth. Continued study is necessary to further explore an individual’s experience in connection to his/her creativity for repairing trauma-impacted biological systems. The literature investigating trauma theory, neurological brain science, and ecological systems supports the efficacy of play and expressive arts embedded in communities with equitable access to programs. Connecting theoretical constructs with relational theory provides insight into how protective factors are built and how posttraumatic growth unfolds.
CHAPTER 3

Theoretical and Informed Perspectives

Qualitative researchers using grounded theory methodologies are advised to develop a theoretical sensitivity or “awareness of concepts that further the understanding of the meaning of the data” (Strauss & Corbin, 1990, p. 41). Researchers utilize their knowledge of existing theory, professional experience, and research informed perspectives. They then engage in analysis, holding respect for the participants’ stories and perspectives to develop new understandings of phenomena (Charmaz, 2014). Four theories or perspectives are utilized in this study to build deeper insight into participant narratives of adverse childhood experiences: relational-cultural theory, ecological systems theory, resiliency, and posttraumatic growth.

Relational-Cultural Theory

Relational-cultural theory (RCT) provided a framework for how to view the exchange of traumatic reactions between a child and adult for this study. RCT expands beyond the exchange between two individuals and provides a lens for the exchange between a child and the other systems (e.g., family, community, society) they encounter. RCT has emerged and been influenced by interpersonal theory, object relations theory, attachment theory, and feminist theory (Aron, 1996; Banks, 2015, 2011; Bowlby, 1958, 1973, 1980, 1988; Flannagan, 2016; Gilligan, 1990; Gilligan et al., 1993; Goldstein, 2001; Miller, 1973, 1986, 2008). RCT’s theoretical roots inform the theory’s assumptions and beliefs regarding human nature.

Jordan (2018) described human development as being encompassed within connection. Jordan (2018) defined RCT as “the premise that throughout the lifespan human beings grow through and toward connection” (p. 3). Connection is the primary organizer for child development, and it is theorized that all children seek secure attachments for safety to build an
internal framework for regulation patterns which support them in times of stress (Banks, 2015; Bowlby, 1988; Jordan, 2018). This framework ties back to interpersonal theory, citing research on young children developing affect attunement through their interactions with others (Jordan, 1997). It is a dance of attunement that shifts behavior and expresses the quality of feeling within a shared state of the internal self (Stern, 1985). Stern (1985) provided a window into observation of affect attunement:

A nine-month-old boy bangs his hand on a soft toy, at first in some anger but gradually with pleasure, exuberance, and humor. He sets up a steady rhythm. Mother falls into his rhythm and says, “kaaaaa-bam, kaaaaa-bam,” the “bam” falling on the stroke and the “kaaaaa” riding with the preparatory upswing and the suspenseful holding of his arm aloft before it falls. (p. 140)

The concept of shared affect attunement is illustrated in the quality of attachment relationships created by secure connections when we feel understood (Schore, 2003). Jordan (2018) built on this, asserting, “We need relationships in the same life-sustaining ways that we need air and water. We are simply and essentially interdependent beings” (p. 4). Here, Jordan described the inherent human need of shared affect attunement and secure attachment for survival. When a child’s life is disrupted by traumatic experiences, that child becomes bathed in chronic stress, experiences disruption and disconnection from family or community, and is negatively impacted in mind and body by the consequences of ACEs. This developmental and complex trauma results from rupture within the attachment relationship. Affect attunement and co-regulation become vital for the body to find emotional stability and counter-condition ACEs.

There is much societal emphasis within child development on the ability to self-soothe, self-regulate, or exercise self-control (Becker, 2013). Jordan (2018) described an all-too-
common overemphasis on independence, stating “We are wired to flourish in connection, but our culture pushes us to stand separate and compete…. this dilemma and clash generate chronic stress” (p. 4). RCT challenges the notion that a healthy child finds strength in a separate self and individualism.

Children are often identified as having problem behaviors, becoming isolated from the family system or classroom and labeled as needing correction. Placing the problem in individual terms does not consider that children are a part of a community. The interpersonal trauma of ACEs involves the relational interactions that shape the behavior. RCT asserts secure and attuned interpersonal relationships are what then repairs and reshapes the behavior toward growth and healing (Jordan, 2000; Jordan, 2018).

**Relationships**

ACEs are common and also prevalent (Burke-Harris, 2018). Therefore, building community programs that provide children social connection embedded within trauma-informed and multi-sensory play environments moves society towards healing versus continued isolation and shame. Secure attachments with sustaining co-regulatory interpersonal interactions are a core concept of RCT. The ideal of psychological separation or individuation is viewed through RCT as an illusion. Individualism is defeating because the human condition is one of inevitable interdependence and interconnected within relationship across the lifespan (Jordan, 2018). Children who experience trauma often are veiled in secrecy and feel deep shame and isolation (Gil, 2017; Treisman, 2017). RCT posits that the illusion of separation and celebration of autonomy in society becomes a part of the problem, because it mistakenly valorizes aloneness (Jordan, 2000).
RCT states humans seek to engage in growth-fostering relationships that contain mutual empathy and mutual empowerment (Jordan, 2018). This mutual empathy supports healing in the face of despair, suffering, and pain (Jordan, 2004). Mutual empathy includes experiencing another person’s attuned presence, which conveys that they are understood and not alone through verbal, nonverbal, or a combination of communication. The message, “I empathize with you, with your experience and pain, and I am letting you see that your pain has affected me, and you matter to me” (Jordan, 2018, p. 7) is one that builds experiences that foster growth.

Iacoboni’s (2009) neuroscience research found that mirror neurons provide insight into mutual empathy. RCT draws upon the neuroscience of connection within relationship to further illustrate mutual empathy. “Neural mirroring solves the problem of other minds (how we can access and understand the minds of others) and makes intersubjectivity possible, thus facilitating social behavior” (Iacoboni, 2009, p. 653). Mirror neurons contribute to empathy and help build the capacity to learn from one’s impact on others. This knowledge contributes to building community play- and art-based programs for children wherein differences are honored, mutual storytelling can be shared, encompassed by mutual empathy.

**Neuroscience**

RCT draws upon neuroscience to understand how humans are primed for connection and seek responsiveness (Banks, 2015; Schore, 2015 Siegel, 2012). Repeated child-caregiver interaction patterns “underlie the formation of attachment bonds are themselves associated with specific aspects of early brain development that shape the infant’s capacity to experience broad ranges of affect and to regulate states of psychophysiological arousal” (Applegate & Shapiro, 2005, p. 59). Disconnection within attachment yields painful outcomes. The concept of complex developmental psychological trauma is relevant for considering trauma from an RCT.
perspective. Ford and Courtois (2009) described complex developmental trauma as the experience of interpersonal trauma, which is repetitive, prolonged, and occurs during developmental periods. ACEs are interpersonal trauma at its core, as they heavily involve childhood abuse, neglect, abandonment, or loss. The experience of complex developmental trauma has clear markers on the developing brain and nervous system, resulting in psychological and somatic pain (Arvidson et al., 2011; Badenoch, 2018; Bloom, 1995; Burke-Harris, 2018; Courtois & Ford, 2013; Gaskill & Perry, 2014; Levine & Kline, 2012).

Researchers investigating the consequences of pain sought to understand how social and physical pain overlap in their neurological and physiological outcomes. Eisenberger and Lieberman (2004) posited that social pain and physical pain travel the same pathway to the anterior cingulate cortex and right ventral prefrontal cortex. Eisenberger and Liberman (2004) became interested in statements such as “hurt feelings” or “broken hearts” as language that provides pain description. They defined physical pain as “unpleasant sensory and emotional experience associated with actual or potential tissue damage” (Eisenberger & Liberman, 2004, p. 294). Social pain was defined as “the distressing experience arising from the perception of actual or potential psychological distance from close others or a social group” (Eisenberger & Liberman, 2004, p. 294).

This neuroscience parallels attachment theory and interpersonal relational concept of a relational attachment systems. Eisenberger and Liberman (2004) engaged in comparative analytics of research from existing neuroimaging of pain studies to develop new insights. The findings supported that pain is pain whether it is social or physical. These findings have been further supported in subsequent studies (e.g., Dalgleish et al., 2017; Gerber & Wheeler, 2009; Kawamoto et al., 2015; Krill & Platek, 2009; Onoda et al., 2010). ACEs occur within
interpersonal social interactions, creating pain for children. Exploring the social interactions through play and art, which support secure interpersonal relationship, as identified within the literature on resiliency, can shift the experience of social pain towards healing and hope.

The assumptions of how one might support the healing of psychological pain transcend beyond simply the painful event and includes conversation for how individuals might perceive their identity englobed within the event. All traumatic events which involve ACEs occur within a sociocultural, relational context (Kress et al., 2018). RCT theorizes that relationships are embedded in culture and intersecting identities, therefore relationships are a framework which are especially useful for understanding childhood trauma. Jordan (2018) wrote that theory is embedded within culture, therefore, the field of psychology has a responsibility to recognize the biases and value structures which inform its theories.

**Multiculturalism and Social Justice**

RCT grew out of the feminist movement, identifying the need to extend theoretical thinking and move beyond a dominate male discourse. Feminist scholars and theorists began investigating the connection of relationship and cultural interplay through collective group conversations. These conversations between primary theorists for RCT and feminist scholars challenged previous studies and theoretical assumptions to be more inclusive to a spectrum of human experience and identity. Carol Gilligan (1990 raised questions about traditional theory embedded within culture, writing that studies that developed theory were based entirely on the study of male participants. She questioned the accuracy of any theory developed from a singular source being applied to all gender identities (Gilligan, 1991). RCT draws upon the concept of intersectionality, or how intersecting identities interplay within relational theoretical principles to understand human development.
Jean Baker Miller (1986) discussed the limitations and shortcomings of these early conversations for RCT, as every member of the group was coming from a place of privilege (i.e., all were White, middle-class, and well-educated) as a woman’s voice rather than women’s voices. There was acknowledgement that even the most conscious attempts to incorporate diversity and appreciate power inequities failed to do so. There is a parallel between the development of this theory and researchers’ conscious attempts to categorize childhood trauma through ACEs.

Continued critical thinking is needed to move screening beyond White, middle-class perspectives and include the voices of marginalized populations. Theory is embedded within culture and dominant perspectives can easily overshadow the voices of the marginalized. RCT evolved as it included the voices of marginalized individuals within its theoretical discussions, not as “add-ons,” but as central developers of the model (Jordan, 2018). RCT provided a framework through a qualitative approach for participants engaged in this research to share their voices and identity perspectives as they are interrelated to adversity (see Table 3.1). This allows for a rich data set to emerge, building upon the standardized and quantitative review of ACEs.

RCT theorizes that relationships are central to quality mental health and ACEs are rooted in the interpersonal context, requiring theory frameworks to also be rooted in the interpersonal context. Relationships are embedded within communities and larger cultural systems; therefore, RCT honors multiculturalism as a principle and challenges power and privilege, which enables this research to include the whole of an individual’s personal experience within an interview. A qualitative interview centered on ACEs, using theoretical framing to extend to sociopolitical and cultural contexts adds new information to the current conceptualization of ACEs. This research approach informs the type of expressive arts programs that are most beneficial for communities to mitigate the impact of trauma.
Interpersonal relationships are essential, and they shape and restructure the developing brain (Banks, 2015; Kain & Terrell, 2018; Schore, 1994; Siegel, 2012. Neuroplasticity is the capacity for the brain to change, restructure or grow by “the ability of the nervous system to respond to intrinsic or extrinsic stimuli by reorganizing its structure, function and connections” (Cramer et al., 2011, p. 1592). RCT identifies the impact of abusive relationships and developmental trauma on the brain and asserts the healing powers of positive relationships to help rework earlier pathways of disruption towards repair (Banks, 2015; Jordan, 2018). What has not been explored is how the environment and method of interacting through expressive arts, creativity, and flow interconnect with secure interpersonal relationships to foster resiliency.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Utility</th>
</tr>
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<tbody>
<tr>
<td>Authenticity</td>
<td>The ability to represent oneself as fully as possible within relationship and to respond to another with empathy that contributes to mutual growth and wellbeing.</td>
</tr>
<tr>
<td>Mutual Empathy and Growth-Fostering</td>
<td>The goal is to increase the capacity for relational resilience, mutual empathy, and mutual empowerment, instead of promoting greater separateness. Change is possible through connection and growth-fostering relationships yield a better understanding of self, other, and community, increasing a sense of worth and productivity within groups.</td>
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<tr>
<td>Relationships</td>
<td></td>
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<tr>
<td>Utility for the Current Study: Authenticity</td>
<td>The literature on resiliency describes the importance of a child having a supportive relationship. Identifying specific qualities of the relationship, such as authenticity and</td>
</tr>
<tr>
<td>Disconnection</td>
<td>Disconnections are normative and inevitable in relationships. Acute disconnections occur frequently and, if addressed and reworked, are not problematic. However, when an individual is profoundly disempowered and unseen with rupture occurring regularly, the injured person turns the blame inward and becomes immobilized and increasingly isolated.</td>
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<tr>
<td>Utility for the current study: Disconnection</td>
<td>ACEs are prolonged forms interpersonal trauma experienced in childhood. The nature of ACEs drive disconnection, shame, and immobilization. Community play- and art-based programs provide support to transition this phenomenon to resilient coping strategies.</td>
</tr>
<tr>
<td>Relational Images</td>
<td>The inner constructions and expectations of attachment are created out of childhood experiences. These develop in infancy and are carried from one relationship to another. These constructions are also shaped by societal forces and values affecting one’s sense of worth and participation in the larger community.</td>
</tr>
<tr>
<td>Utility for the Current Study: Relational Images</td>
<td>Semi-structured qualitative interviewing enables participants’ voices to be heard. This extends beyond the information available in the traditional qualitative ACE study to gain new understanding of identity or marginalization and oppression as is connects to identity formation and relational dynamics contributing to attachment.</td>
</tr>
<tr>
<td>Controlling Images and Shame</td>
<td>Controlling images can create patterns of isolation and disempowerment such as stereotypes. These lies hold people in their “place” and induce a notion of change being impossible. Shame is a contributing factor to immobilization and a chronic source of disconnection, eliciting a deep feeling of</td>
</tr>
<tr>
<td>Utility for the Current Study: Controlling Images and Shame</td>
<td>Children who have opportunities to engage in community play- and arts-based programs move out of isolation and toward feeling mobilized and connected.</td>
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<tr>
<td>Relational Resilience &amp; Relational Courage</td>
<td>Relational resilience is the capacity to move back into connection after disconnection and the capacity to seek help when needed; it is crucial to one’s healing. Relational courage involves feeling fear but finding support to move through it; thus, it promotes encouraging other people and helping one another develop courage. This is akin to empowerment.</td>
</tr>
<tr>
<td>Utility for the Current Study: Relational Resilience &amp; Relational Courage</td>
<td>Adults who engaged in expressive arts programs as children may experience relational resilience or perceive life with courage as a result. Semi-structured interviews will include questions building upon this theoretical framework.</td>
</tr>
<tr>
<td>Overall Utility of Theoretical Assumptions for the Current Study</td>
<td>Qualitative coding and analysis of participant interviews are informed by RCT theoretical assumptions. ACEs are complex developmental trauma experiences and are interpersonal by nature. Interpersonal secure relationships foster growth and healing. Family play genograms and cultural eco-mapping will provide rich visual data to describe the connections among growth-fostering interpersonal relationships, play, art, and resiliency.</td>
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**Ecological Systems Theory**

In the mid-1970s, Bronfenbrenner proposed building communities that fostered resiliency and argued that social and public health policy should be informed by those communities wherein children and families were thriving. Bronfenbrenner (1974) proposed ideas for programs to facilitate young children’s development according to societal policies. Bronfenbrenner (1974)
described programs occurring locally that could facilitate a child’s development positively and advocated that policy decisions about those programs should be well-informed about what a child’s environment needs to encompass for fostering wellness. Bronfenbrenner’s program description is the focus of this study’s investigation.

The ecological perspective delivers an informed framework of how the environment influences development through ACEs, while also underscoring the positive impact of growth-fostering interpersonal relationships within a child’s environment as outlined in RCT. Ecological systems theory specifies that:

Researchers should study the settings in which a developing individual spends time and the relations with others in the same settings, the personal characteristics of the individual (and those with whom he or she typically interacts), both development over time and the historical time in which these individuals live, and the mechanisms that drive development (Rosa & Tudge, 2013, p. 244).

The current study built upon an ecological framework to include the nature of play and expressive arts in a child’s environment that created positive influence on his or her development, thereby mitigating the negative impact of ACEs in adulthood.

Investigating the impact of adversity on human development must include a systematic analysis of the settings in which development and adversity take place (Bronfenbrenner, 1979, 1994; Bronfenbrenner & Morris, 2006). Ecological systems theory posits that behavior is a joint function of person and environment, and development is a joint function of person influenced by environment (Bronfenbrenner, 1989 Bronfenbrenner & Morris, 2006). Bronfenbrenner (1979) originally defined ecology as an adjustment between organism and environment stating:
The ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts within the settings are embedded. (p. 21)

Ecological systems theory seeks to explain how a child’s inherent qualities (biological characteristics) interact with the environment and how this interaction influences the child’s growth and overall development. As a central aspect, this theory considers how personal characteristics, contexts, and historical time all mutually influence human development (Rosa & Tudge, 2013). Human development is defined as “the phenomenon of constancy and change in the characteristics of the person over the life course” (Bronfenbrenner, 1994, p. 188.).

Bronfenbrenner (1979) broadened understanding at the time for child developmental theories, describing how environmental influences shape a child’s cognitive and emotional functioning. This parallels neuroscientists’ modern contributions in describing environmental influences, particularly adverse experiences, as being the major modifier for the developing brain and body (Perry & Hambrick, 2008).

Ecological systems theory engages in analysis of how layers of environmental interaction have impacted a child’s development. The model includes five levels of external influences on a child: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Brofenbrenner, 1949; Ling & Kwok, 2017). This begins with the closest, most intimate home system and moves outward into other systems, including family and community programs. The microsystem encompasses the child’s immediate or most proximal setting with specific physical
characteristics, such as the home, daycare, and school in which the developing child interfaces with others (Bronfenbrenner, 1979; Rosa & Tudge, 2013).

The mesosystem is defined as the relations among two or more microsystems in which a developing person actively participates (Bronfenbrenner, 1979, 1989, 1999; Bronfenbrenner & Morris, 2006. The mesosystem encompasses the connections between the structures of a child’s microsystems. This includes interactions among the child or family with outside relationships, such as teachers, school administrators, staff, coaches, clergy, and other members of external systems (Berk, 2000). The mesosystem can be formed or widened each time a child enters a new setting, but it also can be diminished if the opposite occurs (Rosa & Tudge, 2013).

The exosystem incorporates the larger social system or the third circle of the ecological model (Bronfenbrenner, 1979). Brofenbrenner (1979) asserted that the developing child is not situated within and does not participate actively in the exosystem. The structures of this system will impact a child’s development through interaction or influence with the microsystem. This can include, for example, a lack of resources available for a parent to access vital care or services; that lack of care or safety directly impacts the child (Berk, 2000; Ray, 2015).

The macrosystem is the outmost layer and is comprised of cultural or societal values, norms, customs, laws, or expectations (Brofenbrenner, 1994. The effects of larger macrosystem principles have a cascading influence throughout the interaction of the other layers within the ecological systems model. The hallmark of this system is the influence of the macrosystem (e.g., culture, society, institutional power, legal, and political systems) reflected onto the lower systems (Bronfenbrenner, 1979). In analysis, it is important to consider a child’s daily experiences in light of the context of history, identities, and geographical location. This framework parallels RCT notions in that relationships are embedded in culture and intersecting identities; therefore
they are especially useful for understanding childhood trauma. Power, privilege, and the dominate discourse of how experience is socially constructed are included in both theoretical frameworks, and these unequivocally influence an individual’s development across time.

The chronosystem refers to the dimension of time as it relates to the child’s overall development (Bronfenbrenner, 1994). This can include timing related to births, deaths, diagnosed physiological illnesses, and aging effects over time (Ling & Kwok, 2017). The chronosystem provides insight into how development shifts with time and changes child outcomes as a function of co-occurring family restructuring, economic changes in society, natural disasters, illness diagnosis, or war (McGoldrick et al., 2015).

Any study of how trauma impacts child development must include the individual child, their immediate environment, and the interactions with the larger environment. Ecological systems theory comprehensively provided a framework to the multilevel factors that contribute to mental health and illness for children impacted by adversity.

*Figure 1.1. Chronosystem*
Note. Ecological systems theory adapted from Bronfenbrenner (1994). The ecological systems theory identifies how a person’s development is influenced by the environment or ecology of systems interactions taking place. The ecology comprises five embedded, socially organized interactions, as depicted in the graphic. Changes represent conditions within context: relationship, economic condition, socio-cultural.

Finkelhor et al. (2015) argued the original ACEs needed to be expanded to include additional environments beyond the family system, tying directly into ecological systems and RCT frameworks. A revised ACEs expansion still needs to include the impact of societal stress (e.g., oppression, racism, marginalization, poverty, natural disaster) within communities. Macrosystem changes, policies, cultural and societal stereotypes, and negative messaging have a ripple effect into the lower systems during child development. Qualitative interviewing that draws upon ecological systems theory gives voice to the need for continued ACEs development.
and screening, and it offers insight into the community variables that promote resilient outcomes in adulthood.

**Resiliency and Posttraumatic Growth: A Social Work Perspective**

**Resiliency**

Resiliency is described as the ability to withstand and rebound following disruptive experiences, trauma, or challenges during a lifespan (Levine & Kline, 2012; Seymour, 2014). This includes overcoming long odds and being successful despite exposure or high risk, therefore recovering from trauma through successful adjustment (Blundo et al., 2012). Resiliency researchers build upon the human capacity to adapt in the face of stress, adversity, trauma or complex tragedy and the capacity to personally gain new and positive insights (e.g., self, interpersonal, and worldview perspectives) as a result of experiencing tragedy (Brooks & Goldstein, 2015; Coholic, et al., 2012; Briere & Spinazzola, 2009). Resilience is a complex interplay between individuals’ characteristics and their environment (Kain & Terrell, 2018), and it balances stress with the ability for regulation and coping. Ecological systems theory explores the interplay of a person and his or her environment, and relational-cultural theory identifies the inherent need for interpersonal relationships, while attending to power and sociocultural dynamics.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Utility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience is the successful adaptation or the ability to “bounce back,” despite risk and stress, away from disruptive change processes (Stewart, Reid, &amp; Mangham, 1997)</td>
<td>Qualitative inquiry will identify participants’ perceptions of resilience and what protective factors associated with interpersonal relationships, play, and the arts contributed to their ability to “bounce back.”</td>
</tr>
<tr>
<td>Resilience can be attributed to the positive role of individual difference in a person’s</td>
<td>Semi-structured interviewing will include participants’ experiences of ACEs and their</td>
</tr>
</tbody>
</table>
response to stress or adversity (Kent et al., 2014; Rutter, 1987; Mancini & Bonanno, 2009).

perception of the influences of ACESs on their growth and development as a result of their experience.

<table>
<thead>
<tr>
<th>Resilience includes the premise of ecological-systems and explains how individuals benefit from communities to help adapt to stress and thrive as a result (Greene, 2014).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family play genograms and ecomaps provide visual data to develop new theory and ideas for community play- and expressive arts-based programs that may contribute to the development of resilience.</td>
</tr>
</tbody>
</table>

A child’s resiliency is connected most widely to protective factors (i.e., individual, relational, and community) that provide a capacity for regulation and growth in the face of adversity. Resilience research associates these themes and traits with a goodness of fit for person and environment (Stewart et al., 1997; Traub & Boynton-Jarrett, 2017). Ecological perspectives of how individuals are influenced by environment (Stewart et al., 1997) enhance the explanatory powers of protective factors on building resilience. The focus of analysis in this study will rely on how participants’ perceptions of their resiliency factors are associated with their interpersonal relationships and participation in expressive arts as children.

<table>
<thead>
<tr>
<th><strong>Table 1.3: Associated Themes and Traits of Resilience</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme</strong></td>
</tr>
<tr>
<td>Resilience is dynamic; successful coping of an individual within a situation strengthens competency to deal with adversity in the future.</td>
</tr>
<tr>
<td>Resilience is a complex interplay of protective factors and individual characteristic across broader environments.</td>
</tr>
<tr>
<td>Resilience is a balance between stress (risk factors) and the ability to cope (protective factors).</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Risk factors and protective factors are integral ingredients; risk factors stem from multiple events that foster stress or adversity from a variety of personal or environmental situations and can be singular or cumulative. Protective factors allow for perseverance and the ability to cope and heal following risk events.</td>
</tr>
<tr>
<td>Resilience is most important during times of transition.</td>
</tr>
</tbody>
</table>

*Posttraumatic Growth*

Although resiliency is often understood as the bouncing back from traumatic experiences to prior functioning (Green, 2012), posttraumatic growth considers that functioning is improved in one or more respects as a result of the traumatic experience. The concept of posttraumatic growth includes individual characteristics or personality qualities that affect the likelihood people can make positive use of the aftermath of trauma (Tedeschi & Calhoun, 2004), building upon the literature associated with resiliency. The theory also describes that persons facing major life crisis must find ways of managing that initial distress, heightened emotions and physiology which otherwise can become debilitating (Calhoun & Tedeschi, 1999; Tedeschi & Calhoun, 2004; Rendon, 2015). The theory mirrors information from risk and resiliency literature and research regarding the importance of relationships. Supportive relationships can aid in
posttraumatic growth by providing a way to communicate the experience which offer a perspective shift or schematic change associated with trauma (Tedeschi & Calhoun, 2004).

Opportunities for cognitive and emotional processing within relationships are considered critical in an individual’s movement towards posttraumatic growth (Calhoun & Tedeschi, 2013; Joseph, 2011; Rendon, 2015). The theory explores creativity as a driving force for growth. Art therapy, expressive writing, visual arts all offer creative expression and are considered important avenues for helping absorb the emotions associated with adversity and offer the ability to see those experiences in new ways (Rendon, 2015). Posttraumatic growth includes the five domains of positive change as a result of the trauma. These dimensions are increased personal strength, an openness to new possibilities in life, closer and deeper relationships with friends or family, an enhanced appreciation for life, and a stronger sense of spirituality (Tedeschi & Calhoun, 2004). Each domain will be discussed in turn for further analysis in utility for this study.

**Increased Personal Strength.** There is a recognition for those who are aided by posttraumatic growth that they possess great personal strength or carry attributes that provide an ability to withstand difficult challenges or experiences (Tedeschi & Calhoun, 2004). Individuals report that because of the increased strength they achieved as a result of their experiences they can handle things that come their way later in life (Tedeschi & Calhoun, 2004). People who experience trauma will describe having deep personal knowledge that “they know they can handle just about anything” (Tedeschi & Calhoun, 2004, p. 6).

**Openness to New Possibilities in Life.** Individuals who experience trauma identify the ability to see situations differently, taking on new perspectives. This supports an ability for a person to think expansively and examine alternative pathways to take in life (Tedeschi & Calhoun, 2004). The openness to new possibilities allows individuals to be creative in problem
solving and decision making. Those who experience posttraumatic growth find that they feel capable and have courage to try new things outside their comfort (Joseph, 2011).

**Closer and Deeper Relationships with Friends and Family.** Posttraumatic growth includes the concept of developing deeper connections in the form of intimacy and the ability to be vulnerable with others (Tedeschi & Calhoun, 2004). The relationships described by those who have been aided by posttraumatic growth are described as meaningful and important. Individuals will report they cherish their friends and family, love deeply, and will find true friendships (Tedeschi & Calhoun, 2004). Individuals also describe an increased ability to understand others, empathize or shift their perspective and thinking towards another person’s experience, thereby deepening the relationship further (Calhoun & Tedeschi, 2013; Joseph, 2011).

**Enhanced Appreciation for Life.** An increased appreciation for life is a common element of posttraumatic growth, whereas the smallest joys in life take on meaning and individuals report a shift in how they approach and experience their daily life (Tedeschi & Calhoun, 2004). There is often a typical change in priorities for individuals experiencing posttraumatic growth towards noticing the little things. Individuals report having a greater presence or attunement with others, become more aware of their experiences in the moment as they are happening, otherwise an enhanced ability to experience mindfulness (Joseph, 2011; Rendon, 2015).

**Stronger Sense of Spirituality.** The theory asserts even individuals who are not necessarily religious or identify as atheistic will experience growth in this domain (Tedeschi & Calhoun, 2004). There is a stronger sense of engagement with existential questions and that engagement in of itself is perceived as growth by individuals (Tedeschi & Calhoun, 2004).
Posttraumatic growth can include a clarity for spiritual thinking or belief patterns as a result of a person’s experiences (Calhoun & Tedeschi, 2013).

**Resiliency and Posttraumatic Growth During Childhood**

Resiliency and posttraumatic growth research most commonly recognize both internal and external protective factors. These help individuals resist or mitigate adversity (Greene & Conrad, 2012). Protective factors within resiliency research are most commonly categorized as personal dispositions (e.g., positive temperament, social responsiveness, ability, self-esteem); a supportive family system or other relationship which includes warmth and cohesion; and an extrafamilial social environment that offers rewards for competency and serves to reinforce belief systems (Greene & Conrad, 2012; Hartling, 2008; Meyers, 2016; Stewart et al., 1997; Werner, 1993). However, posttraumatic growth implies that providing an individual opportunities for experiencing flow through creativity in the context of relationship leverages the therapeutic powers of play (Drewes & Schaefer, 2014; Malchiodi, 2008), to deliver catharsis, abreaction, and opportunity to counter-condition toxic stress, and to build regulation, support self-expression, and improve competency (Bratton et al., 2005; Brown, 2009; Drewes & Schaefer, 2014; Gaskill & Perry, 2014; Gil, 2006; Landreth, 2001; Stewart & Echterling, 2014).

In this study, the primary researcher asserted that the protective factors of relationship combined with expressive arts during childhood serves to protect against the effects of ACEs during adulthood has not been fully explored. The power of relationship as a protective factor to foster resilience has been researched, but the connection of each relationship as it relates to the context of participating in creative expression and the arts needs further exploration to gain clarity for how these factors change the outcome for traumatized individuals. This study will add
a new dimension to resiliency research, underscoring the work of growth-fostering relationships through play therapy and creative arts as fundamental for survival after experiencing ACEs.
CHAPTER 4

Methodology

Research Design

Qualitative research methods provide access to a rich understanding of human experience while honoring sensitivity to difficult topics (Padgett, 2017). Grounded theory methodology consists of systematic yet flexible guidelines to collect and analyze data for constructing theories from the data itself (Charmaz, 2014). Through this dissertation, the primary researcher sought to uncover how and why individuals find meaning associated with childhood trauma and gain perspective to recovering from trauma. The researcher utilized grounded theory methodology to explore how expressive arts in connection with interpersonal relationships in family or community programs served as a protective factor for long-term health. Grounded theory methods included simultaneous analysis using thematic coding methods of participant interviews through an iterative process. The goal was to develop new theory for describing protective factors associated with healing the effects of trauma.

Research Site

The setting for this research included standard mental health agency accommodations. Interviews were conducted at the Firefly Institute located at 4950 NE Belknap Ct., Ste 207, Hillsboro, OR 97124. The setting provided parking at no cost, seating, materials and supplies to ensure all participants could engage in interview activities. The interviews were conducted in a neutral conference room setting.

Sampling and Recruitment

Purposive and snowball sampling methods were used to carefully select participants for this dissertation study. The sampling strategy targeted extreme or deviant cases for those who
were typically considered to be outliers within an ACE study. Utilization of a local non-profit child and family mental health institute was the primary source for recruiting participants. Fliers were posted within the clinic and distributed electronically to the health portal and reached approximately 650 adults (Appendix A). Additional advertisement posting occurred through social media outlets and with private and community mental health centers in the Portland metro area. Theoretical sampling was also utilized as a guide for selecting additional participants within the grounded theory process for deepening the understanding of client experiences and events. Recruitment included 10 interviews and those interviews were completed over the course of six months.

**Inclusion Criteria**

Adult participants with a minimum age of 25 years or older. This age allowed for full adult biological maturation to have been reached. Adult participants completed an expanded version of the Adverse Childhood Experiences Inventory (Appendix B) and participants were selected based on endorsement of scores of five or more for indicators of childhood trauma. Participants meeting the first criteria were provided with an additional screening form to complete a brief health screening (Appendix C). This form was to ensure participants met further inclusion criteria of not endorsing significant health conditions.

As compensation, participants included in the study who complete the interviews in whole or in part, opted for a $25 credit applied to their account for healthcare services from the non-profit Firefly Institute if they had prior affiliation with the institute, or they opted for a $25 Amazon gift card.

**Exclusion Criteria**
The researcher did not have the capacity to conduct bilingual interviews. Adult participants were excluded if they did not endorse having proficiency in English as evidenced by their score using the American Council on the Teaching of Foreign Languages (ACTFL). Participants needed to provide a score of advanced high or superior should English be a second language. No participants in this study responded who endorsed English as a second language. Additionally, participants with trauma screening scores below five or who have significant health conditions were excluded from this research.

**Human Subjects Research/Institutional Review Board (IRB)**

The University of Pennsylvania Institutional Review Board (IRB) approved the study design and process. Participants completed an IRB approved consent prior to the interview. All participants voluntarily enrolled in the study by contacting the primary researcher via email or phone as advertised (Appendix A). Interested respondents were provided a copy of the informed consent (Appendix D), and consent was obtained through written informed consent procedures. The primary researcher was solely responsible for consent procedures and obtention of consent. Following initial contact and obtained informed consent, potential participants were scheduled for a telephone screening and complete the two study screening forms (Appendix B and Appendix C) over the phone to ensure inclusion criteria were met. During the scheduled screening phone call, the primary researcher answered questions about consent or participation in the study. Interested participants were scheduled for face-to-face interviews over two separate days in two 50-minute time blocks. Documentation of completed consents and screening forms were maintained in a secured file located within the primary researcher’s office at 4950 NE Belknap Ct., Ste 205, Hillsboro, OR 97124.
Potential participation risks included a breach in confidentiality of mental health status/information, as this research was being completed through an institute which facilitates multiple programs, mental health-related and non-mental health-related. Research participants were notified they could potentially be recognized in a community waiting room that was accessible to other individuals and families seeking a variety of services. Thinking and talking about the topic of adverse childhood experiences and the impact of trauma can be distressing. The primary researcher ensured trauma-informed care principles were adhered to throughout the process: Adults engaged in retroactive narratives could be accessing potentially distressing memories from their past; therefore, risk for emotional distress was considered with participation and was clearly defined in the informed consent process. In addition, ethical research principles also were upheld according to the National Association of Social Workers’ (2018) ethical code (e.g., Sect. 5.02, pp. 27-29).

The telephone screening took approximately 10 minutes. Upon calling or receiving a call from respondents, the primary researcher asked if the respondent has the amount of time available in a private location (out of earshot of others) to proceed with the screening. During the face-to-face interview, participants were asked to sit in a chair for 50 minutes. Participants were welcome to stand or stretch, as needed. However, the researcher acknowledged that some may have felt obligated to sit for the extended period, despite their discomfort, due to power dynamics that result from taking part in a study. Expressive arts materials in the form of miniature figurines were provided to participants during the interview. These miniatures could potentially be distressing if any of the materials serve as reminders or triggers of trauma content or past negative childhood experiences.
The primary researcher has advanced training in clinical mental health interventions and trauma-informed treatment, therefore was prepared for any participant to experience distress or an acute trauma reaction from first telephone contact through interview procedures. The activity en route (telephone screening or interview) would stop, and the primary researcher would provide grounding, emotional support to the participant, and help him or her activate personal internal or external resources, as needed. These preparations for support measures were not employed at any point during the study.

Steps were taken to avoid re-victimization. The primary researcher provided information about the nature of the research and delivered materials listing local resources for emergency and therapy services that participants could activate should any of the interviews yield extreme discomfort. The researcher attempted to reduce risks from participation in the study by providing clear informed consent.

Steps also were taken to avoid secondary victimization on the researcher’s part, who was in position to bear witness to participants’ stories, which contained traumatic material. The primary researcher committed to performing a self-analysis after each interview, noting potential signs of distress that she experiences. The primary researcher engaged in consultation with colleagues in concert with reducing secondary victimization. She also committed to engagement in self-care to reduce the likelihood of experiencing secondary victimization as a result of actively participating in all phases of this study, from recruitment to final data analysis and presentation.

The risks to participants and the primary researcher were reasonable in relation to the anticipated benefits of this study. There is limited qualitative research in this area of research and the study offered an opportunity for participants to engage in narrative storytelling. This type of
research has inherent benefits in the process of narrative sharing in being heard and received by another. Participants had the opportunity to share their experiences and to contribute to potential social change, as the study sought to explain the benefits of having had access to creative arts through community supports as children for adults who experienced ACEs.

**Data Collection Methods**

**Semi-Structured Interview**

Interviews consisted of two meetings, 50 minutes in duration, using a semi-structured qualitative design. The purpose of holding two 50-minute meetings was strategic and purposive: to recruit adults who have children currently enrolled in therapy at the institute and conduct the interviews during their children’s therapy time. Typical therapy sessions are 50 minutes in duration; therefore, the interview occurred during that same time-frame to ensure adult participants did not incur additional stress or expense related to childcare. The focus of this study was on gathering narratives to deepen understanding of participant experiences in relation to trauma. The initial interview included completing an expressive arts genogram and/or an ecomap to gather information about systems in relation to client development, history, trauma exposure, and protective factors. Participants engaged during their second 50-minute session in a semi-structured interview for deepening the narrative associated with interpersonal relationships, community supports, play and creative arts participation, and resiliency. The interview data supported new theory for building protective factors to mitigate the health impact of having experienced childhood trauma.

**Family Play Genogram**

The genogram was a practical graphic framework for understanding family patterns in this study (McGoldrick et al., 2008). The genogram allowed for a comprehensive understanding
of family dynamics, including patterns, structure, and functioning through a developmental lens. Extending the genogram concept to additional systems created a brief ecomap which drew upon narratives associated with the participant’s culture and community. Expressive arts added layers of additional meaning to the genogram and ecomap. It did so by including a pictorial representation of participant thoughts and feelings related to family, community, adversity, resources, and relational dynamics through the selection of miniature figurines (Gil, 2015).

**Data Analysis Methods**

The primary researcher and her research team used grounded theory procedures during data collection, coding transcripts of audio/video interviews, and during interpretation of the results. The primary researcher employed an empathic relational stance to support participants in engaging with what may be perceived as difficult content, while remaining open to findings in a non-judgmental manner. During interviews, the researcher utilized heuristic analysis in effort to support collaboration between the researcher and participant and to ensure that the researcher accurately interpreted the participant’s narrative (Moustakas, 1990). The origin of this analysis comes from the notion of discovery. It refers “to the process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis. The self of the researcher is present throughout the process and, while understanding the phenomenon with increasing depth, the researcher also experiences growing self-awareness and self-knowledge” (Moustakas, 1990, p. 9). The research committed to engagement in self-analysis through this study with journaling to examine her own past experiences with childhood adversity in conjunction to sitting with others who had similar experiences, experiences in teaching social work and play therapy courses and growing self-
confidence towards taking on the role as a researcher. This was to ensure a close examination of potential bias within the analysis and interpretation process of findings.

During data analysis, the primary research team utilized constant comparative analysis. The primary researcher analyzed transcripts to uncover patterns regarding trauma, interpersonal relationships, and protective factors. The primary researcher engaged in memoing, or the creation of memos with theoretical notes about the data and the conceptual connection between categories or themes (Holton & Walsh, 2017). This aided in the process of sorting and categorizing theoretical and data-derived ideas.

The primary researcher promoted intersubjective validity by soliciting and engaging in close social interaction with her dissertation committee. Close cooperation with a research team helped reduce researcher bias, increased creativity and intellectual rigor, and, therefore, was beneficial for analysis (Doos & Wilhelmson, 2014).

**Data Management Methods**

All participants received access to a calendar which included their personalized interview schedule. Additionally, participants received instructions on accessing the interview location, parking, arrival time, and check-in procedures. The primary researcher set reminder calls for 48 hours prior to the interview session date through a HIPAA-compliant automated system. The researcher tracked the collection and storage of participants’ interview data using an electronic database encrypted for confidentiality per HIPAA requirements.

**Reflexivity Statement**

The primary researcher completed a reflexive journal as a means of bringing her own personality, expectations, thoughts, feelings, and potential biases into consciousness. This helped support personal (e.g., individual preferences, motivations and student knowledge on the topic),
professional (e.g., research practices, participants’ perceptions, interpersonal dynamics, and/or
communication styles), and academic (e.g., theory, method, politics) forms of reflexivity within
the qualitative research (Gough, 2017; Wilkinson, 1988).

The role of listening, bearing witness to another’s suffering, and engaging in the
interview process with mutual empathy can yield compassion fatigue (Newell & MacNeil, 2010)
and can influence the research analysis. The primary researcher continuously monitored
compassion fatigue through the reflexive journal and shared her personal experience of these
interviews with her dissertation committee. The primary researcher is a Registered Play
Therapist-Supervisor through the Association for Play Therapy. The possibility of bias existed in
the researcher’s posture, as there was investment and championing by the primary researcher for
the therapeutic powers of play in her own clinical practice and professional writings. The
researcher maintained a necessary awareness of that bias and monitored it through interpersonal
analysis in conjunction with honest reflections to the dissertation committee.

Role of the Researcher/Trustworthiness and Rigor

Padgett (2017) described a trustworthy study as “one that is carried out fairly and
ethically and whose findings represent as closely as possible the experiences of the participants”
(p. 50). The primary researcher was responsible for providing informed consent to all
participants enrolling within the study to ensure every participant understood the nature of the
story they shared prior to the interview experience. Heuristic methods influenced this
researcher’s approach in an attempt to fully honor the participant’s story and mitigate the
primary researcher’s influential bias (Moustakas, 1990).

Regular meetings were scheduled with the primary researcher’s dissertation committee,
who are experts in the fields of qualitative research for debriefing and professional support.
Padgett (2017) outlined the purpose of debriefing as identifying themes that may otherwise be overlooked during data analysis due to the primary researcher’s prolonged emersion. The researcher tracked the data analysis processes using an audit trail for academic rigor and accountability.

The primary researcher’s qualifications were clearly written and articulated for participants as a doctoral student studying clinical social work and social policy at the University of Pennsylvania. The primary researcher completed a graduate master’s-level program at Portland State University, an accredited school of social work, and had nine years of postgraduate experience in the practice of mental health interviewing and counseling. She also had completed a postgraduate certification in trauma-informed services from Portland State University and held a registration through the International Association for Play Therapy as a Registered Play Therapist-Supervisor (RPT-S). This included completing advanced instruction and practice in the inclusion of expressive arts in the construction of genograms. The student researcher held an independent license to practice mental health services in the State of Oregon as a Licensed Clinical Social Worker (LCSW). Ethical facilitation of materials and components of the study were considered through the student researcher’s code of ethics (National Association of Social Workers, 2018). The student researcher had completed training on human subjects through CITI and was able to provide a certificate of completion.

**Administrative Arrangements**

The facilities for completing qualitative research interviews were maintained by the building management and the Firefly Institute. The primary researcher provided resources, including paper instruments, copying needs, pencils, and $25.00 in compensation to participants for their time. Informed consent paperwork was completed through the institute in a confidential,
HIPPA-compliant electronic format facilitated by the primary researcher. Eligibility screening measures were completed over the phone with all paperwork stored in a HIPAA-compliant fashion.

The primary researcher completed project management within office space already established at the Firefly Institute. Research staff included the primary researcher and administrative support staff at the institute who greeted individuals arriving for services, notifying the primary researcher electronically via an electronic health record system of their arrival. The primary researcher facilitated all qualitative interviews.

Management of data collection included all hand-written notes, were maintained in a secure locking file cabinet located within the secure locked office space of the primary researcher. Electronic records were secured and encrypted in a HIPAA-protected electronic health system operated by the institute.

The researcher recorded participant interviews using audio-visual recording supplies. A professional transcription service transcribed interviews using Microsoft Word software. The transcribed data was analyzed using this same software. The electronic files were transferred to the primary researcher’s password protected 124-bit encryption computer system. The primary researcher shared data with her dissertation committee and controlled for confidentiality through encryption and password-protected file transfer options.
CHAPTER 5

Findings

Ten adults, ranging in age from twenty-five to sixty-five, consented to participate in this study. Nine participants identified as Caucasian and one participant identified as Hispanic. Seven participants self-identified as female, two as male, and one participant self-identified as agender. Participant transcripts were deidentified and pseudonyms were assigned to protect confidentiality. Expanded ACE Inventory scores are represented within Table 5.1. All participants completed semi-structured interviews. These interviews included the construction of a family play genogram with standard symbols to indicate relationship, gender identity and family system connection. Figure 5.1 is a representation of generated symbols. Participants were asked to select an object or several miniatures from the large, diverse, selection provided. These selections represented the participant’s relationships and thoughts and feelings about each member of their family or community systems.

![Family Play Genogram Symbols]

*Figure 5.1 Family Play Genogram Symbols*
The purpose of this study was to explore the childhood stories of adults who had experienced adversity and how expressive arts and play aided in coping and making meaning of trauma. Interviews included questions about adversity in early childhood and the connection participants had to play and expressive arts. Participants described the art or play as emotional and cognitive coping resources during post-trauma encounters in later life. The terms adversity and trauma are used interchangeably throughout this chapter and in the participant’s responses and their analysis.

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>2</td>
</tr>
<tr>
<td>Women</td>
<td>7</td>
</tr>
<tr>
<td>Agender</td>
<td>1</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>5</td>
</tr>
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<td>35-44</td>
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<td>45-54</td>
<td>1</td>
</tr>
<tr>
<td>55-64</td>
<td>1</td>
</tr>
<tr>
<td>65+</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 5.1 Participant Demographics

Broadly, individuals in this study reported incidents of adversity which ranged from interpersonal familial trauma to community based trauma and adversity. The types of adversity were connected to forms of suffering. Suffering included physical and emotional pain. The findings included the loss of voice as a result of traumatic events or the experience of being silent and needing to stay silent for survival. However, participants widely talked about play and
expressive arts as a gateway for finding their voice to express pain and discover meaning within their own story. Adult participants reflected on their stories and widely discussed that not having the opportunity to self-express or release emotion would have resulted in detrimental consequences to their life. Participants within the study found connections with a trusted adult or member within their family or community. Every participant within the study found those connections or secure attachments occurred within their play or art outlets. Participants widely discussed their connection with another person through an expressive activity. This aided in finding their voice and gaining a deeper understanding of themselves and their experiences. Relationships embedded in the arts offered a buffering or protection, thereby supporting the building of resiliency and posttraumatic growth. Play and the arts for the participants in this study were also connected to life-long self-care strategies and coping. Participants voiced that during times of struggle, hardship, or other adversity they faced in their life, there was a working model for how to cope with stress and pain. That method of coping continued to be centered around play and the arts. Those methods used as children for finding voice, connection to others, self-expression, and to discover the meaning associated with painful life events continued to be true throughout the lifespan. The aspects of each core finding will be discussed in turn.

Adverse Childhood Experiences

Participants described occurrences of traumatic life events. These life events included interpersonal familial trauma and community based adversity as defined within the Expanded Adverse Childhood Experiences Inventory (ACE) (addendum B). Table 5.2 outlines participant expanded ACE scores and Table 5.3 broadly provides the overall categories of participant reported trauma characteristics.

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

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Table 5.2 Participant ACE Scores

<table>
<thead>
<tr>
<th>Participant ACE Characteristics</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Abuse</td>
<td>Bullying</td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Unsafe Schools</td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Poverty</td>
<td></td>
</tr>
<tr>
<td>Household Mental Health Illness</td>
<td>Household Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>Caregiver Incarceration</td>
<td></td>
</tr>
<tr>
<td>Divorce, Loss, Abandonment</td>
<td>Neglect</td>
<td></td>
</tr>
<tr>
<td>Adoption</td>
<td>Unsafe Neighborhoods</td>
<td></td>
</tr>
<tr>
<td>Foster Care</td>
<td>Isolations/Social Rejection</td>
<td></td>
</tr>
</tbody>
</table>

Table 5.3 Group Data Participant Expanded ACE Characteristics

**Adverse Experiences of Physical Abuse**

Experiences of adversity were conveyed clearly and coherently by participants. The storytelling was emotional at times, most stories were tearful with grief and pain and for others included anger and intensity with the telling. Participants physically leaned into their stories with intonation in their tone of voice mirroring the emotion of the past as they recounted their experiences in the present. Charlotte described with open anger in her voice her experiences of physical abuse in the home:

The earliest trauma is getting in trouble and having to pick my own belt. Dad had a belt drawer and you didn't want to pick the big fat belt because it was then big bruises and
welts. And then the little ones stung a little bit more. You could make straight A's on your report card and get one mark in self-control and that'd get you whipped with a belt. And you knew they were going to do it too. (Charlotte)

Anger was also accompanied by participants during the interview with nonverbal communication of disgust. Sam described some of his experiences of physical abuse in the home with a lowered shake of his head, wrinkled nose, lowered brows, and narrowed eyes:

I remember one time when I was 12, my mom left some of her jewelry out on her dresser and I thought it'd be funny to hide it. My mom spent a while looking for it and I'm like, “Ha ha, I pulled a prank on you. I hid it from you.” My dad punched me in the face.

(Sam)

The nature of abuse described by participants not only included physical and sexual abuse patterns but extended to emotional abuse. The emotional abuse described by participants included growing up being yelled and screamed at, threatened and being called derogatory names. Charlotte described the emotional abuse she experienced, which created chronic fear of her Dad’s effort to control her:

My dad, we had horses when I was little, and he was on the ranch. He would train them. He was a cruel trainer with animals too, but he would train them to be scared to death of him. Somebody would comment about how well-behaved his children were when we’d go to their house, and I thought, “Because we’re scared to death of him. (Charlotte)

**Adverse Experiences of Family Mental Health and Instability**

Traumatic events included stories of parental mental health illness and unpredictability in the home with parent behavior. The impact for participants included a perception of insecurity and distrust within the relationship. The overarching narrative across participant experiences was
a lack of trust that a parent was capable and could care for them adequately when they were children. Jane explored her relationship with her mother which included chronic insecurity with her mother’s mental health and knowledge that her mother was not able to be a caregiver. This brought Jane into the position of a role reversal in her family system during early adolescence:

My mom would get in a relationship with someone and then get divorced and then get in a relationship with someone and then get divorced. And so, each time there was a divorce, we would move again to another suburb of Atlanta, so we weren't wherever the relationship had occurred. I think she had remarried 12 times or 13 times by the time I was 13 years old. My mom eventually went into this really deep depression. She slept on the floor in our guestroom and would never come out. I stopped going to school and instead started taking care of my grandma, who was still alive on hospice at the time. I would say I did that the last six months of her life, was her caretaker, while my mom was asleep with a box of Chips Ahoy on the floor. I knew she couldn’t take care of anyone. (Jane)

Addison described the deep distrust she had of her mother, not being able to trust her intentions and having a lack of confidence with her mother’s ability to provide care:

My mom was very good at seeming outwardly very loving and caring and a wonderful mother, but unfortunately she was very controlling with it. She was incredibly selfish. She was very manipulative. She was diagnosed bipolar type one, but she did not take initiative in managing things. (Addison)

Parental mental health issues were also described with fear and anxiety and interconnected to neglect or abuse patterns. Violet openly cried, needing to pause and take several breaths, as she described some of her past experiences growing up in her home.
My mom had anxiety and depression. She had suicidal ideation. I think she wanted to escape. My dad struggled with addiction, alcoholism, he was abusive towards us growing up. Both my siblings and I were sexually abused by my dad. He was sexually abusive. (Violet)

Jane described the emotional and physical cost of witnessing and/or directly experiencing adverse and traumatic events. This included chronic fear, stress or anxiety, deep sadness, loneliness, isolation, and disconnection from others. Jane summarized her experience as:

I remember being 10 or 11 years old and being like, “I’m never going to live past 16.” I very vividly remember thinking, “I am not ever going to be an adult because of this situation I am in. There’s no way I’m going to live. I am alone in this. (Jane)

Sibling conflict, abuse and trauma were also prevalent for some participants. While creating a family play genogram Christina explored being the fifth child out of ten in her large family system. Her oldest brother was often in a position of authority throughout her childhood, asserting power and control through fear and violence:

My oldest brother is really into hunting, so this moose figurine represents him. You know how like elk or whatever they are like prized possessions, he’s like that with the siblings. We were brought up to respect our eldest, he had the responsibility as the oldest. But for me, the horns make him unapproachable. That is why I chose the moose with the antlers. My brother would get very volatile and that felt so unsafe for me. (Christina)

**Adverse Experiences of Loss**

Adversity within childhood was also described through the lens of disconnection and loss. Jim talked about his identity with emotional pain, he was tearful and angry as he retold his
story of being an adoptee and living with the knowledge that his biological mother preferred to remain distant:

My mother, she put me up for adoption at birth. I went into foster care until I was finally adopted by my mom and dad. My biological mother, she never wanted to see me. She married well and I guess she didn’t want anything to interfere with that. I imagine a lot of adopted kids go through stuff like that. You wonder where you came from and there’s just a little part of your life you want to fill in. Reaching out to my biological mother had been a little like a life lesson in be careful what you wish for in some way. (Jim)

Adverse Experiences of Community Violence

Adversity during childhood included an exploration of experiences participants had within their communities. Participants discussed living in unsafe neighborhoods or communities in which interpersonal violence and bullying were commonplace occurrences.

My mom had put all her trust in her significant other to pay bills and all those things. We found out he had not. So, we got evicted with 24 hours’ notice. We had these crappy apartments and were concerned for safety and all of that. We were in rough neighborhoods where people like died and shit. (Jane)

Becky explained that her world growing up shifted toward fear when she was sexually abused by a community member. She described fear and the need for silence while holding the knowledge that she had a “monster” living near her.

It was a realization monsters lived in the world, but not under your bed. They were there though. I was sexually molested by a family friend. My perpetrator was a friend of my mom’s, a church member, a member of our congregation, and an umpire for the softball team. He was everywhere. He lived down the street from my elementary school. Nobody
knew what happened, although my mom actually did know. There was one time she called me out on it. She asked me what had happened between me and this man. We were driving at the time. I just stared out the window and wouldn’t answer a word. (Becky)

Jim described emotions of trepidation about going to and leaving school because of his experiences being bullied and targeted by other children:

Yeah. In school, I was never one of the kids in the in-crowd. I was going to elementary school. There were these kids that literally would be ... I don't know how I ended up on their radar, but it was about a mile from school to my house, and I'd ride my bike to school. Every day after school, to avoid getting beaten up by these kids, I would rush out of school, jump on my bike and ride as hard as I could to get home. (Jim)

**Strategies for Survival**

Participants reflected initial strategies of survival and coping which included silence or becoming small and invisible. Charlotte described her survival using silence during moments of abuse in the following way:

And then one year I tried to erase that check mark in self-control and of course it had a big mark, it was made of ink ... yeah, I mean it was obvious I had tried to erase it. So that was even worse. But anyway, I tried putting on two pairs of pants, so it won't hurt so much. But then by sixth grade I learned to keep my mouth shut. I wasn’t going to talk anymore in class. When he spanked me with the belt, I would not cry. I wasn't going to do that anymore, ever. (Charlotte)

Sam struggled with safety in his neighborhood and community school. He described silence as a means of separation and avoidance from others, becoming invisible:
At school, at recess, I spent time alone. The teachers threatened me. I had to go play on the playground or I'd get in trouble. I was bullied a lot at school, so I just separated myself from all the other kids and was quiet, invisible. I didn't want anything to do with them. (Sam)

Julie recounted a time during her childhood in which she felt isolated and rejected by her peers. She described struggling to talk with her mother about what was occurring at school, deciding upon writing a letter. Julie wanted to get her thoughts out and ask for help, but having a direct conversation was too much for her to take on. Julie’s perspective included further rejection and as a result silencing of her voice:

   I thought to myself, “Why don’t I try writing letters?” I remember I did it, and that was the only time I ever did it. My mom got so mad at me. She’s like, “Why can’t you just talk to me? Why do you have to write something so impersonal as a letter? That is weird,” and she didn’t even read it. And, so, I didn’t do that ever again. I kind of eventually just learned that I need to tell my parents that I’m fine and [not] talk to them.

   (Julie)

Participants also described an ability to shift behaviors or how they engage with others to fit in, survive or adjust to new surroundings. Sarah discussed learning to read her environment, which became a learned trait and helpful in her success as she navigated new cultures, experiences, or people. She described her personality as being a chameleon or having the ability to adapt quickly to her environment or the conditions around her:

   I went to Europe for a whole year and was an exchange student. When I came back, I was ahead and could graduate at sixteen. I didn’t really have a high school, so I went to college. I went to Wisconsin and kind of made my own community and did my own
thing. I was fine. I was dropped in the middle of nowhere and did fine. I lived in Europe
and did fine. I kind of do fine where I’m at. (Sarah)

The adverse life experiences constituted multiple variables from interpersonal trauma occurring
in the home to community variables of safety and insecurity. The family dynamics included the
complexity of positive growth and relational repair to chronic disruption, insecurity, or betrayal.

**Family Systems**

Participants described family systems with stories that held positive and negative
occurrences during their childhood and within those relationships. Recollection of family
systems included complexity, both in organization and emotion. Many participants found
difficulty in tracking the number of marriages, divorces, births and deaths with large family
systems and historical change. The verbal narrative was paired with a visual representation of the
family system in the form of a play genogram. This visual representation was a gateway for
emotion to emerge about family member’s personalities and experiences which included abuse
and loss. Expressive arts added a layer of information within the narrative and interview.

Participants constructed on paper a representation of their family system utilizing traditional
shapes as represented in the example within Figure 5.1. Following completion of the traditional
genogram, participants were then asked to pick a miniature that represented or showed their
thoughts or feelings about each member of the family system, including themselves. The process
resulted in movement of the conversation from a fact based discussion towards emotion and
discovery. Some participants expressed confusion over selection of an object, later experiencing
a dawning realization for the meaning. The overall process included rich conversations, holding
greater depth of understanding for each family member. The object selection often yielded rich
story telling as participants elaborated on their selections. The selection of miniatures to describe
family dynamics yielded conversation and content of relational interactions, which held emotional pain in some instances, but also held positive emotions of hope, joy, or love. Jane described her family system with complexity due to the many marriages, domestic violence experiences and divorces.

My mom and dad were married but divorced around the time I was two. I moved to North Carolina with my mom and we moved a lot. She would get in a relationship and then get divorced, so we would move again. Her relationships always ended in some really nasty way. There was usually domestic violence involved. After all these marriages happened and ended there came a point, I asked my mom, “Can we just not be with anybody?” (Jane)

Jane conceptualized her mother in the form of a character she remembered from the Disney film *Coco* depicted in Figure 5.2. Jane stated:

I can’t remember this guy’s name. It’s the bad guy from Coco, but in the beginning, you think he’s a good guy. The more you chip away at her show, it’s very clear that the bottom line is survival for herself and no one else. (Jane)
Jane paused in the conversation and returned to selecting miniatures. She described a baby that caught her eye before and not knowing why. Jane reflected further, holding the miniature baby in her hand, finally adding the object to her family map to represent her mother.

I’m also choosing a baby for her because sometimes her thought process is like “What? Do you even understand life?” You know what I mean? I wonder how she even came to her decisions. None of them made sense. Where was her brain? Was it developing like a baby’s? So, I think that’s why I chose that. (Jane)

Jane smiled as she selected a miniature for her father. The smile was warm, and she laughed softly placing the miniature of an octopus on her genogram to represent her father.

Okay. I picked my dad as the octopus. I think partially because he is a marine biologist. I spent a lot of time with him after my mom left me and so I have all this knowledge of undersea life. He’s always busy and he seems like he has all of his arms in lots of things, you know? He does a lot and is kind of like this octopus. They are wise creatures.
They’re smart. I think that’s why I chose that. I also just like them a lot and I like my dad a lot. (Jane)

The selection of a miniature or object to represent the participant themselves, was selected last in every case. Not only was the miniature selected last in each participant’s history, but most required prompting to make the selection. Jane selected the miniature Disgust from the Disney film *Inside Out*:

I think I chose Disgust as me because when I think back to my 13-year-old me, that’s definitely what I was, especially towards the end of everything with my mom, all her relationships, my grandma dying. I was kind of like, “This is ridiculous.” I had no clear base for what real life was like. I was in this weird spot and disgusted by it. (Jane)

Emotional cutoff and disconnection were discussed in an effort for participants to manage difficult emotions, many reduced contact with members by cutting them off emotionally. Christina succinctly described her experience of reduced contact and cutoff. She did so angrily and motioned with her hand over the play genogram or map of her family system:

Not anybody’s emotional needs were met within this family. None of my siblings were really safe. We grew up in a very, “You can’t share your feelings, don’t be vulnerable” kind of home. Honestly, I didn’t allow any of these people in my inner circle. Not. One. Person. (Christina)
Participants described families as being embedded within culture and that culture influencing the development and relational ties through collective attitudes, beliefs, ideals, or morals. Christina described her immigration history and the influence of Romanian and American culture within her family system:

I was the last one born in Romania. The other kids past me were all born in the United States. I was probably about two and a half years old when we immigrated. I feel like dinosaurs represent Romania. Dinosaurs, because I feel like we’re kind of off the grid, not a lot of people talk about it, not a lot of people visit it. The Romanian culture collectively is very much a tough love group. I realized that more and more. You’re like dinosaurs scavenging for your food and resources. I also added the balloons for America. I felt that way growing up, like we now have all these resources and live in a completely different world. The colors represent the diversity of opportunity I had coming here. We are now the dinosaur and the balloons. (Christina)
Many family systems had secrets or stories that were held back and hidden. Sam constructed his family play genogram with thought and care. He looked through miniatures and placed each selection on his map. He stared at his work and stated:

Patterns... that’s a real big thing that I’ve noticed in my family, and this is something that I’ve thought about a lot. We all keep secrets. There’s a lot of things we just do not talk about in my family. I mean it will range from little things like, “Oh, I didn’t like the Christmas present she got me, don’t tell anyone,” to “Your Aunt gave a kid up for adoption and nobody ever knew about it until they found us and wanted to reconnect.” So, I’m often like, “What?” (Sam)

![Figure 5.4. Family Play Genogram: Sam](image)

Sam stared at his genogram for a long moment. The reflection was provided that he had selected a tornado for his father. Sam gave an audible sigh, finally stating: “Yes. It’s just a lot of feelings. A whole lot.” Sam moved forward quickly, avoiding more conversation about his selection or emotions and began talking about his mother, whom he selected to be the White Rabbit from the Disney film *Alice and Wonderland*: “So, my mom is the white rabbit, because she’s always running around. She became an aerobics instructor.” He also gestured with his hand to the puffer
fish, which represented his brother: “I don’t have any interest in really getting to know him. We don’t talk about it. He’s kind of a jerk…I keep him at arm’s length.” (Sam)

Individuation and autonomy within the family was a predominant overarching point of conversation across participant narratives. Participants described a sense of achievement or individuality within their family and that was developed out of loss of safety and the ability to rely on others. They described moments in time during adolescent development of being self-governed and making independent and important decisions without oversight or management from another person or authority figure. Sarah was sixteen years old when she completed high school. She described herself as ‘the black sheep of the family’ and being different from other members and taking a different path in life than what was expected of her:

I’m definitely the black sheep of the family when it comes to things…they love me, but I am the black sheep. I was a very rebellious teenager and rebelled against all of them and did whatever I wanted…they all went to private school. I was supposed to go to a private college that my grandparents went to. Everything was about tradition. They said, “Where are you going to go, Wisconsin?” I had never been to Wisconsin before, so I went to Wisconsin. They dropped me there, and they left. They didn’t even come inside. Everyone was so mad at me for going to Wisconsin. I went to Wisconsin because I didn’t want to go to a private school on the east coast. I didn’t want to do exactly what everybody else wanted me to do. (Sarah)

Sarah described herself within the genogram in Figure 5.5 by using the large trophy, stating “I’m the queen!” She used this as a way to represent her desire to be seen and be in charge of her life and destiny.
Sarah also reflected on members of her family with strong personalities, individuals, and important role models for autonomy. Sarah’s grandmother was represented as a golden sun with the following reflection:

    My grandma is really cool. I love her and she’s the boss of our entire family. It’s very suiting that she would be right at the top of the map, because if she is talking, then no one else gets to do anything, because she is the boss. When she dies, I think we will all just fall apart…we could just knock everyone off this board here, because no one will be telling us what to do. (Sarah)

Sarah described her father as independent, powerful, and successful. She included within her conversation the struggles he faced with alcoholism while she was growing up. He was represented on her map with a miniature bottle of alcohol.

    My dad is an interesting guy. Everybody loves him. He’s super-duper charismatic. He has tons of friends. He was a lieutenant colonel in the military. He definitely suffers, you know what I mean? Yeah. He struggles with addiction. (Sarah)
The need for assuming adult or parent roles by children within the family to ensure survival was also evident in many of their stories. Jim provided an example of these complexities represented in Figure 5.6:

They said my dad had been in an accident. It had appeared to be fatal. It was just my mom and me after that. Yeah. My childhood ended there. My mom was legally blind, had been all my life. I took care of her and saw to her needs. Actually, I had to get a driver’s license when I was 14. It was actually a thing in Oregon at the time we lived there. My mom had regular doctors’ appointments. I got this hardship permit to drive. (Jim)

Jim expanded on his family system as he added miniatures to describe each member and his experiences. He selected the character Anger for his father from the Disney film, Inside Out. The selection for his biological mother who gave him up for adoption was represented by a nondescript wooden character. He selected a doll for his sister and the mythical character Cerberus for himself. The process was emotional as he made his selections. He paused often, with long moments of silence, thinking about each selection as he gathered his words:

My dad would get mad at my sister, but he never hit her that I ever saw. He would hit me, not just with his hands. It could be a belt or a piece of wood from the shop. My sister Denise. She still loves him. She’s like the doll, just sitting there on the porch not really seeing what was happening, but cuddly when you needed it. My mother. She’s just a placeholder here. That’s her role in my life, just a placeholder. I don’t know. Then there’s me. Some people think of Cerberus as being…you just think of him as the hellhound at the gates of hell. He’s the one that was keeping the people that belonged there in. I spent my life, my adult life, in the Navy and the rest in law enforcement. It’s funny, when I was
a kid, I was really into Greek and Roman mythology. I remember reading about Cerberus. I thought he was an interesting character in that way. A protector of sorts. (Jim)

Figure 5.6. Family Play Genogram: Jim

Participants described needing a sense of acceptance or value within their family system, a place to belong. Some participants found acceptance and described feeling like they belonged in their families and others had opposing views. Participants found support with some members of their family which provided moments of connection and love. These moments would help mitigate the encounters of disconnection or loss. Sarah reflected on her place within her family, her identity as the ‘black sheep,’ yet finding she belonged in her own way.

Belonging. Like, ‘Oh I’ll be helpful.’ Whenever people are arguing, I’ll go cook dinner. You know what I mean? I can make something. I can do it with my hands. I can’t necessarily keep up with you…I do feel like a smart person. I’m not saying I’m not smart, but I literally have a rocket scientist for a brother. That’s a high bar. I’m intellectual in a different way. For me, I can make something, making things was something I could always do for the family. (Sarah)
Jane reflected on her experience receiving support and feeling connected to her dad, following disconnection and abandonment with her mother.

My dad showed up to everything. We were really, really close when I lived with him. Not initially because I was pissed off at him, because I felt like it was his fault mom left and I had to stay there, but that wasn’t the case at all. He let me be pissed off for a long time. We became really close. Him coming to everything was really cool, because it was such a departure from my mom coming to nothing. So, to feel valued in that relationship was really neat and important to me. (Jane)

**Relationships**

The social connection and relationships participants found within expressive arts were described as meaningful and a foundation for expressing ideas and emotions. There were two experiences associated with relationships that were consistent and connected across interviews. Relationships contextually included support, love, and positive regard. Relationship also included some form of expressive art. The combination of these two experiences were profound and provided protection against adverse childhood experiences. Participants also experienced a sense of approval from their community through their art and play. Participants reported feeling connected and understood. Individuals who made a difference in their lives were the individuals who listened to them and accepted them unconditionally. Relationships were both nurturing and held elements of wisdom or the feeling that these adults could provide guidance. Many participants reported feeling challenged to do more or reach goals that they never thought were possible. Participants also described building a community within their art or play of people who were like-minded and accepting. Relationships within the expressive arts allowed for shared meaning and communication through the art which transcended language. Violet recalled
working with an art teacher in school. This provided an opportunity to explore emotions, thinking, and her experiences at home. Violet’s mother suffered from severe anxiety, depression, and suicidality. Her connection to art was a way to express without the use of language what was happening at home. Violet talked about connecting with her teacher and that relationship provided her a sense of safety and trust to be vulnerable and share the complexities of her life.

My art teacher. I don’t know, maybe it was easier to connect with someone doing something you both enjoy. She always appreciated me, had a genuine interest in what she was teaching me. She was a good listener. She encouraged me to connect with the projects on an emotional level, which made it feel like it was safe to open up around her, because she seemed like she was receptive to it. The art was a way to access feelings and I had someone to share them with. (Violet)

Jane recounted her experience with a band teacher whom she described as being stable and challenged her to pursue a goal of becoming drum major, which was outside her comfort level.

Our band director was very serious and gave me this leadership position. I don’t know if it was the increased structure or what it was, but he came across as very confident and that was really helpful because of coming from what I came from. When we failed at something, like if we went to contests and we didn't do well, he's like, “Okay, we failed. Here's what we have to improve on.” That clarity and that confidence of "This is what we're doing" I think for me was like, “Oh, that's something you can do? There's this model of adulting that I didn’t know existed?” I think he was really beneficial. He picked me. He challenged me to do better and for the first time I felt like I could. (Jane)
Jim described feeling more capable as a result of the trusting relationship he experienced with one of his creative writing teachers: “She was amazing. She was my Albus Dumbledore, just this magical person. She always treated me like I was a capable person who could do this.” Christina discussed her process of feeling shy, reserved, and lacking confidence to do what she wanted most as a child, to sing. She reflected on her interactions with a trusted choir teacher in grade school and middle school. These interactions provided Christina with a sense being worthy and valuable:

Yeah, I think she was the first one to say, "You need to try out for this." She kind of spoke my tone and my language very straightforward and blunt, and so I liked that. She wouldn't really let me wiggle my way out of things or make excuses because I was uncomfortable. She would literally sign me up for the audition and say, “You need to come. If you need a ride, I will come and pick you up,” so it was very intentional, and it was about me, just me, which was nice. (Christina)

Christina also maintained life-long connections with influential and supportive adults. She described her kindergarten teacher and the friendship they now have. A turning point for Christina, navigating adversity and learning a new language following immigration, was the warmth and nurturing she experienced from her teacher. That consistency created a secure relationship she could trust.

I'm still friends with my kindergarten teacher, she made that much of an impact in my life. She was just so caring, so nurturing. English was my second language. That's where I learned English, she was just so sweet, and tender, just very nurturing. (Christina)

Addison recalled her music teacher as being influential, warm, and nurturing. These characteristics of the teacher inspired confidence in Addison and created faith in her capacity to
continue self-expression through her music. The relationship provided guidance or inspiration to try new things and a sense of mastery and competency:

My music teacher, I still remember her. She was very nurturing, very warm, very approachable. Her connection to music obviously was a kind of projection out to all of us. I felt inspired, like I can do this. (Addison)

Julie reflected on her past and relationship with an art teacher. This relationship was a holistic model of being cared for. Julie understood what it means to have someone to prioritize her needs and celebrate her accomplishments. She described the connection she felt with warmth in her voice:

She was very wise. My art teacher was like, ‘Here’s how to draw and also what you should expect when you’re looking for a job’ and that sort of thing. She was always really happy. She was really short and kind of big, so she was just love shaped. She was shaped like a friend. It was really easy to be open with her. When I graduated, she brought me a whole bouquet of flowers and was like, “It feels like my daughter’s graduating.” I was like, “Mom, don’t say that. You’re going to make me cry.” She was always very motherly. I loved her. (Julie)

Julie also described her relationship with her art teacher in contrast to a therapist she saw as an adolescent. The therapist was meant to be a resource and support for Julie who was experiencing significant bullying and marginalization at school related to her gender identity. Julie described her art teacher starting where she was at and reflected her artwork back to her in the following way:
Don’t worry about progress and anatomy right now. What you have is pure emotion. You don’t need to have the answers. There is time to learn to draw correctly and figure out the meaning. Play with your art and let it unfold the way it needs to right now. (Julie)

Julie reflected that upon presenting her artwork to the therapist, the response was different. Julie did not feel connected to that therapist. She did not feel heard or accepted. The contrast for Julie between these two encounters was the awareness that some people can accept one unconditionally and others want a person to be something they are not:

My therapist was like, “Well, why don’t you try drawing something happy, like a flower?” And I’m like, “I don’t want to draw a flower. Why would I draw a flower? Look, there’s one right there on the ground.” That always seemed so stupid to me that she tried to take this one thing that I willingly did for myself to get feelings and thoughts out and try to get me to do something else with it. (Julie)

Participants reflected upon their relationships in terms of security and reassurance as a predominant characteristic of the trusted adult. Participants described a sense of confidence that the adult could care for them. This provided additional security and safety within the relationship. Charlotte told a story of one of her favorite teachers and softball coach, a nun at the Catholic school, confronting her father. Charlotte’s father was abusive, and she described feeling terrified by him. Sister Mary demonstrated power and control over the situation which became an important moment in Charlotte’s life:

Sister Mary was someone I could rely on. She was a boss, you know? My dad had this reputation in the neighborhood. We didn’t get to play out on the streets with other kids and had to stay in our home. We weren’t in the community much, but alone. Well, I practiced dance in the studio probably five days a week. I forgot one time to put on this
blackboard in our house the time I was leaving and coming home from the studio and he
was furious. He grounded me even from the studio. He said I could not play in the school
softball game that Saturday. Sister Mary was a large woman in an old habit with big
wooden beads banging off of her thigh. She was the coach and without me we would’ve
had to forfeit the game because we only had nine players. I was painting the wrought iron
to fence in our yard and she came marching up that driveway, beads banging against her.
She confronted my dad like no one had ever or would’ve ever done. Dad had this
reputation, you see. She said, “I appreciate that you can punish your child in any way you
see fit, but this is not just her you are punishing. This is not fair to the rest of the team’
and so on. He would never let anyone tell him what to do. Never. I got to play in that
softball game. This was the first time I realized my dad was not next to God. She
continued to check on me, you know? I think she knew what was happening and cared.
(Charlotte)

Therapeutic Powers of Play

Participants explored their access to play and the arts throughout childhood in the forms
of managing stress, gaining opportunities for self-expression, finding release for pent-up
emotions, and experiencing emotional growth. Participants reflected on their experiences with
expressive arts and access to play as a means for exploration of what it meant to be human. Play
and the arts created the ability to build self-worth and develop mastery for creative problem
solving. These aspects of play and the arts built a foundation of why play mattered to the
participants and how artistic expression and the opportunity to engage in play during childhood
was therapeutic and important.

Stress Management
The art or play activities participants engaged in as children allowed for a brief reprieve from thoughts and emotions as a result of the experienced adversity. The access participants had as children to expressive arts provided opportunities for stress management. The forms of stress management became an escape and coping mechanism to allow for survival during difficult circumstances.

The impact of stress on the body due to uncertainty about the environment, abuse or trauma felt taxing and destructive for participants. Many participants described feeling physical and emotional pain, a constant feeling of dread, confusion, and chronic sadness. Stress management for participants included strategies or use of the play and art as a technique to cope with or decrease the physical and emotional pain associated with the stress experienced. Participants described this as essential and necessary to survive the home, neighborhood or life events taking place:

That's what I used to do, you know? Spent a lot of time with a record player in my bedroom dancing in my bedroom. It was my escape. The older I got, it was like I could move in my bedroom crying to the music, moving, I played that out in my dance in my bedroom. It was a form of escape or coping, relaxing or something. It's just like, it took me away from reality. (Charlotte)

Charlotte described dance and movement as a self-soothing strategy. She described having a natural inclination to move her body from the time she was young, movement she craved or needed throughout the years growing up.

I don’t know if I loved moving my body to music, it may have had something to do with what was going on at home. I just know I needed to move, and I loved it. I just wiggled
my body when music would play. I can remember doing this since I was three years old.

(Charlotte)

Participants described repetitive, rhythmic activities within art, music and play as being calming. Sensory play opportunities which offered a space to explore multiple senses (tactile, sound, visual) with nondirective and directive applications were soothing experiences and improved regulation through mastery-oriented play activities. Jane described these types of sensory play opportunities:

When I got into making music, I think for me it was kind of an escape when I would play my flute because I had to focus really hard on what I was doing, what I was hearing, to be able to get it, like reading music and having the right embouchure and all of that nonsense and the right fingerings for the notes. I had to really immerse myself in it to where I could get it. I think I was able to kind of detach a little bit from everything that was going on for me, feel the keys on my fingers and feel the music emotionally. Life was very confusing, and it was very overwhelming otherwise. (Jane)

Jane’s ability to immerse herself in the tactile experience of playing the flute, the auditory sound paired with controlled breathing, provided soothing for the stress response system. She also had an opportunity to engage in a directive application of music shifting her towards having a sense of control or mastery over her thoughts and emotions. This allowed her to detach momentarily from the chronic stress, overwhelm and confusion she was experiencing. Christina described access to music as healing and that it offered her the ability to feel connected to herself and that connection reduced anxiety, anger, and other stress when she needed it: “There’s a major connection for me with music. It was just healing. It was a distraction and something I needed to do to feel grounded when I was having anxiety or feeling very angry.” (Christina)
Violet and Julie both described drawing and the act of making art using their hands as regulatory for their bodies, a way to manage stress and find normalcy: “I think it was around fifth grade I started really getting into my art. I started drawing and creating. It turned into this thing, my thing. It was just so relaxing for me to do” (Violet). Julie’s account was similar:

Even in the very dim light of my room I would just scribble and draw things. It was just a way to get it out so that I could calm down and go about being a human person, you know? (Julie)

Fantasy and pretend play can come from role play, dramatic play within a theater or exist in other forms of imaginative or creative play. Fantasy play involves not being limited by reality; therefore, participants could use that play to act out their world or experiences using metaphor, and symbols. The ability participants had to lean into creative role play through theater provided gradual exposure to emotions and metaphor to examine those emotions through a character indirectly.

I mean playing it out was relieving, I guess, it was like all that stress and everything about being me was put away. I could be someone else for a while, even if it was just pretend. It is an outlet. A huge outlet. The role to play someone who is angry, you can let your anger out. You can put a lot of energy behind your performances. (Sam)

Sam described having an outlet to move his emotional energy into performance and his character. This allowed him a safe distance within the metaphor of his play to develop the character and examine difficult or complex emotions, such as his own anger. Jim described a similar experience with fantasy play and role play within theater. He described an opportunity to get lost in the metaphor and become a different person. This provided room for escape into the play, opportunities for him to examine his own emotions through the metaphor of his play.
I remember, at the time, not knowing what method acting was, but looking back now, it was a method. I would just dive into these roles to a sense where I could just be someone else and get out of my own skin for a while. It can dredge up some stuff though deep inside. I just let it all out in the show. (Jim)

**Self-Expression**

Play and the arts provided participants the opportunity to express their feelings and thoughts, which enabled making sense of their worlds and their experiences. Play was seen as an appropriate method of self-expression and something they could access. Play provided safety with that expression and the materials they selected became a way to communicate. It was through play and the arts that participants felt they could explore what was unfamiliar, unknown, or confusing and make it familiar. Traumatic experiences silenced many of the participant’s voices, but their play and their art created an opening for finding that voice through self-expression.

It was nice to get away from the unhealthiness at home and come to a community where there was just love and support. Growing up my mom always told us, having fun and laughing was forbidden. I don't know where that comes from. We were just very monotone and cold in the home. Once I was able to sing and perform, I was able to express myself. It was very liberating in a way. And that's probably why I clung to it my whole life. (Christina)

Christina described her home as controlling and there being a lack of resources to play. When she connected to a local theater, she was able to express herself in a new way. This was an opportunity for her to connect her emotional experiences to a creative story of her own choosing. She continued her story and stated:
I was in the Sound of Music. I played one of the lead nuns, but they asked us to write kind of like a biography on these characters from birth up until now. I just made up a story and became the pirate nun. I had a patch on one of my eyes and a hook for my hand. They let me go with it. The Sound of Music twist so to speak and everyone in the audience was like “What is up with that pirate nun?” So, I liked taking control and building my whole character. She had come from some type of war and had gone through some type of trauma. I don’t remember all of it, I just made it up, but I remember the director saying about my acting, “That was the best thing I’ve ever seen.” (Christina)

Christina was able to use pretend play and allow for distance from real life, yet infused into the character her own emotions, thoughts, and fantasies. She brought her character to life through her own story. When she thought about her character in retrospect, the nun she created for this production, there was intensity in her delivery. She was not able to recall all the events or specific trauma her character had experienced, what mattered was the emotion of those experiences. The emotion was what was on the stage and she was able to experience control over her story. Christina could express things through her pirate nun character she was forbidden to express in her home. This safety of self-expression within the play allowed for therapeutic growth and integration of her emotions and verbal expression. Jane described a similar experience of feeling and processing emotions through her music. She recounted what it was like to shift from numbness to connection with her emotions again through music.

And oftentimes, when it came to creating or performing music, it was really expressive. You have to connect with certain emotions, and I think a major way that my trauma's manifested in my life is through emotional numbing. So, I think all of these things were
really huge and helped me connect with those emotions, so that I could actually feel them and process them. (Jane)

Play provided safety with self-expression as children. Participants expressed thoughts, emotions or reviewed their history and past through their play and art. Julie described her art as a way to express emotions. Again, there was a description of the tactile or sensory component of the play and art itself. The multi-sensory environment was an opportunity for Julie to feel her emotions as she expressed her inner world on paper.

In high school art was one of the ways that I vented. Because I often had problems talking about my emotions and expressing them, but the act of putting a pen to paper and scribbling out my feelings really helped. Most of the time it was a fountain pen or calligraphy pen just to kind of hear the scratchiness and feel the black scribbles on the white piece of paper and maybe just literally getting the emotions out. Often, I drew really scribbly monsters that were huge and looming over a tiny figure. That kind of thing was common. Sometimes there was red for blood and I would draw something really gory or sad or just any way to get it out and try and convey how I was feeling. (Julie)

Violet reflected on her experiences and the concern she had about times she couldn’t feel anything at all. The ability to self-express through her music was a means of exploring her unknown emotions safely.

I was so emotionally numb all the time, I think music just felt like a safe route for me to feel those things because it wasn’t related to me specifically. It was easy for me to pick up a piece of music and feel what the composer was expressing, because that was not pointed at me. It was easy for me to pick up a book and read about the character and what their experience was because it was kind of like “I’m safe.” I can put the music or book
down if I want to. It is the same with art. It was just a nice indirect way for me to access feelings. It wouldn’t become so overwhelming that I would shut off. (Violet)

Addison conveyed a similar experience with music and emotions. She described having an ability to self-express through the safety of the metaphor and play itself.

It was a means of expressing feelings that I felt like I had no other way of expressing. I could sing a sad song and sort of feel those emotions in a way that was safe and healthy because I wasn't saying I was sad, the person singing the song was sad. (Addison)

Jane summarized her experience with music as it being a gateway to provide her the ability for self-expression of her own story through her specific selection of music: “Music has always been this huge part of my life. I used to make as a kid a chronological order of the songs, a chronological timeline of my life based on the music. (Jane)

**Release**

Participants described their experiences with play and the arts as the discharge or release of contained or pent-up negative emotions. The release of what they felt as negative yielded positive effects and an escape or reprieve from their distress. Play for participants supported the discharge of deeply felt emotions which had been stored, giving the participant, as a child, the sense of power and mastery of their life. The expression of emotion or emotional discharge participants described was a release of tension in a safe a natural way and offered relief to upsetting experiences. Charlotte recalled using movement and music within play as a release from disappointment and loss:

I could move in my bedroom crying to the music that I didn't get to go to the dance that everybody else got to go to, or I didn't get to go to the volleyball games, basketball games, or football games, but I played that out in my dance in my bedroom. (Charlotte)
Christina expressed her opinion with initial nervous laughter, but as she talked her voice and posture demonstrated confidence and conviction in what she was communicating:

> I mean, it's so cliché but I know music was kind of the leading factor of healing for me. It was a way I could express myself, otherwise I was internalizing everything, which I know would have been detrimental now that I'm older. (Christina)

Creative outlets of play and art offered not only the venting of difficult pent-up emotions, but provided permission to express emotions juxtaposed to not feeling anything at all or the numbing of emotions. Creative outlets offered a way to experience difficult emotions in safety. There was an ability to feel something new as a result of the release of negative affects as described by Jane:

> And then when it came to music and poetry, those were just ways that I could kind of get all my thoughts and feelings out because I felt like my mom wasn't really a safe person to talk to. She wasn't someone that was receptive. She didn't like to hear about problems, and she didn't like to hear any criticisms or anything. I think, especially writing music, that allowed me to get that frustration or get the sadness out in a safe way. And I think it allowed me to kind of experience a different emotion even. (Jane)

Julie recalled her past experiences with venting negative emotions to reduce the feeling of being overwhelmed. The physical play with her art provided her a safe way to engage in destructive behavior. The play and art outlets she used during childhood were a way to experience anger and emotion through action.

> It was just because I was so overwhelmed that I just need to ruin something, and I could make that something a blank page on a book instead of ripping up my things or whatever. But I never actually hurt a person or an animal or anything. But there were definitely
times where my brain was just like, “ruin something.” Just destroy it because you're so upset. And the sketchbook helped a lot with that because even sometimes I would draw something and then I would just rip up the drawing just because I needed more like a feeling of release, I guess that the resistance of the page when I ripped it, that kind of thing. And it wasn't even because I disliked the drawing or anything, it was just like, “Here are all my emotions, here they are going away. Dump them in the trash. I'm done now.” You know? (Julie)

Addison described that access to art and creative outlets helped her find her voice which was the catalyst for finding meaning and hope.

Writing was this huge creative outlet for me. I wrote a lot of poetry. My teacher encouraged me. I could write, be creative and find my voice. It became my freedom, my safety. That’s how I feel about it even today. It gives me hope that beauty can come from pain. (Addison)

Re-creation

Participants’ description of release and self-expression flowed into the concepts surrounding re-creating their story or experience through the art or play activities. The ability to re-create experiences and begin to make sense of those experiences through art and play were identified by participants as an opportunity to heal or gain insight and mastery over their emotions and mind.

Writing plays and stories would just kind of help me see where my mind was at with certain things. I'd like just to start doing something, I'd start writing this thing and I'd look down and it’s like, “Is this what I think about?” And kind of seeing that on paper I could
go to a dark place if I want it to. I could take myself there if I needed to. It was healing in a way, you know? (Violet)

Participants shifted their conversation to the creative outlet which provided an active form of control. The play and art expression became intentional and focused towards finding understanding of the traumatic experiences.

I think music gave me a bit of an outlet, like a safe outlet. I think more so once I started getting into high school. I would start using it intentionally as a way to process feelings and to feel certain emotions about my life -from a safe place. (Jane)

Jane also described the release of emotions and an opportunity to connect meaning or gain insight into her experience through the play. She described this phenomenon with tearful emotion.

When I did play with other kids, a lot of my play was nurturing play. I would play taking care of others. I was always the mommy or the teacher in any sort of pretend play. I was never the one being taken care of or anything like that. It sort of dawned on my one day while playing that no one ever took care of me. (Jane)

Addison described self-expression within her fantasy play as a child’s way to be imaginative. She was able to direct the play to describe her emotional lived experience.

I remember distinctly when I was very young, we would sometimes play a game called “Spiraling into the Sun.” We were on a spaceship, but suddenly our suits got detached and we were just floating through space. The sandbox would always be the sun and once we reached it, we would disintegrate, and it would be terrible, and we all died. Honestly, there was a lot of emotional insecurity in my home. Bad things coming was often a theme in my play, but I controlled the bad things. I was in charge. (Addison)
Learning

Play and creative arts provided an opportunity for participants to learn. This allowed participants to have the ability to convey messages and find meaning to their life experiences through stories. Stories conveyed messages, meaning and bridged an understanding for their lived experiences. Participants engaged in exploration of complex human conditions with the images, metaphors, and stories they created. Christina described feeling confused and disconnected in her youth from others. The opportunity to act in her school theater performances provided room to explore other perspectives and develop awareness for another person’s point of view. This created a pathway towards self-discovery and thinking about her life or story in a new way:

I think theater was just so out of the norm of our isolated home life, that I was allowed to do it, was just so cool for me. I liked being challenged, taking on the role of somebody else. I actually learned a lot about compassion in it just because there were so many deep, dark roles that I had to really study and get into. I learned to empathize with others that way which I think lead me to forgiveness in a lot of ways as I got older. (Christina)

Violet also described the experiences that her art, role play with friends and music offered to her. This opened her mind to critically think about emotions and gain perspective through exploration of another person’s lived experience. She did this through story, song, or creative games. She was able to connect those lessons to her own life.

I mean, I know in general my play, art or music had been a big coping mechanism for me. I think it helped me process things because I know I really struggled to process things emotionally a lot. I think it allowed me to kind of put them in the third person
sometimes, so it's a little bit easier for me to really get a perspective on a situation.

(Violet)

Written stories were used to support participants in understanding life experiences through metaphor and imagination. When the story, song or piece of art was right for each participant it created a profound sense of being understood, that there were others who understood them in the world, therefore provided a sense of relief. Sam recounted reading a book centered around myths and legends which he drew upon throughout his life in narrative storytelling:

I got really interested in a Hero with a Thousand Faces. Myths and legends from as many cultures around the world were gathered to find commonalities. There’s a formula, there’s the hero’s journey. That’s where you have a person who is apparently born special for some reason. Something happens, there’s a tragedy in the world or to them and there’s a call to action that the hero initially rejects but then decides to go on the journey. Usually there’s an old wise guide involved. There’s a great evil that the hero has to kill or destroy, usually involves a journey or some kind of death metaphor and he ends up having to kill…in a sense, himself. One of the things I took away from all of that was that myths and legends are stories that humans tell each other. We tell ourselves these stories for reasons. They all teach us something and we can find valuable lessons from these myths. (Sam)

Sam used written stories and the metaphors to draw life lessons and find ways of understanding himself and feeling understood and connected to others. He stated:

A lot of the myths I gravitated towards, really involved some kind of facing yourself or your shadow or dark part of you…and killing it. These stories made me feel that a lot of
me was normal. People struggle with this kind of stuff and I think the biggest thing about it, hearing other people’s stories makes you a part of some community. (Sam)

**Self-Esteem**

Self-esteem impacted the cognitive, affective, and behavioral aspects of each participant. Play and creative arts helped participants see themselves as multifaceted, therefore the self-concept was not perceived as a stable trait but changing throughout the lifespan. Participants shared their experiences in childhood of engagement in play and the arts as a means of developing mastery, feeling competent, capable, and worthy. Participants described their experiences of feeling worthy and then believing they were worthy of love, trust and respect. These relational experiences embedded within the arts combated trauma messages or negative interpersonal relational experiences. There was repair and these experiences improved participant’s self-esteem and self-concept, transforming negative views towards positive outlooks on the self and their actions. Charlotte reflected on dance becoming a piece of her self-concept she identified with and an aspect of her life where she felt capable. This allowed her the ability to begin teaching others how to move a body to music:

I already started teaching dance to some with my girlfriends in the basement. Dance was the only thing that I identified with, forever. The teaching of it was always something I was good at and felt good at doing. I think it was something I then did for myself, like one of the few things that I did for myself. (Charlotte)

Jim conveyed a clear confidence in his abilities. The ability to sing translated for him to a sense of self-worth and positive self-concept: “I felt confident that I could do this. I don't mind saying it, I had a decent singing voice. I actually got a scholarship at the university to sing” (Jim). Jane reflected on her self-esteem gained from music. This self-esteem and confidence led
her towards a leadership position. The ability to be seen by others through the music improved
the view she had of herself and transformed her from feeling forgotten to feeling important:

I was identified as being something that was useful or valued by someone who had no
idea of my past or my history. It was literally like an objective assessment of "Nope,
you're good at this, and I want you to keep doing it." I think that gave me hope a little bit
around just becoming an adult in general. I found myself in this role where all of the kids
who were in the band looked to me for direction, and maybe it was like I had some
mastery over something. I felt like I could give that direction. I felt like I could do that
well. (Jane)

Becky sat up in her chair and leaned forward with pride in her voice as she described the art she
created. She described finding pride in her work and that contributed to improved self-esteem:

“What I created with my hands was something I was proud of ” (Becky). Addison discussed the
self-esteem she gained through singing. The work she did within music also provided her
opportunity to lead others which resulted in her feeling capable:

I can memorize words easily. I can hit pitch; I can be a section leader and help other
people get their stuff down. We used to do something called solo and ensemble, which is
when you practice a piece duet or solo and then you go to competition and then you get
ranked by judges. I would memorize my friends' songs and help them rehearse because I
just loved being in the music. It gave me such a rush of emotion and was just incredibly
immersive. I was capable. (Addison)

Creative Problem Solving

Participants used play to solve problems. Pretend play helped facilitate and provided
participants the ability to problem solve and think of creative solutions. Participants described
their play as opening a possibility to alternative endings or a way to explore different scenarios. Participants described the use of play and expressive arts as a means of actively thinking about situations or problems differently or divergently. Julie was able to use online technology to role play and think creatively. The creative game play through online sources allowed her to engage in creative writing and character development. She found room to express herself and tryout solutions to problems in new ways.

We would often go online, and we'd find forums where we could role play certain scenarios, and role play them out with people online. I think that was often a form of escapism, and I got to think about things from different angles. I got to be kind of this person that I wanted to be. It was probably the same through creative writing. Like I got to handle scenarios in the ways I wanted to handle them in real life, and that created a life that was easier for me to handle in a lot of ways. (Julie)

Sam described his connection with expressive arts in theater as a way to creatively think through his experiences. He talked about coming to the realization that he can make his own destiny and solve problems or issues differently. He could change his life and re-write his own story if he desired:

I realized I could make my own destiny. Like I’m not fated to turn out the way I started, if that makes sense. I can be who I want to be. At times I find I’ll still struggle with that and then stop and think about the story, my story, who I am, and I’ll say to myself, “Well, who says that? Why do I have to keep doing this thing? Try something different. Solve this problem in a new way.” (Sam)

Finding Me
Adverse life experiences brought pain and felt destructive for participants. They described that destruction in terms of isolation or the worry that they would end up broken. However, they also described having increased inner strength or perseverance. Participants identified individual strengths they felt served to support them as they navigated uncertain family systems or traumatic events. They described openness to new possibilities and were able to be vulnerable and try again during times of failure. Participants described deep close connections with others in their lives. The relationships they forged with friends or family were embedded within their art, play or creative expression. Participants reviewed their life through a lens of meaning and appreciation. Many found their identity or spirituality had been shaped by their experiences. This created a strong system of beliefs and values. The same experiences which silenced their voice were transformed through the arts through deep introspective analysis. Participants described finding self-compassion, taking on new points of view as they found their voice and shared their story with others.

**Overcoming Critique**

Participants shared that they perceived aspects of who they were as being fundamental to their ability to navigate stress or the uncertainty they faced. These characteristics included determination and not giving up on their goals, maintaining a drive to not give up. Participants invested emotional and physical energy into their goals and had courage to try again following failure. The combination of supportive, nurturing, and secure relationships combined with creativity supported increased personal strength.

Sam recalled the desire to keep trying and finding the courage and strength to continue auditioning following rejection after rejection. He voiced having an inner drive to continue trying and to not give up. He found connection with a community as a result.
I auditioned, auditioned, auditioned, at my local high school for productions. I was never accepted. I didn’t give up. Then for the 11th and 12th grade I was accepted into one of those magnet schools for the gifted and talented. It was an arts focus, and I auditioned for their theater program and they wanted me. I had this theater teacher there; she was a trip. Raspy voice, like she was a chain smoker. She and I were close, really tight. I also made some friends, deep bonds and life-long lasting friendships. You know, I didn’t really have friends until then. (Sam)

Sarah reflected on her artwork while growing up and the difficulty she faced in producing art, where she as an artist, would face criticism. She described her experiences provided learning on how to have personal strength and courage to keep putting herself out there, regardless of some criticism or critique she would face as an artist:

They decided what good was. You know what I mean? Art should look realistic. It’s a talent people are bestowed upon. Which I don’t believe in any of those things. I don’t think it’s a talent. I think it is hard work. I think it is dedication. I think it is that people who can draw better have spent more time drawing and trained their eyes to see. I could see because I was willing to keep trying. (Sarah)

Becky described aspects of her personality growing up as having had grit. She talked about this through her conversation regarding the constant need for movement, which drove her towards athletics. She could play regardless of physical pain and barriers, finding the gumption to continue.

I was in volleyball, basketball, softball, flag football and track. During basketball season, I broke my finger badly. It had to be splinted the rest of the season. I begged for them to let me continue playing, but I was in this split. I moved onto track and they wouldn’t let
me run. I was like, “Huh?” So, I decided to prove them all wrong and did shot put and ended up breaking the school record. The school closed, my grade was the last…so my record will stand forever. (Becky)

**Belonging**

Community connections were important for participants. These connections provided a sense of belonging, purpose, and normalcy that they were not alone in their struggles or experience. The community participants built became an extended family at times, people they could count on and trust. These were people who accepted unconditionally. Jim commented on his community and the feeling of acceptance:

In high school, kids were just doing what high school kids do. You’re not like us, so there’s something wrong with you. These people, the people in theater and music, they didn’t care what you looked like, they didn’t care how you dressed, they didn’t care that you didn’t have the latest clothes. But you…you belonged. They were down with you and that was it. (Jim)

Julie described her sense of community and feeling like she wasn’t alone or different, but that she belonged, and others understood her:

I think I specifically built my own community. I felt like my friends were very, very important to me and I relied on them more than I did my family for support. They…definitely had more understanding and I had more in common with them. Everyone was an artist with weird tastes. We all belonged though. We were all going through similar stuff. Whenever we were having a hard time, we were there for each other and understood each other. (Julie)

**Creating Identity**
Participants reflected on their adverse experiences during childhood and how those experiences contributed to self-discovery and identity. This included aspects of spirituality and morality as a system of beliefs formed with social values. Many viewed their art and play as influential for making sense of their identities and who they were in life. Becky reflected on her athletics and music as a vehicle for change in how she viewed herself in relation to her history as being a victim of chronic sexual abuse: “But yeah, I think the music and the sports then could be how I could define myself, rather than defining myself solely as someone who had been abused.” (Becky)

Access to play and the arts also provided participants insight or introspection into their lives. Many experienced life events that were turning points, informative with lasting implications. Charlotte reflected on a conversation with her mother which shifted her view of religion:

Oh honey, you just have to pray. Dad’s not going to change. That’s the way Dad is blah blahblah. And it’s okay. It’s okay. We just have to offer it up for the poor souls in purgatory. The older I got, the more I was, “Eh, no. That doesn’t work for me.” It was just unacceptable to me. I thought and believed differently after that. (Charlotte)

Sarah described finding her profession and voice through her art. Her experiences in childhood helped inform her decision to give back to her community through the art as she became an adult. This reinvention of the attachment bond supported a new role of teacher and leader, which was influential for her ability to lend strength to others. Sarah reflected on moving to New York City to complete an art degree when 9/11 occurred. She was working at a domestic violence shelter while attending school. The disaster prompted the need for her to live at the shelter to be on the ground helping the people. She found herself needing to paint to complete schoolwork,
while simultaneously providing care and support to the residents at the shelter. She combined the two creatively and meaningful to allow everyone access to art as a means of self-expression and growth:

I went to New York, when I was there, I was working as a shelter manager. I was working when 9/11 happened. I was on the ground at Ground Zero for six months. I started painting in the shelter in the middle of 9/11. I started to teach, but I couldn’t keep control and paint. I started teaching the homeless people to paint. That is when I decided I wanted to teach art, and I’ve taught art ever since. It was transformative because they went from being homeless to being painters. I gave them something to do when everything was chaos. (Sarah)

Jane described her access to music in a leadership position which provided her the knowledge and the awareness of how she could create change in the world. Jane reflected on being a drum major for three years and guiding other students throughout the process. She was in charge and had the ability to hear their stories. She proposed that this opportunity allowed her to expand her worldview and see beyond her own suffering and experiences, making room to connect with others. She wanted to make a difference, and this experience helped her find purpose. Jane stated these are the lessons she gives her own children:

I think the music and leadership position helped me break everything down and connect to others. We can find control and make a change for ourselves. We are also not the only thing going on. I try to teach that to even my girls now. I’m like, ‘Right here, right now and whatever this drama is, it’s not the only thing going on. There are things going on all over the world. There are important things to be involved with. There is a way to make a
difference and there are things you can and should do to contribute to that difference in the world. (Jane)

As an adult, Jane not only found her voice, but offered her insights to her daughters so they, too, could develop self-compassion, introspection, and a deeper sense of connection to their surrounding community.

**Finding Their Voice**

Participants described because of their experiences a greater appreciation for life developed. Reflections of the past started with participants being silenced. Silence was necessary for survival or it became symptomatic of the trauma events they endured. However, the conversations unfolded to include how participants also found their voice and created change in their lives. Participants were able to take a new point of view of their life experiences which held tones of hope and happiness. Christina reflected on her past self. She initially would minimize or ignore the actions of her mother, but as she grew older that perspective changed and shifted. She discussed her perception of herself as one that didn’t need to follow the same path as her mother, but instead, one in which she had the ability to see her mother as a flawed person, therefore could find her voice and be different from her mother. She could become a mother who embodied the kindness she remembered from her teachers:

I did a lot of minimizing growing up. A lot of fantasyland, like everything’s okay, even though I could feel the conflict inside. There was a lot of minimizing just saying my mom was a good mom, she loved us. I really had to dissect that growing up and find acceptance she was not what I wanted her to be. That was the hardest part. Neglect, abuse. It was real, it was nothing to minimize. I don’t make excuses for her anymore. I understand how overwhelming it can get with multiple kids, yet there is no excuse for
physical or verbal abuse. My perspective has changed a lot, I’m not in denial and can talk about who I am. I can be a good mom, nurturing, loving and warm. I experienced what it was like to be cared for, just not by my mom. I know now I can be a good mom.

(Charlotte)

Jim described his interactions with theater and music as being transformative to his understanding of what it means to make a mistake and finding his voice to talk about them. Jim described that growing up the idea of making a mistake was unbearable to think about. Jim recalled how his perspective about negative or uncomfortable experiences of physical abuse and traumatic loss changed following involvement with theater and music:

I found myself thinking, ‘Hey, I’m pretty good at this.’ I always felt like something else, something bad was going to happen. That was what my house was like, you know? But, with music and with the plays, if something bad happened or I made a mistake it was not long-term. A play only lasted for so long. We could change out music every couple of months if we needed to. Everything else after that became kind of like that, a ‘This will only last for so long and then it will blow over’. That was the thing, it was transformative, I felt like I could relax and ride things out at home and like I would learn from them and didn’t have any problem doing things after that. Things became less scary for me. This is something I don’t have a problem telling students at the high school now. It is ok if you make a mistake, we can learn and start new. (Jim)

Jane recalled her experiences in music as being transformative and instrumental in discovery she had a powerful voice. A voice that others would listen to. She stated:

High school was really transformative because it was the place where I could be competitive. I would receive feedback on a performance, and I was good at it. I was
valuable and had a group of 60 kids I was responsible for. It was something positive. I
had a real voice. (Jane)

**Self-Care**

The idea of self-care, managing stress, or providing oneself the opportunity to engage in
mindfulness was a predominant aspect of living for participants. Play and expressive arts were
considered fundamental and life-long pursuits. Those who had professional careers in art
discussed the nature of their art being judged or marketed for profit. This was regarded both
positively and negatively by professional artists. Participants talked about the need for play and
continuing their art as necessary to manage events across their lifespan.

Art and play were fundamental across the lifespan for many participants. Participant
stories included professional pursuits of art and how the market surrounding art can complicate
the work as being accessible for self-care practices. Sarah described her professional career as an
artist and deciding what art was for her, to cope and express life’s pain or struggle, and what art
was for others as a revenue source and career:

I didn’t know how to create not from a place of authenticity, but to become a machine.
To create like a machine is what you have to do to get paid. To create for other people, I
would hear things like ‘The only thing that you’re good at is realistic oil painting’. I don’t
enjoy that. There’s kind of a divorce in how I view my art now. Over Thanksgiving, I
made three paintings and they were just little watercolors. They were fun and they were
happy. And I loved it. I just watched bad TV and didn’t pay much attention to what I was
doing. It was for me and no one else. That is the job as an artist. There is an expectation
from others that what you’re doing is your hobby and that is your life. I think that’s why
we undervalue artists. People are like, ‘But it’s a painting and you enjoyed making it, so I shouldn’t have to pay you for it’. That’s not a thing in other professions. (Sarah)

Charlotte reflected on her life encountering mishaps or experiencing life regrets. She reflected on her dance and how this outlet of expression continued to remain an outlet and support for self-care across her lifespan:

I think I have some regrets, the woulda, shoulda, coulda kind of stuff thinking about life. But the dance. The dance was always there when I needed it. I always felt good when I danced. I think that is why I continued to come back to moving my body when I needed to. (Charlotte)

Becky reviewed her life through music and movement and the necessity those outlets had for her self-care and coping. She identified that the opportunities she had as a child to engage in music and play laid a foundation of life-long self-care strategies when she needed to reduce stress.

Expressing myself, finding people in my community I could be vulnerable with, that helped a lot. It’s like healing, really healing. I’ve been through stuff in life, hard stuff. The only common denominator I can find through all of the destruction and despair, was music. I know it’s definitely a healing factor. I don’t think I’d be where I am today without it, just because it is such an outlet for myself. Just expressing myself in a different way, gave me avenues to heal and be well all throughout my life. Playing sports is also something I still come back to. I can get into my body and feel things. Those are my same outlets. They’re still those things that I go to for relief from the stress of life. Had I not had opportunity to participate in those things as a kid, I don’t think they would be available to me now as an adult. (Becky)
CHAPTER 6
Discussion and Implications for Future Research

This study was designed to provide insight into how play and the arts in the context of relationships serve in protecting children from the impact of trauma as adults. Participants described traumatic childhood stories of pain, humiliation, shame, worthlessness, and loss. Through play and the arts, each participant discovered they were capable of connection with others and were worthy of love. This shifted their perception to finding their own personal strengths, seeing their life in a new point of view, and reducing stress through cathartic release. Participants reported using creative expression and play throughout their life, and this knowledge contributed to life-long self-care strategies that mitigated the impact of ACEs.

These results have implications for research in play therapy and expressive arts therapies, psychology, counseling, social work, education, and public health. The importance of having access to the arts within a community provides insight for policy makers in developing public health and education programs to support the well-being of children. The estimated annual cost of early exposure to childhood trauma and adversity in 2015 was estimated at $428 billion (Peterson et al., 2015). Schaefer et al. (2018) reported that childhood adversity is projected to create an economic burden exceeding $585 billion over the next decade. Yet research on mechanisms for mitigating these long term effects and reducing their associated costs, is largely absent. Further, traditional measures of childhood adversity fail to account for social determinants of health. These findings support that the combination of relationship and expressive arts engagement during childhood shapes perspective, provides an outlet for integrating emotional and cognitive views of adversity, and fosters resiliency and posttraumatic growth. The findings support the health and mental health benefits that play and expressive arts
bring to children’s lives. These implications have the potential to inform future research and to support policy development for access to the arts within education or community programs.

**The Importance of Relationships**

Human development unfolds through important relationships. Trauma initially silenced participants’ voices. However, when each participant realized they deserved to be seen and heard, their voice then had power. By expressing themselves in the presence of another who could listen and care deeply and unconditionally, they developed the ability to project confidence, Participants learned they could articulate their story and give voice to their pain through their art and creative expression. Every participant in this study explored the importance of human connection and relationships in concert with their creative play or art expression. The bond formed through expressive arts with a teacher, family member, or community member served to help participants develop attuned interpersonal relationships. Experiencing nurturing relationships through expressive arts provided protection from the childhood adversity or trauma, fostered safety, and allowed for the verbal and nonverbal expression of thoughts or emotions. The act of being able to express openly with vulnerability, to feel, to think differently and creatively, embedded within relationship contexts, served to shift outcomes towards growth and long-term wellness.

Participants described how they moved from feeling disconnected from family or their community to finding positive connections. Relational-cultural theory (RCT) asserts the movement from disconnection to connection within relationships results in a person feeling worthy of care, empathy, love, and support later in life (J.V. Jordan, personal communication, November 29, 2018). Within the RCT literature, connection is described as mutually empathic, mutually empowering, and emotionally accessible. Jordan (2018) described how the nature of
these relationships led to “five good things: zest, worth, productivity, clarity, and the desire for more connection” (p. 133). Participants reflected on their relationships as providing a working model for what it meant to count or matter in someone else’s life. This knowledge influenced their later relationships and parenting practices. Participants described feeling capable of doing extraordinary things and how that capability provided courage to explore developing identities or to take risks with new endeavors or love.

The relationships participants described support extant RCT literature in consisting in empathy and empowerment. Jordan (2018) identified mutual empathy as an openness to being affected by and affecting another person in which both people move towards a sense of mutual respect that increases the capacity for connectedness. Empathy within these relationships provided participants with the awareness that they were not alone, and that trusted adults could validate complex and painful emotional experiences. The message participants received as children was “You matter to me,” and “I see you,” which stood in stark contrast to the trauma messages of pain, destruction, and shame they received in their families of origin. Growth-fostering relationships gave rise to empowerment, which allowed participants to develop a better understanding of themselves, others, and their community. Empowerment provided clarity and a greater agency; these relationships were built on engagement and caring, which enhanced participants’ personal creative strength (Jordan, 2018). Relationships and the arts produced a sense of feeling worthy and that the child was an important member of the family or community system, which, in turn, created strength for communities later in life.

Safety within the relationship allowed participants to talk about trauma through their art. This safety and ability to nonverbally express their experiences and pain aided in developing deep meaningful connections, which continued across the lifespan in some cases. In cases where
participants described lost connections with important adults due to life circumstances or death, they described revisiting those memories of that person and the relationship. The narrative, in concert with the embodied memory or feeling associated with the person, served to support participants as they navigated stressors later in life. This internal working model of compassion, empathy, and love developed during childhood led to internalization of the expressed affection and carried through into adulthood. This replaced earlier painful or damaged models of interpersonal trauma. Positive relationships shaped participant understandings of attachment and served as a healthy relational image of attachment and affection (Bronfenbrenner, 2001).

In general, traumatic childhood events are not erased from memory, and were not for these participants. These events shaped their worldview and informed their perspective on life. The healing power of play and creative arts combined with secure attachment relationship provided the potent combination to heal from childhood trauma. Healthy relationships provided a context for identity formation and integrating emotional and cognitive processing of early trauma. Expressive arts, including music, drama, visual arts, and dance, activated the therapeutic powers of play (Drewes & Schaefer, 2016; Schaefer & Drewes, 2014a, 2014b), enabling and encouraging new forms of self-expression, emotional catharsis, stress management, indirect teaching (learning through metaphor), improved self-esteem, and creative problem solving, which participants reported helping them diminish the effects of ACE exposure.

**Access to Creative and Expressive Arts within Communities**

This study explored adults’ experiences of using creative and expressive arts within a community and how that connection served to counter the effects of traumatic experiences. Play, art, dance, movement, music, and theater were all creative outlets participants described. Adults described the importance of accessing creativity and the arts as a means of reducing stress, aiding
in self-expression of ideas or emotions, supporting a release of emotions, and offering an opportunity to recreate traumatic experiences, thereby making sense and finding meaning within those experiences.

**Therapeutic Powers of Play**

Of the 20 core therapeutic powers of play recorded in the literature (e.g., Drewes & Schaefer, 2016; Schaefer & Drewes, 2014b), participants regularly talked about or eluded to the usefulness several of them (see italics hereafter). Participants explored their access to play and the arts throughout childhood in the forms of *managing stress*, gaining opportunities for *self-expression, catharsis and abreaction*. Participants engaged in expressive arts and play during childhood and this allowed for exploration of being human and the development of coping through *indirect teaching* (i.e., learning through metaphor). Play and the arts created the ability to build *self-esteem* and foster mastery for *creative problem solving*. These aspects of play and the arts built the foundation of why play matters. It built a foundation for artistic expression and that the opportunity to engage in play was therapeutic, important, and helped them experience *positive emotions* in participants’ childhood lives, which ultimately diminished the effects of ACEs exposure. The therapeutic powers of play adults were able to access as children within supportive, loving relationships were a gateway to effect change and offered protection from the negative outcomes of adversity later in life.

**Managing Stress.** Play and expressive arts aided participants in reducing stress throughout their childhood. The phenomenon of stress reduction through movement, art creation, imaginative play, and music were widely discussed in this study. Trauma exposure impacts the structures on both sides of the brain that comprise the stress response system, creating comprehensive neuroendocrine dysregulation (Kliethermes et al., 2014). Severe stress exposure
due to adverse experiences causes the neuroendocrine system to become regularly hyperaroused, leading to the secretion of stress hormones, such as cortisol and glucocorticoids (Pears & Fisher, 2005). ACEs produce chronic stress and participants utilized the therapeutic powers of play to activate change within this stress response system, reducing long-term effects of chronic stress on their developing systems, thereby supporting positive long-term health.

**Self-expression.** Self-expression through art offered participants the ability for to communicate which transcended language. Play can initiate, facilitate, and strengthen a person’s ability to cope with negative life experiences (Drewes & Schaffer, 2014b). Expressive arts helped produce positive change in participants’ lives. This process laid a foundation for increased insight and mastery within a chaotic dynamic. Participants expressed their trauma experiences through their creativity, and, because of secure, nurturing relationships, they were able to share those experiences through the safety of metaphor. Examples of expressive arts included art creation, which captured pain and negative emotion. Participants also described transformation through character development within theater productions. The process of expressing pain in the presence of someone who could bear witness and hold that story enabled children to reduce isolation and distress.

**Catharsis.** Participants described the experience of release. This release of pent-up emotions or negative affects was conveyed as positive and necessary for survival. Participants description of release is mirrored within the psychodynamic play therapy literature for catharsis. Catharsis can aid a child in releasing previously restrained, interrupted, or blocked sequences of self-expression (Drewes & Schaffer, 2014a). Discharging these pent-up emotions can bring blocked events into conscious awareness, providing one the opportunity to re-experience or re-create those experiences (American Psychological Association, 2007). Participants’ recollections
of their past yielded conversations about the re-creation of experiences. In psychodynamic play therapy literature, re-creating traumatic experiences is called abreaction. Re-creating experiences is generally understood as an attempt to assimilate uncontrollable or unknown experiences that were confusing, overwhelming, or disempowering (Prendiville, 2014).

**Indirect Teaching.** Participants had an opportunity to learn through their play and creative arts expression, indirectly providing awareness, and a new understanding for their lived experience. Pernicano (2016) stated that “metaphor is the language of play” (p. 260). Participants actively used metaphor to understand not only their own experiences, normalizing the human condition, but others’ experiences to build empathy. Through the arts, participants were able to find new perspectives that allowed them to see one another’s point of view. This contributed to empathy-building and life skills that participants found important as adults for navigating relationships and careers.

**Self-Esteem.** Play and expressive arts access supported opportunities for improving participants’ self-concept or self-worth. Participants described specific change agents in which their play and expressive arts initiated, facilitated, and strengthened therapeutic growth or healing. They spoke with pride about their strengths, abilities, and achievements. Having access to dance, movement within sports, art at school, and community theater supported participants’ ability to achieve increased self-worth. Feeling a sense of belonging and community helped to break the cycle of trauma by building connection to the outside world (Hermann, 2015). That connection, in the context of healthy relationships with same-age peers or mentors, helped many participants feel self-worth for the first time and build greater self-esteem. Relationships served to reinforce and support their abilities as children. Participants described being trusted or being
viewed as a leader. Nurturing supportive relationships within the arts aided in self-discovery and finding positive qualities or capabilities that were previously veiled by trauma.

**Abreaction.** Participants utilized play or other forms of expressive arts to re-create their experiences with adaptive reenactments. This provided increased insight for traumatic encounters and experiences. The process of re-creation allowed for insight, understanding, and awareness to unfold. Participants were able to describe cognitions or emotions moving from the unconscious to conscious awareness. This transformation of awareness supported participants in creating new understanding of their lived experience and perception of self. They were able to uncover truths and harness their thinking towards finding inner strengths.

**Creative Problem Solving.** Play and creative arts expressions supported participants in looking at problems or experiences from new perspectives. Writing, movement, and taking on a role within a theater production were all examples of how the arts supported participants in creatively thinking about their own life and discovering solutions to problems. The arts combined with relationship provided greater insight into thinking processes to shift rigid thinking patterns to an openness towards new possibilities in their future. The aspects of play and creative arts described by the participants in this study speaks to the therapeutic powers of play for counter-conditioning the effects of trauma and creative problem solving.

**Creative Expression within Communities Support Emotional and Cognitive Processing**

Adults explored relationships within their families and communities. Bronfenbrenner and Miller (2006) proposed that societies need to build communities that foster resiliency for children. He asserted that children live within systems and behavior is a joint function of person within environment (Bronfenbrenner & Miller, 2006). Relationships within systems could facilitate positive child development. Policy decisions about programs need to be well-informed
by data to produce programs which enhance the emotional and cognitive well-being of children (Bronfenbrenner, 1979, 1994; Bronfenbrenner & Miller, 2006). Access to creative expression through play and the arts within communities provided an opportunity for children and adults to connect deeply within important relationships. These relationships embedded in the arts provided a foundation to build coping skills which supported them in perspective taking and the management of emotions. Participants described that their play or creative arts outlets served as later aides in the use of emotional and cognitive self-care coping resources across the lifespan. They clearly articulated that without access to community or education arts based programs their health would have been compromised due to the severity of abuse and trauma they were experiencing.

Understanding how and why play and the arts create change may be a gateway for researchers to better understand the impact play therapy brings to the lives of children as an evidenced-based practice. These findings also demonstrate why community based and public education arts programs matter and require funding to enhance the well-being of children’s lives. It is necessary for children to have access to the arts, regardless of their socio-economic status, or whether they reside in a city or rural community. Community mental health and community based arts programs within schools or local recreation centers were identified by participants as a strong indicator for why they were able to navigate adverse experiences with minimal implications for long-term health.

**Creativity Drives Resiliency and Posttraumatic Growth**

In the literature and in research, resiliency and posttraumatic growth are thought of as two separate reactions to the stress response to traumatic events. Briefly, resiliency is referred to as bouncing back or a return to prior functioning (Greene, 2012), and posttraumatic growth
implies that functioning is improved in one or more aspects as a result of having lived through a traumatic experience (Calhoun & Tedeschi, 2013).

Resiliency was defined in ecology as the capacity of an organism or system to absorb disturbance and yet persist in a similar state as before (Gunderson et al., 2006). Psychological sciences adopted the concept of resiliency from ecological studies to describe adaptation and survival and a return to homeostasis following risk or adversity. Resiliency is often referred to as a positive adaptation in the context of risk and recovery from catastrophic or traumatic events (Masten, 2014).

Posttraumatic growth, in contrast, asserts that there are possibilities for growth and change following severe deprivation, loss, struggle, suffering and/or crisis. Following traumatic events, people are capable of experiencing highly positive psychological changes (Calhoun & Tedeschi, 2006). The authors of this theory describe that individuals experience negative consequences following negative events; however, paradoxically, not every person has lasting negative impacts, but instead achieves positive psychological change and outcomes (Calhoun & Tedeschi, 2006). Those who experience positive psychological change tend to describe those changes within several domains: perception of self, the experience of relationships with others, and in one’s general philosophy of life (Calhoun & Tedeschi, 2006).

This study included a theoretical analysis of the notion of bouncing back to normal or whether adult participants perceived that they grew, adapted, and/or improved as a result of their environment. Perry (2006) posited the major modifier to the brain is our human experience. The experience of adversity, violence, and complex interpersonal trauma shaped the lives of participants profoundly. Participants described changes in their emotional and behavioral responses as a result of trauma. There were characteristics participants described within their
personality or physicality, for example displaying artistic talent or *grit*, which may contribute to what we construct theoretically as resilience. However, participants’ underlying message was that their experiences of trauma created significant life change. The quality of relationships, their personal characteristics and ability to express creatively via the arts served to support positive change, thus creating protection against the long-term devastating effects of trauma. Participants did not describe bouncing back, nor did they describe feeling resilient. They described a process of learning, growing, and changing that colored their view of the world in positive ways. These thoughts and perspective more closely align with how we might describe posttraumatic growth.

Participants described their connection to relationships and the arts. Relationships embedded within creativity through expressive arts programs (e.g., play therapy, education, community centers) served to support the counterconditioning of trauma and promote learning and growth from traumatic experiences. Posttraumatic growth includes five tenants, enhanced interpersonal relationships, enhanced appreciation for life, stronger sense of spirituality, increased personal strength, and an openness to new possibilities in life (Tedeschi & Calhoun, 1996), which will be discussed in turn within the context of participants’ described experiences.

**Enhanced Interpersonal Relationships**

Posttraumatic growth describes how there is a tendency for trauma survivors to overgeneralize their experience and embrace the negative assumptions implied by that interpersonal, traumatic encounter to others (Janoff-Bulman, 2006). A key component of successful coping is to move away from victimization towards a more positive view of the self in relation to others in the world. The ability to connect to someone within a positive relationship characterized by safety, security, and warmth can be reparative and can support re-storying past assumptions of the self in relation to others. This moves an individual towards a new framework
of beliefs that not all people are bad, and that love is possible. Participants reflected on how their interpersonal interactions around their art or play were positive, nurturing, and loving. For these participants, art and play expression served to support communication and the integration of emotional and cognitive processing of their adverse life experiences, which enhanced the attachment quality they experienced within those relationships. Later in life, those embodied experiences of attachment of being heard, seen, respected, and valued carried over to their adult relationships to enhance their quality of life.

Participants described valuing the time they had with important adults in their life and how their trauma provided insight into the importance of the nurturing relationships they experienced. This contributed to actively using a different parenting style than they experienced in their families of origin to break intergenerational abuse cycles. These early relationships contributed to their perspective of choosing a life partner, thereby breaking cycles of domestic violence or emotional abuse within the home. The positive relationships and community support experienced during childhood combined with expressive arts acted as protective factors from mental health, behavioral, or relational issues and subsequent medical diagnoses that otherwise may afflict persons who have high ACE scores (e.g., Anda et al., 2006; Felitti & Anda, 1998 Felitti et al., 1998).

Enhanced Appreciation for Life

Those who experience posttraumatic growth in the aftermath of trauma report greater appreciation for life. Janoff-Bulman (2006) documented how individuals often describe increased positive outlooks through words such as “the simple joys of life are everywhere” (p. 89), and “everything is a gift” (p. 89). Participants in this study described feeling appreciative of their work and knowing that their artistic expression within work matters. Several participants
brought the knowledge they gained during childhood into their careers or families as adults. They reflected upon their occupations or roles within families. They appreciated who they were and what they could bring to their community or family system. Participants were reflective of their early life experiences and how those experiences informed their thinking patterns about what was important in life, primarily in connection with others.

Bearing witness to suffering and witnessing parents model inconsistency or abusive control over others informed participant thinking about what it means to live a good life. The outcome for participants was not living a life of perfection, but they viewed mistakes or setbacks as fleeting or as gifts that inspired them to learn and to try again. They were able to appreciate the small things and to experience gratitude for their work and connection with others.

**Stronger Sense of Spirituality**

Posttraumatic growth includes the conceptual nature of individuals struggling to find meaning or causation to satisfy the answer of why horrific, unspeakable things could happen to good people (Tedeschi & Calhoun, 1995). Through their interviews, participants’ stories revealed existential processes. Many participants described gaining clarity on existential thinking or identifying belief patterns as a result of their experiences. Their beliefs included letting go of strict religious or sectarian rules, examining their relationship with the transcendent, and reflecting on what it meant to be a human being. This often involved not having a relationship with a God. Not every participant believed it was necessary to embrace organized religious thinking. However, not having organized religious thinking did not deter participants from talking about their existential connection to their sense of self in relation to feeling connected with others, nature, and a larger purpose. The experiences of childhood informed their
perspectives on life from which introspection and contemplation about spirituality and a connection with their objective in life emerged.

**Increased Personal Strengths**

Posttraumatic growth includes the development of greater self-reliance. Survivors of trauma will often report they know how to handle difficult situations because of their past encounters with pain, trauma, or uncertainty (Janoff-Bulman, 2006). People can develop a process of facing difficult challenges later in life from a viewpoint of their awareness of having greater competency and strength from surviving past adversity. Surviving childhood adversity afforded participants a lens of increased self-reliance, confidence, and improved self-worth though which they viewed themselves. In engaging in their play and arts, participants developed strategies of self-expression, catharsis, and abreaction for growth, which increased their sense of personal strength.

Participants described recognizing their strengths and using those strengths to connect with others positively. Increased personal strengths also supported roles within leadership positions. The lessons acquired from abreaction of trauma through expressive arts and play carried forward in life. Brown (2009) reported that play is as an activity that sculpts the brain to try out things without threatening physical or emotional well-being. Brown (2009) stated, “We are safe precisely because we are playing” (p. 34). The strength of learning the importance of play and art during childhood resulted in using forms of play or art as a life-long self-care strategies.

Adults described not being afraid to play or worrying about the perception others might have and, instead, embraced the notion that everyone needs play and it was a way to express oneself no matter the age. The personal strength of embracing play in adulthood provided
opportunities to leverage the same therapeutic powers of play that they had during childhood. Adults continued to play, found creativity, and drew upon the strengths of what they could do with their hands as a way to cope with life struggles, set-backs, losses, or pain.

Participants recounted increasing personal strengths through learning healthy interaction patterns from others concerned with their wellbeing. Additionally, participants described becoming a chameleon or having the enhanced ability to read others within their environment and adapt. This was described with pride and considered a strength for survival. The personal strength of adaptation, or the ability to change, can be viewed through the lens of having enhanced abilities to read nonverbal signals. Humans greet each other in different ways, for example, by smiling with soft eyes or looking directly at someone without staring. The subtle rise of eyebrows or change in head position are nonverbal cues associated with greetings or interest (Brown, 2009). This allows a person to register threats within their environment and neuroscience research on the threat response cycle with interactions between the hippocampus (memory center) and amygdala (threat assessment center; van der Kolk, 2014).

Becoming a chameleon or having a heightened strength to read the environment served to support initial survival, but later became adaptive and transformative in managing stressors associated with change. This enabled participants to develop deep compassion and humor to influence their relationships in adulthood. Participants’ understanding of nonverbal cues and play signals helped transform a grim, lonely, fearful environment into a lively one (Brown, 2009).

**Openness to New Possibilities in Life**

Trauma survivors describe developing an ability to let go of the need to control outcomes in life and, instead, to open themselves to the unknown (Janoff-Bulman, 2006). Trauma often yields a fear of novel situations or circumstances and the need for individuals to find control over
their life. Posttraumatic growth can entail fostering an openness to uncertainty and the idea that something positive can be gained if courage can be found to embark on a new adventure which involves risk (Tedeschi & Calhoun, 1995; Calhoun & Tedeschi, 2004).

This study provided a window of understanding for how a child can endure complex, interpersonal trauma and find the ability to remain open to hope and new possibilities. All participants in this research shared the perspective that shifts in thinking towards what could be possible were necessary and achievable with courage and determination. Art and play are about the possibility and self-discovery that life creates other avenues towards new beginnings. Opportunities for cognitive and emotional processing within relationships are considered critical in an individual’s movement towards posttraumatic growth (Calhoun & Tedeschi, 2013; Joseph, 2011; Rendon, 2015).

This study explored creativity as a driving force for growth. Art therapy, expressive writing, and visual arts all offered creative expression and were considered important avenues for helping absorb the emotions associated with adversity and they offered the ability to see those experiences in new ways (Rendon, 2015). When faced with the unknown, participants described using their art or play interactions to creatively think and discharge emotional stress, giving way to traveling, changing careers, taking a leap of faith on new relationships, or starting again following loss and set-backs throughout the natural course of life. Encouraging and supportive relationships, combined with experiential and expressive arts activities, allowed for expansive thinking and introspection. Participants’ personal strengths, highlighted through their relationship to significant adults who encouraged their arts, provided a gateway to maintaining hope for new opportunities or possibilities to emerge later in life.

**Implications for Future Research**

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Continued research within the field of childhood trauma and posttraumatic growth during childhood in conjunction with play and expressive arts is necessary. This study indicates a need for continued research and further investigation into how access to play and creative arts programs serve as a pathway towards posttraumatic growth. Research should include how play and the arts aide in the development of valuable psychological and interpersonal gains in children to improve relationships and increase realization of new possibilities. Identifying variables, such as creative expression within relationships and the community, offers ideas for prevention programs to aide in mitigating long-term effects of trauma.

The original ACE study began a conversation over the last several decades and provided clear data for the implications or consequences of childhood trauma. The expanded Adverse Childhood Experiences Questionnaire (Appendix B), built upon Felitti and Anda’s (1998) and Finkelhor et al.’s (2013) work to include community variables of violence and social determinants of health. The primary researcher expanded the questionnaire in considering ten years of qualitative hand-written data from clients seeking counseling support at a non-profit mental health clinic in the state of Oregon. Items were conceived according to what clients wrote in the margins of the original ACE questionnaire upon intake.

Exploring the stories of adults who experienced adversity and trauma in childhood who did not experience later negative health consequences, yielded findings for this study that support the importance of play therapy and expressive arts programs within our education and community programs. These findings signal economic and societal benefits for social policy and funding to support children’s mental health for play therapy practices and the arts within schools or community centers. Continued research utilizing the expanded ACE questionnaire can bring
important data and awareness for how the field thinks and measures adversity during early childhood.

**Limitations**

A limitation of this study included the small sample size of ten participants, that was largely comprised of White individuals. Socioeconomically, participants ranged from low-income college-age graduate students to upper-middle class older individuals. The majority of participants were female, which can impact perspective and reported experiences. There was a range of described childhood upbringings from rural America to inner-city, metropolitan living in the United States. All stories were centered in the United States, limiting the study’s findings to those of Western culture. Future research should include a larger sample size in conjunction with increased racial diversity. It is important and necessary when building public health programs and discussing access to expressive arts or creative outlets that multicultural representation be given voice to what may be helpful in mitigating the long-term effects of adversity.

**Conclusion**

This study emphasized the importance of children leveraging the therapeutic powers of play through play and expressive arts in the context of mutual, caring relationships. Relationships that offer children kindness, patience, and acceptance of who they are, not who an adult wants them to be, is important fostering posttraumatic growth and resiliency. Relationships that celebrate a child’s achievements and provide nurturing support help children understand they are connected to others, capable of doing great things, are valued, and, therefore, that they can develop the courage to embark on new adventures throughout life. Allowing a child to creatively express difficult emotions or traumatic experiences within nurturing, protective, and
supportive relationships proved to be a powerful gateway for participants to recognizing their therapeutic posttraumatic growth. Exercising play and expressive arts in relationship with caring adults served to lift each participant towards new beginnings and life-long success.
APPENDICIES

Appendix A: Email/Flier for Participant Recruitment
Appendix B: Expanded ACE Assessment
Appendix C: Health Screening Form
Appendix D: Consent for Interview
Appendix E: Participant Face Sheet
Appendix F: Interview Guide
Appendix A

<<Date>>

Re: Recruitment for Research Study

Dear Participant,

We are writing to let you know about an opportunity to participate in a research study about the role expressive arts play in building resiliency during childhood. I am conducting this study through the University of Pennsylvania at the Firefly Institute located in Hillsboro, Oregon. Your participation will include two 45-min interviews at the Firefly Institute that we will schedule at a time that is convenient for you.

If you are interested in participation, please complete the online form located at www.fireflyinstitute.org or email me at mmpliske@fcspc.org. I will contact you by phone to be sure you are eligible to participate in the study. If so, we will schedule your interviews at that time. All participants will be provided a $25.00 credit on their account if they are currently connected to the Firefly Institute -or- you will have the option of receiving a $25.00 gift card to Target in compensation for your time.

If you would like more information about this study, please contact me at (503) 915-3737 or via email at mmpliske@fcspc.org. Agreement to be contacted or a request for more information does not obligate you to participate in this study.

Thank you for considering this research opportunity.

Sincerely,

Michelle Pliske, MSW LCSW RPT-S
University of Pennsylvania
Firefly Institute
Appendix B

Expanded Adverse Childhood Experiences (ACE) Assessment

Prior to your 18th birthday, did you experience any of the following...(circle ‘yes’ or ‘no’)

1. Did a parent or other adult in your household often….
   - Swear at you, insult you, put you down or humiliate you? -or-
   - Threaten or act in a way that made you afraid you may be physically hurt?
   
   Yes   No   If yes, enter 1 _______

2. Did a parent or other adult in your household often….
   - Push, grab, slap, hit you with an object, or throw something at you? -or-
   - Ever hit you so hard that you had marks or were injured?
   - Ever repeatedly hit or threatened with a gun or knife?
   
   Yes   No   If yes, enter 1 _______

3. Was a parent, other adult, sibling or child in your household….
   - Often push, grab, slap, or had something thrown at them -or-
   - Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? -or-
   - Ever repeatedly hit or threatened with a gun or knife?
   
   Yes   No   If yes, enter 1 _______

4. Did an adult or person more than 5 years older than you ever…
   - Touch or fondle you or have you touch their body in a sexual way? -or-
   - Try to or actually have oral, anal, or vaginal sex with you?
   
   Yes   No   If yes, enter 1 _______

5. Did someone less than 5 years, younger or older ….
   - Touch or fondle you or have you touch their body in a sexual way that you did not consent to having? -or-
   - Try to or actually have oral, anal, or vaginal sex with you that you did not consent to having?
6. Did you often feel that….
   You didn’t have enough to eat, had to wear dirty clothes, or had no one to protect you?  -or-
   Your parents were too intoxicated (drunk, high, etc.) to take care of you or take you to the doctor
   when you were in need?
   Yes  No  If yes, enter 1 ________

7. Was a parent or caregiver ever lost to you through divorce, abandonment, or other reasons?
   Yes  No  If yes, enter 1 ________

8. Did you live with anyone who was often intoxicated (drunk, high, etc.)?
   Yes  No  If yes, enter 1 ________

9. Was a member of your household depressed or mentally ill or did a household member attempt suicide?
   Yes  No  If yes, enter 1 ________

10. Was a member of your household ever incarcerated?
    Yes  No  If yes, enter 1 ________

11. Were you adopted?
    Yes  No  If yes, enter 1 ________

12. Were you ever placed in foster care or a part of the child welfare system in any way?
    Yes  No  If yes, enter 1 ________

13. Did other kids, including brothers or sisters, often or very often hit you, threaten you, pick on you or insult
    you?
    Yes  No  If yes, enter 1 ________

14. Did you often or very often feel lonely, isolated, rejected or that on one liked you?
    Yes  No  If yes, enter 1 ________

15. Did you live for 2 or more years in a neighborhood that was dangerous, or where you saw people being
    assaulted?
16. Did you attend a school system in which you did not feel physically safe or you believed the school staff would be unable to protect you?

Yes  No  If yes, enter 1 ______

17. Was there a period of 2 or more years when your family…

Was very poor? -or-

On public assistance? -or-

 Experienced homelessness?

Yes  No  If yes, enter 1 ______

18. Did you or a family member ever worry about their immigration status or fear deportation?

Yes  No  If yes, enter 1 ______

19. Did you belong to a marginalized group in which growing up you experiencing racism, oppression or felt targeted due to your identity?

Yes  No  If yes, enter 1 ______

20. Did you or a family member experience a language or literacy barrier in which....

You found it difficult to access assistance within your community -or-

 Found it difficult to obtain necessary resources like food, healthcare, housing or legal assistance?

Yes  No  If yes, enter 1 ______
Appendix C

Health Screening Form

Participant Name: _______________________________________

Date: ___________________________________________________

Have you experienced any of the following conditions or received a diagnosis pertaining to these health concerns?

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoimmune Disease</td>
<td></td>
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</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD)</td>
<td></td>
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<tr>
<td>Diabetes</td>
<td></td>
<td></td>
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<tr>
<td>Chronic Bronchitis or Emphysema</td>
<td></td>
<td></td>
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<tr>
<td>Frequent Headaches</td>
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<td></td>
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<tr>
<td>Ischemic Heart Disease</td>
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<tr>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>Liver Disease</td>
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<td>Hepatitis</td>
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<tr>
<td>HIV</td>
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<tr>
<td>Frequent Skeletal Fractures</td>
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<tr>
<td>Alcohol Abuse</td>
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<tr>
<td>Drug Abuse</td>
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<tr>
<td>Condition</td>
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<tr>
<td>Obesity</td>
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<td>Current Smoker</td>
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<tr>
<td>Risky Sex</td>
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<tr>
<td>Chronic Depression</td>
<td></td>
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<tr>
<td>Ever Attempted Suicide</td>
<td></td>
<td></td>
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<tr>
<td>Chronic Anxiety</td>
<td></td>
<td></td>
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<tr>
<td>Post-Traumatic Stress Disorder</td>
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</tbody>
</table>
Appendix D

UNIVERSITY OF PENNSYLVANIA RESEARCH SUBJECT INFORMED CONSENT FORM

Title: CHANGING THE OUTCOME OF ADVERSE CHILDHOOD EXPERIENCES: HOW INTERPERSONAL RELATIONSHIPS, PLAY, AND THE ARTS BUILD RESILIENCY

Principal Investigator: Michelle Pliske
4950 NE Belknap Ct. Ste 205 Hillsboro, OR 97124
503-915-3737, mmpliske@fcspc.org

Emergency Contact: Lindsay Balboa, 4950 NE Belknap Ct. Ste 205 Hillsboro, OR 97124, 503-915-3737, balboa@fcspc.org

Sponsor Allison Werner-Lin, PhD LCSW

Summary
The purpose of this study is to better understand adverse experiences during childhood. Adults who have describe experiencing adversity, but do not have poor health outcomes will be invited to participate in this research. The research includes interview questions regarding the connection adults had as children to expressive arts. The study will include interviews and an expressive arts family map to evaluate childhood and the environment in which they lived.

Why was I asked to participate in the study?
You are being asked to take part in a research study. Your participation is voluntary which means you can choose whether to participate. You are being asked to join this study because we would like to understand more fully resiliency during childhood. You have described having experienced adversity during childhood, however, do not describe serious health consequences as a result. We would like to listen to your experience during an interview to help us expand the knowledge of early childhood adversity, resiliency, and whether there is a connection to expressive arts.

If you decide to participate or not to participate there will be no loss of benefits to which you are otherwise entitled. Before you decide, you will need to know the purpose of the study, the possible risks and benefits of being in the study and what you will have to do if you decide to participate. The research team is going to talk with you about the study and give you this consent document to read. You do not have to decide now; you can take the consent document home and share it with friends and family. If you do not understand what you are reading, do not sign it. Please ask the researcher to explain anything you do not understand, including any language in this form. If you decide to participate, you will be asked to sign this form and a copy will be given to you. Keep this form, in it you will find contact information and answers to questions about the study. You may ask to have this form read to you.

This study is being conducted through the School of Social Work and Social Policy (SP2) with participant interviews and data analysis completed at the Firefly Institute, located in Hillsboro, OR.

What is the purpose of the study?
The purpose of the study is to learn more about:
- The experience of growing up with adversity
- How researchers can expand the current understanding of adverse childhood experiences
The contribution expressive arts had in a participant’s life
How researchers can expand the concept or definition of resiliency
This study is being conducted for the completion of a dissertation

This is not a form of treatment or therapy. It is not supposed to detect a disease or find something wrong. As an investigator, the researcher is interested both in your well-being and in the conduct of this study.

What will I be asked to do?

• Attend two 45-minute interviews. All interviews will be recorded and transcribed.
• Complete two questionnaires (Expanded Adverse Childhood Experiences Form and a Health Screening Form)
• Participate in completing a family genogram and community ecomap which is a picture representation of your family system and neighborhood/community during childhood.

How long will I be in the study?
The study will take place over a period of 9 months. This means over the next 2-3 months we will ask you to spend 45 min on two separate days participating in this study.

Where will the study take place?
You will be asked to come to the Firefly Institute to complete both 45 min interviews. The location is 4950 NE Belknap Ct. Ste 205 Hillsboro, OR 97124. The interviews will be conducted in the main classroom.

What are the risks?

There are potential risks for participation in this research that you should be aware of. These include:

1. Loss of time. The time needed to participate includes two 45 min interviews or a total of 90 minutes plus travel time to and from the Firefly Institute.
2. You will be completing both an interview and a visual representation of your family and community when you were a child. This may potentially yield psychological or emotional distress. Recalling traumatic or troubling events may cause some level of distress. This is a short study exploring sensitive topics which in some circumstances may result in, for some participants, flashbacks, nightmares, reactivation of fears, or unhappy rumination. There is a list of community resources available for you and will be provided by the primary researcher should you want to seek further support following this study. The primary researcher holds both a graduate degree in social work and a post-graduate certificate in trauma-informed care. The researcher will be available to assist you should you need during the interview and can help you connect to available resources following the interview as needed.
3. You will be completing questionnaires; however, these are not diagnostic tools. The researcher will not be providing a diagnosis at any point during the study. As a result of participation in behavioral research, some participants may falsely (or correctly) come to identify themselves as having a condition for which they might seek treatment.
4. You will be provided a variety of visual media to choose from during the construction of your family system from childhood. You have the right to avoid or not choose any materials.

How will I benefit from the study?
There is no direct benefit to you. However, your participation could help clinicians/social workers/providers better understand childhood adversity and contribute to the field of expressive arts
therapies and arts within the education system which can benefit you indirectly. In the future, this may help children to connect with resources which support healing.

Will I receive the results of research testing?

The primary researcher is available to continue to collaborate with you regarding your interview and can provide you information on how to connect to the final dissertation upon publication.

What other choices do I have?

Your alternative to being in the study is to not be in the study.

What happens if I do not choose to join the research study?

You may choose to join the study, or you may choose not to join the study. Your participation is voluntary.

There is no penalty if you choose not to join the research study. You will lose no benefits or advantages that are now coming to you or would come to you in the future.

If you are currently receiving services and you choose not to volunteer in the research study, your services will continue.

When is the study over? Can I leave the study before it ends?

The study is expected to end after all participants have completed all visits and all the information has been collected. The study may be stopped without your consent for the following reasons:

- The PI feels it is best for your safety and/or health-you will be informed of the reasons why.
- The PI, the sponsor or the Office of Regulatory Affairs at the University of Pennsylvania can stop the study anytime

You have the right to drop out of the research study at any time during your participation. There is no penalty or loss of benefits to which you are otherwise entitled if you decide to do so. Withdrawal will not interfere with your future care.

If you no longer wish to be in the research study, please contact Michelle Pliske, at 503-915-3737 or by email mmpliske@fcspc.org and take the following steps:

- Provide the researcher with your name and that you are dropping from the study.
- There are no consequences for dropping out of the study.

How will my personal information be protected during the study?

We will do our best to make sure that the personal information obtained during this research study will be kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law.

All files and information collected for this study including enrollment forms, questionnaires and pictures of family genograms and community ecomaps will be kept in a secure location. These materials will be in a locked room with a locking file cabinet that only the PI has access to. The institutional review board at the University of Pennsylvania will also have access to the records as needed.
Participants will be de-identified by using a number and coding system. Names, addresses, phone numbers or other identifying information will be removed from all data sets to protect confidentiality. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

What may happen to my information collected on this study?
All identifiable information will be coded a unique random identifier (participant record number) that is separately linked to participant identifiers (name). Re-identification is possible.

There is a risk of breach of confidentiality (unintentional release of your information). We will do our best to make sure that this doesn’t happen. However, we cannot guarantee total privacy. We will protect your confidentiality during storage and sharing by using your participant record number and/or pseudonyms within communications or publications.

If you have questions about the storage of your information, or have changed your mind, you can contact Michelle Pliske at 503-915-3737. If you change your mind, you will not be penalized in any way and your information will not be used and all data collected (interviews, genogram, images) will be destroyed.

The research data will be stored for future use. The private information collected via the interviews will be securely stored and de-identified following the study. The de-identified data could be distributed for future research studies without additional informed consent.

Records and Research Results
Your demographic information will be in a secured electronic record. These are encrypted files that follow the standard guidelines to ensure confidentiality is maintained.

What is an Electronic Medical Record?
An electronic version of the record will be stored using a secure password protected and encrypted computer format. The purpose of maintaining an electronic record includes having a secure location for entering your demographic information produced from your participation in this research study. The PI will need to obtain basic information about you that would be similar to the information you would provide the first time you visit a facility (i.e. your name, the name, address, phone number, email or other contact information). Information related to your participation in the study (i.e. appointments for interviews) will be placed in this electronic record so that support staff can assist in scheduling the study interview sessions and aide in reimbursement procedures for study participation. Your electronic record, may be accessible to appropriate members that are not part of the research team. Information within your record may be accessed by the Firefly Institute staff (care coordination team who supports with scheduling and reimbursement for participation). These staff members will not see any information pertaining to the content of your interview. This information in the electronic record is to provide additional assistance with scheduling on the researcher’s calendar or reimbursement for participation within the study. All information recorded from your interview will be stored in a secure location. These materials will be in a locked room with a locking file cabinet that only the PI has access to. The institutional review board at the University of Pennsylvania will also have access to the records as needed.

Will I have to pay for anything?
There are no monetary costs for participating in the study. Parking is free on site and every attempt will be made to schedule a time for your interview during an appointment time you are already scheduled to be at Firefly to reduce or prevent additional travel or transportation.
Will I be paid for being in this study?
All participants have the option of a $25.00 gift card to Target or may choose to have a $25.00 credit be placed in their Firefly accounting to support copays or other fees related to care within the institute.

Who can I call with questions, complaints or if I’m concerned about my rights as a research subject?
If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, you should speak with the Principal Investigator listed on page one of this form. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Office of Regulatory Affairs with any question, concerns or complaints at the University of Pennsylvania by calling (215) 898-2614.

When you sign this form, you are agreeing to take part in this research study. If you have any questions or there is something you do not understand, please ask. You will receive a copy of this consent document.

______________________       ________________________
Printed Name of Participant       Signature of Participant

Date

You are agreeing to take part in this research study. If you have any questions or there is something you do not understand, please ask. You will receive a copy of this consent document.
Appendix E

Participant Information Sheet

Name: _____________________________________ Date: ________________
Address: ______________________________________________________________________
Home Phone: ____________________________ Can we leave a message? Yes / No
Cell Phone: ____________________________ Can we leave a message? Yes / No
Email: ____________________________ Can we leave a message? Yes / No
Date of Birth: ___________________________ Preferred Language: ______________________
Preferred Gender: _______________________ Preferred Pronouns: ______________________
Ethnicity: ______________________________
Are you a current client at Firefly? Yes / No

If you are selected for the research study, how would you like to receive compensation for your time?

☐ $25.00 Firefly Institute Account Credit
☐ $25.00 Target Gift Card

Do you have any questions we can answer?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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Appendix F

Interview Guide

Participant Name:

Date of Interview:

Interviewer Name:

Interview Guide

Introduction to the Study:

Hello, my name is Michelle Pliske. I’m a doctoral student in the Doctor of Clinical Social Work program at the University of Pennsylvania School of Social Work and Social Policy. This research is for my dissertation. The study is designed to better understand life experiences of adults who have encountered adversity in their past. I have prepared questions; we have flexibility throughout our time together. I invite you to answer questions in any way you would like. You may decline to answer questions or decide to stop the interview at any point. This will not impact your services at the Firefly Institute in any way. I anticipate we will meet twice for 45 minutes each time, bringing our total time together to 90 minutes. I thank you in advance for your time.

Interview Guide: Session 1: 45 minutes in length

I. Tell me about your childhood.

II. (Genogram & Ecomap Construction) We are going to create a family and community tree called a genogram to describe your family, neighborhood, and community. We can construct this family and community tree in lots of ways using words and art through the toy miniatures that I have here. After we create the tree, I will ask you to choose as few or as many miniatures that you like to capture your thoughts and feelings about each person and your relationship or experience in your family and community. (the researcher will refer to the play genogram and ecomap protocol)

You may continue to work on the family tree as we talk. Tell me about your family growing up.

a. What strikes you about the family and community tree you are creating?
   i. Have you considered repeated patterns or experiences in your family history? Do you see any patterns now?
   ii. Does anything surprise you?
b. Please select a miniature for each individual and/or relationship on the map. Can you please describe for me the miniature selection representing your relationships within the family and the community?
   i. What relationships or community connections stand out as being important from your perspective?

   Can you give me an example?

   ii. Can you tell me more about the relationships or community connections which stand out as being difficult or challenging from your perspective?

c. What types of creative outlets did you have growing up (art, music, movement/dance/sports, drama, etc.)?
   i. How and/or when did you become involved with these?

   ii. How did you feel when you were participating in these outlets?

   iii. How do you believe they impacted your growth and development?

   iv. What did they mean to you growing up?

   v. What do they mean to you now?

d. What was important about these communities or activities? Who facilitated your participation in these outlets?
   i. What about that person was important to you?

   ii. How do you think that person within that activity or creative outlet changed your thinking or childhood experience?

III. Expanding beyond your family, what do you remember about the community you grew up in?

   a. Please select a miniature or object……. Can you describe the miniature or object with words to help me understand your thoughts or feelings about your community?

   b. Where opportunities or supports in your community available? Available to you?
     i. If you didn’t have access, what created the barrier for you to connect with support or those opportunities?

   c. Tell me about your experiences with important adults outside your immediate family. These might be doctors, counselors, teachers, coaches, therapists, or other influential adults? What type of support did they provide? What did that help entail?
     i. What was most helpful about your experience in therapy?

     ii. What was least helpful about your experience in therapy?

IV. Looking at your family map, relationships and experiences would you use the same description you used when we started our conversation or are there additional or different words that would like to use to describe your family and community?
Interview Guide: Session 2: 45 minutes in length

I. Thinking back to our last interview and reflecting on the pictures of your family and community tree, is there something that you want to add that we missed before?

II. Growing up, what kinds of play did you engage in as a child?
   a. Do you have any examples or stories you could share about engaging in play?
   b. Who did you play with most? Who would you have liked to play with?
   c. Who did you enjoy playing with most? Least?
   d. What did you play most?
   e. Where did you enjoy playing most?
   f. How did your play or playmates shift as you grew older?

III. Would you please tell me about your adverse experiences during childhood?
   a. How did you understand these experiences when they happened?
   b. Has your understanding or perspective change as you grew older? {If the participant had the ability to connect to a doctor or therapy experience use the probes below}
      i. Can you describe the experience of therapy?

IV. In our last meeting, you discussed opportunities as a child or adolescent to participate in creative outlets (movement, the arts, writing, music, clubs, etc.) within your school or community. Can you talk about your experience with these activities?
   a. What stands out to you as being most important?

V. Thinking about your activities or play growing up (movement, the arts, writing, music, etc.) have you considered ways of how these activities impacted you growing up.
   a. Have you considered connections between these activities, your experiences and where you are today?

VI. How did the activities, people or communities you were connected to as a child impact who you are today?

VII. How do you think your experience with expressive and creative arts shaped Who you are today?
   a. How do you think your experience with expressive or creative arts shaped or impacted your coping with experiences of adversity?

Thank you for your time and thoughtful consideration of these questions. I greatly appreciate the opportunity to work with you.
References


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Keshavan, M. S., Diwadkar, V.A., Debellis, M., Dick, E., Kotwal, R., Rosenberg, D. R.,...


http://dx.doi.org/10.1016/j.chc.2013.12.009


Neurobiology, creative interventions and childhood trauma. In C.A. Malchiodi (Ed.), *Creative interventions with traumatized children* (pp. 3-19). Guilford Press.


Seng, J. (2018). From fight or flight, freeze or faint, to ‘flow’: Identifying a concept to express a positive embodied outcome of trauma recovery. *Journal of American Psychiatric Nurses Association, 00 (0)*, 1-8.


Siegel, D. J. (2012). *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Press.


Tudge, J. R. H., Payir, A., Mercon-Vargas, E., Cao, H., Liang, Y., Li, J., & O’Brien, L. (2016). Still misused after all these years? A reevaluation of the uses of Bronfenbrenner’s


