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The Art of Flourishing: Integrating Positive Psychology with Art Therapy to Promote Growth from Trauma

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The Art of Flourishing: Integrating Positive Psychology with Art Therapy to Promote Growth from Trauma

Abstract

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Keywords

positive psychology, art therapy, positive art therapy, trauma, posttraumatic growth, meaning, optimism, hope

Disciplines

Art Therapy | Clinical Psychology | Cognitive Behavioral Therapy | Community Health and Preventive Medicine | Counseling Psychology | Movement and Mind-Body Therapies | Psychoanalysis and Psychotherapy

The Art of Flourishing: Integrating Positive Psychology with Art Therapy to Promote Growth
from Trauma
Sophia Heiser
University of Pennsylvania

A Capstone Project Submitted
In Partial Fulfillment of the Requirements for the Degree of
Master of Applied Positive Psychology

Advisor: Laura Taylor

August 1, 2020

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Promote Growth from Trauma

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Capstone Project

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Introduction

“A simple line created with the brush can lead to freedom and happiness.” - Joan Miró

Art, in its many forms, is one of the defining characteristics of the human species. Since the time of our prehistoric ancestors, art has continued to be a tool for communicating thoughts, abstract concepts, ideas, and feelings. Visual art has a way of transcending divides and appealing to the shared human language of imagery: it connects us to our communal past, our unexplored future, and our limitless present. Though art is often grounded in awe and beauty, there has also long been a tradition of associating great artists with madness or mental illness (Nettle, 2001). From van Gogh to Sylvia Plath, the idea that mental illness is instrumental to artistic genius has existed in Western legend for many years. This idea of the “tortured artist”, however, ignores the fact that art can be extremely therapeutic, even healing.

The belief that arts can be healing has only recently begun to be integrated into medicine and health. This marriage has led to the establishment of art therapy. Other expressive therapies, including dance, music, and poetry therapy, also center their therapeutic models on the innateness of creativity and the transformative nature of expression. The need to express ourselves is universal (Kim & Ko, 2007). Art therapy in particular focuses much more on the creative process than the quality of the output - it is the act of creation that is central to the therapeutic process (Forgeard & Eichner, 2014). It does not matter if you are a professional painter or can barely draw a stick figure - art therapy is for everyone. The variety in study methods and art therapy approaches make it difficult to determine overall effectiveness generalized to all populations. Yet, there is an accumulating body of evidence that suggests art therapy is beneficial for a variety of ages and populations, including cancer patients (Geue et al., 2010; Monti, 2004; Monti et al., 2006; Puig, Lee, Goodwin, & Sherrard, 2006; Wood et al.,

2011), trauma survivors (Kopytin & Lebedev, 2013; Lyshak-Stelzer, Singer, Patricia, & Chemtob, 2007; Schouten et al., 2015), the elderly (Im & Lee, 2014; Kim, 2013; Wang & Li, 2016;), children (Beebe, Gelfand, & Bender, 2010; Broome et al., 2001), and incarcerated populations (Gussak, 2007, 2009a,b), among others.

Positive psychology is a subfield of psychology that focuses on the empirical study of human strengths and well-being (Seligman, 2011). Both art therapy and positive psychology are, in the scheme of things, relatively new fields in the realm of psychology and psychotherapy. Both also emphasize the inherent power and creativity of each and every human, and place well-being at the center of its theory, research, and practice (e.g. Gable & Haidt, 2005; Malchiodi, 2012b). While recently established, both fields have theoretical and philosophical roots dating back hundreds and thousands of years. Like all good science, art therapy and positive psychology continue to grow, change, and develop according to new discoveries and data.

The integration of the theories and findings of positive psychology within existing art therapy approaches has the potential to advance both developing fields. In fact, practitioners of positive psychology and art therapy seem to agree on this point. Some have noted links between the fields, such as constructs of flow, positive emotions, personal strengths, connection to others, and sense-making (Darewych & Riedel Bowers, 2017; Isis, 2016; Kurtz & Lyubomirsky, 2013; Lomas, 2016; Puig et al., 2006; Swindells et al., 2013; Voytilla, 2006; Wilkinson & Chilton, 2013, 2017). I too believe there is enormous possibility in this intersection. However, a complete discussion of all possible applications and overlaps lies outside the scope of this paper. Here, I will focus my attention on the potential synthesis of positive psychology and art therapy theory, research, and practice in the treatment of trauma.

Unfortunately, between 60-89% of people will likely experience at least one traumatic event during their lifetime (Kilpatrick, Resnick, & Acierno, 2009; Mills et al., 2011; Resnick et al., 1993). Research on trauma over the past few decades has been essential for the awareness and de-stigmatization of trauma and posttraumatic stress, as well as access to care and development of trauma-informed protocols. Well-researched treatments, such as Prolonged Exposure Therapy, Cognitive Processing Therapy, and Eye Movement Desensitization and Reprocessing, are beneficial for many survivors, and traditionally aim to alleviate the negative effects of trauma (Berg et al., 2007). Acknowledging the value of these treatments, traumatized persons deserve the opportunity to not just survive but flourish. Positive psychology theories of meaning, posttraumatic growth, hope, and optimism, when integrated with trauma-informed and cognitive behavioral art therapy approaches, offer a unique perspective of the potential for flourishing after trauma. This paper will discuss the history of both positive psychology and art therapy and review each of the constructs highlighted above in depth. Then, a careful consideration of practical applications into trauma treatment will be explored, along with a discussion of existing positive psychology interventions that may be of use to practitioners culminating in a call for the development of a growth-based trauma-informed art therapy approach.

Overview of Positive Psychology

“A joyful life is an individual creation that cannot be copied from a recipe.” - Mihaly

Csikszentmihalyi (1990)

Positive psychology can be described as the scientific study of human flourishing (Seligman, 2011). This subfield of psychology focuses its research on constructs like love, awe, optimism, and gratitude, and aims to promote well-being rather than only treat disease. Though it is considered to be a relatively new field, formally established twenty-two years ago, theories and concepts elemental to positive psychology can be traced back throughout history to works of Maslow, William James, and Aristotle. This paper is not meant to be an exhaustive review of the history, theories, and research findings of the field, but it is helpful to have some background knowledge of both positive psychology and art therapy to ground the integration of constructs and interventions from positive psychology with art therapy approaches.

History & Background

Since its inception, the field of psychology was built upon three pillars, or goals: “curing mental illness, making the lives of all people more productive and fulfilling, and identifying and nurturing high talents” (Seligman & Csikszentmihalyi, 2000, p. 6). However, since World War II, many have noted that the primary focus of mainstream psychology shifted towards studying and treating mental illness (Seligman & Csikszentmihalyi, 2000). Understanding mental illness is vitally important to the health and well-being of all, and this focus on pathology has led to numerous treatments and cures for a variety of illnesses, which is an accomplishment that cannot be denied. Yet a fixation on taking individuals from ill to not ill or from negative to zero, while

imperative, does not consider all that lies beyond “not ill”. Indeed, the absence of illness does not necessitate the existence of wellness, just as the absence of disease does not necessarily entail health. Positive psychology, then, focuses on what is beyond zero, for individuals, groups, organizations and institutions (Gable & Haidt, 2005).

Dr. Martin Seligman, often described as a founding father of the field, started his life as researcher studying the tendency of dogs to become passive when subjected to uncontrollable shocks, developing this into a theory he called *learned helplessness* (Seligman, 1972). As he continued his research, Seligman began to ponder why some dogs, despite being exposed to the conditions that typically produced helplessness, did not become helpless. If dogs (and people) could learn to be helpless, perhaps they could also learn to be strong and resilient. This line of thinking - coupled with an epiphanic experience in which his daughter told him that if she could stop whining, he could be less grumpy - convinced him to turn towards studying what makes life worth living (Seligman, 2011; Seligman & Csikszentmihalyi, 2000). In 1998, after he was elected president of the American Psychological Association, Seligman gave an address to the association in which he challenged the field of psychology to shift from a deficit-focused model towards a strength-based one. Two years later, Seligman and Csikszentmihalyi (2000) laid out the principles of a new field of positive psychology. Since then, interest and research on positive psychology has grown exponentially, as we can see from the establishment of a *Journal of Positive Psychology*, national and international organizations such as the International Positive Psychology Association, and an ever-expanding number of positive psychology courses, graduate programs, conferences, encyclopedias and handbooks (Gable & Haidt, 2005).

A common misconception about positive psychology is that it discounts the importance or the existence of negative experiences or emotions. Since there is a “positive” psychology,

does this also suggest the existence of a “negative” psychology? The existence of positive psychology does not imply that the rest of psychology is negative. Instead, the intent of the movement is simply to realign the field with its original goals of nurturing talent and improve human welfare. Positive psychology is meant to supplement mainstream psychology, not replace it. It is also occasionally misrepresented as a “happyology” that denies or ignores pain and suffering, which it is not intended to be. Studying love, for example, does not deny the existence of hate. Negative emotions and experiences have value, and are just as important as positive ones. However, there is much more to human existence than that which is negative, and much of this has not historically been explored in a scientifically rigorous way.

Positive Psychology Research & Practice

Throughout these past two decades, a burgeoning body of research grounded in positive psychology has developed. Though I will not summarize this body of research as a whole¹, it is important in an overview of positive psychology to discuss a concept integral to the very idea of positive psychology: *well-being*. There have been many formulations and definitions of well-being throughout history in general and positive psychology in particular, from hedonia and eudaimonia to subjective and psychological well-being (Butler & Kern, 2016). There are benefits and drawbacks to every conceptualization of well-being, considering its abstract nature.

One of the most popular and widely-used models of well-being is Seligman’s (2011) PERMA model. This model is made up of five elements that Seligman argues lead to well-being and flourishing. These include: Positive emotion, such as joy, love, excitement, and awe; Engagement, or a sense of connection to activities, also referred to by Csikszentmihalyi (1990)

¹ For those interested in more detail on the history, research, and application of positive psychology, I suggest Boniwell’s (2012) *Positive Psychology In a Nutshell: The Science of Happiness* or Peterson’s (2006) *A primer in Positive Psychology*.

as a *flow state*; Relationships, or feeling socially supported; Meaning, or core values, a sense of purpose, and a connection to something greater than oneself; and Accomplishment, or the ability to work towards desired goals (Seligman, 2011). As a note, in psychological literature *goals* may be defined as what an individual (or group, or organization) is consciously trying to accomplish; goals affect behavior by directing attention and action (Locke & Latham, 1990). These five elements of well-being are intrinsically rewarding and are pursued entirely for their own sake. By paying attention to and cultivating positive emotions, engagement, relationships, meaning, and accomplishment, Seligman argues that we can construct for ourselves a life of flourishing.

Just as theories are important in any field, so is implementation and practice. Positive psychology recognizes the critical need for a shift towards a preventative model, and has tried to develop tools and interventions to build upon this model. Interventions grounded in positive psychology theory and research are often called *positive interventions*, and can generally be described as “treatment methods or intentional activities that aim to cultivate positive feelings, behaviors, or cognitions” (Sin & Lyubomirsky, 2009, p. 468). With the rapid development of the field over the past twenty years, more and more research suggests that emphasizing the good can actually improve physical and psychological health (Peterson & Seligman, 2004). For example, expressing gratitude (Sheldon & Lyubomirsky, 2006), counting blessings (Emmons & McCullough, 2003), and developing and using character strengths (Seligman, Steen, Park, & Peterson, 2005) have all been shown to augment well-being. These types of interventions, which focus on the cultivation of well-being, differ from those of a traditional medical model, which tend to put more attention on treating or attempting to fix deficits (Bolier et al., 2013). Reviews of the literature have provided evidence for the efficacy of a wide variety of positive

interventions in both enhancing well-being and also alleviating depressive symptoms in clinical populations (Bolier et al., 2013; Sin & Lyubomirsky, 2009).

Historical Roots of Positive Psychology

An overview of positive psychology would not be complete without acknowledging the foundations on which the field has been built. Many of the constructs studied and described in positive psychology are not new. The field draws from a wide variety of experts in a wide variety of fields, including ancient philosophers and humanistic psychologists (Fowler, Seligman, & Koocher, 1999). Aristotle, for example, wrote considerably about the difference between the pleasant life (*hedonia*) and the good life (*eudaimonia*). He described hedonia as seeking pleasure while associating eudaimonia with virtue; these terms are still used in positive psychology today (Melchert, 2002; Seligman, 2011). William James, considered to be a founder of modern psychology, should also be noted as a direct predecessor to positive psychology, as his writings on healthy mindedness, habit formation, and subjective experience influenced modern positive psychological theory (James, 1902).

The field of positive psychology also has strong connections to the humanistic movement, the “third force of psychology” that flourished in the 1950s. In fact, the term “positive psychology” may have first been coined in Maslow’s book *Motivation and Personality* (1954). Humanistic psychologists like Maslow (1968) advocated for the study of healthy and creative individuals, rather than only those who are sick, and Rogers (1961) emphasized the fully functioning person, both of which are elements central to positive psychology. The field of positive psychology must give due credit to foundational theories, like those on creativity, self-actualization, growth, and meaning, that grew from the humanistic psychology movement.

Conclusion

While positive psychology is considered to be a “new” field, it is clear that many of the constructs being studied are not new at all. Rather, positive psychology represents a shift towards promotion and growth, fulfilling what is seen to be a current need in psychological research and practice. This movement began as a reaction to the deficit-based model of psychology-as-usual, and aims to scientifically study “the good life” to nurture well-being in all populations. With this somewhat brief introduction to positive psychology, I now turn to an overview of the other field this paper draws from: art therapy.

Overview of Art Therapy

“Art is the meeting ground of the world inside and the world outside.” - Elinor Ulman

This section seeks to honor the rich history and the many theoretical approaches to art therapy practice. Given the focus of this paper, a shared common knowledge of both art therapy and trauma is valuable going forward. The discipline of art therapy, arising in the mid-20th century, is based on the idea that the creation of art is healing and can communicate thoughts and feelings (American Art Therapy Association, n.d.). Art therapy differs from what some call *therapeutic art* - for example, the mindful coloring books that have become quite popular in recent years. While these art activities certainly have value, they are not considered art therapy, because they are not done in the presence of a licensed professional. Art therapy is an integrative mental health approach, addressing the body as a whole. Though art therapy is a relatively new

discipline within the treatment of mental health, its predecessors can be traced back thousands of years.

History & Background

Art as a means of communication and expression has been used since the time of cavemen. Ancient cultures incorporated art in therapeutic and religious rituals, including Navajo sand paintings and African sculpture (Junge, 2016). The founding principle of art therapy, that art is healing and communicative, is evident in these early practices.

Art therapy began to arise independently in Europe and the United States along similar timelines². In the UK, Adrian Hill, an artist, began painting while recovering from tuberculosis in a sanatorium. He is credited with formally coining the term “art therapy” in 1942 (Junge, 2016). In the United States, Margaret Naumberg, often called one of the mothers of art therapy, began publishing clinical cases in the 1940s. This time period was marked by the psychoanalytic theories of two major players, Sigmund Freud and Carl Jung, who are considered to be direct predecessors to the field of art therapy. Freud’s concept of the unconscious, personality theory, now-discredited link between madness and creativity, and interest in dream imagery were prominent in early art therapy theory (Junge, 2016). Jung asked his patients to draw their dreams and theorized about the collective unconscious, which led to his introduction of *mandalas* - drawn geometric designs originating from Hindu and Bhuddhist traditions and now often utilized in art therapy practice - into Western psychological thought and practice (Cornell, 2006). Psychoanalytic theory also bred projective psychological tests such as the Rorschach Inkblot

² For a more complete and detailed history of the field, I suggest Junge’s (2010) *The modern history of art therapy in the United States* or Hogan’s (2001) *Healing arts: The history of art therapy*.

Test, which, while no longer widely used due to issues with validity and reliability, were instrumental at the time in considering imagery as a diagnostic tool (Hunsley, Lee, & Wood, 2003; Junge, 2016).

Margaret Naumberg and Edith Kramer are seen as two of the pioneering art therapy theorists in the United States. Naumberg first defined art therapy as a distinct profession in 1947 with her book *Studies of the "Free" Expression of Behavior Problem Children as a Means of Diagnosis and Therapy* (Junge, 2016). Grounding their work in Freudian theory, Naumberg (1966) theorized that symbolic speech inherent in art-making can help to release repressed feelings, while Kramer (1971) argued children's mental health improved through sublimation, which occurred via the production of artistic metaphors and symbolic images in art. In 1958, Kramer published her book *Art Therapy in a Children's Community*, which described one of the two main theories of art therapy: the creation process is in itself healing. Then, in 1966, Naumberg published *Dynamically Oriented Art Therapy*, which delineated the other main theory of art therapy: art as a method of symbolic speech. These two leaders of art therapy, both influenced by the psychoanalytic theory of their time, set the stage for the growth and development of the field in the United States. Their early work sparked interest and excitement about the potential for art therapy, which allowed for the expansion of theory, research, and practice.

The first art therapy journal, *Bulletin of Art Therapy*, was established by Elinor Ulman in 1961. Three years later, the British Association of Art Therapists was founded, followed by The American Art Therapy Association in 1969 (Waller, 1991). Establishment of a journal and professional associations helped the field gain legitimacy, allowed for art therapists to read, learn, meet, and engage in discussions with each other, and set the stage for development of

official education and accreditation. The first art therapy programs in education were established in the late 50s and early 60s (Junge, 2016) and were important in not only the development of art therapy as a profession, but also development of theories of creativity and development. As psychoanalytic theory placed significance on early childhood, educators began to consider the role of creativity in the development of children. Franz Cizek, Viktor Lowenfeld, and Florence Cane, among others, pioneered modern art education by studying creativity in children, which played a marked role in the formulation of art therapy theory and its implementation in educational settings (Junge, 2016). In 1975, the Association established guidelines for education and training, and began an accreditation process (American Art Therapy Association, n.d.).

In the present day, art therapy continues to grow as a mental health profession, implemented across a broad range of settings and populations. While art therapy started within psychiatric institutions, it is now being employed in both clinical and non-clinical populations (Vick, 2012). Art therapists work with a wide variety of populations and developmental stages, including young children, adolescents, adults, seniors, individuals, couples, groups, families, and communities. They may choose to work with their clients through any artistic medium, including drawings, paintings, sculpture, photography, collage, or digital art (Thong, 2007). Advancements in research, especially within neuroscience, are beginning to offer deeper insight into the processes through which artistic expression and art therapy may work. Positive psychology and art therapy are both relatively young, and research development in newer fields is helpful for grounding and supporting ideas. There has been plenty of skepticism of the effectiveness of art therapy in other medical professions since its inception, but the continuation of rigorous research is lending greater credence to the field (e.g. Maujean, Pepping, & Kendall, 2014; Reynolds, Nabors, & Quinlan, 2000; Van Lith, 2016). It is increasingly more common for psychiatrists,

social workers, physicians, and other medical workers to incorporate elements of art therapy into their practice as the ideas of the field continue to develop and spread. Like all histories and good science, the history of art therapy is not an old book, slowly collecting dust, but a living document that continues to be written by researchers, experts and practitioners.

Art Therapy Approaches

Though the field grew during the era of psychoanalysis, art therapy can be applied through an array of approaches based on philosophical, sociological, and psychological theories. Cognitive behavioral and trauma-informed approaches are most relevant to the aims of this paper, and therefore are the only approaches that will be discussed here in detail. It should be noted that these are only two of many approaches, including psychodynamic, archetypal, gestalt, person-centered, existential, and transpersonal approaches³. A commonality across all approaches is the importance of a caring relationship between art therapist and client. Art therapists work to create a physical and psychological space where it is safe to be freely creative, and always treat a client's work with respect and care (Rubin, 2016). In addition, it is important to remember that many art therapists do not subscribe solely to one approach. Rather, they often borrow ideas and techniques from various approaches or use a more eclectic style, based on the needs and abilities of their client (Elkins & Deaver, 2013). With that in mind, this section aims to briefly overview two major approaches for deeper understanding and appreciation of art therapy techniques and practices.

³ For more detailed discussions of various art therapy approaches, I might suggest Gussak and Rosal's (2016) *The Wiley handbook of art therapy* or Malchiodi's (2012) *Handbook of art therapy*.

Cognitive behavioral approaches.

Cognitive behavioral therapies (CBT), developed in the 1950s and 60s by psychiatrists Aaron Beck and Albert Ellis, have grown exponentially in popularity over the past few decades, with many psychologists adopting it as an orientation (Norcross, Karpiak, & Santoro, 2005). There are a number of more specific approaches defined under the umbrella of CBT, including problem-solving therapy, dialectical behavior therapy, rational-emotive behavior therapy, mindfulness-based cognitive therapy, and more (Kuehlwein, 1993). I will not be describing all of these modalities in depth, as the theoretical framework of CBT is more pertinent to the goals of this paper than any one specific approach. It should be noted that the term *CBT* is intended to reference a broad family of related interventions with similar underlying assumptions and principles. One of the reasons CBT has become so popular is its structured nature of treatment and the notable accumulation of research showing efficacy for treatment of a wide variety of issues, including mood disorders, anxiety disorders, marital issues, and chronic pain (Butler, Chapman, Forman & Beck, 2006).

Cognitive behavioral therapies, rooted in social learning theory, are typically centered around *distortions*, or unrealistic cognitions. The CBT model proposes that psychopathology and distress is often the product of distorted or dysfunctional thinking, and these distortions lead to negative emotions and maladaptive behaviors. Therefore, cognitive change is the proposed primary mechanism by which patients improve, which then leads to improvements in other symptoms in a reciprocal and cascading way (Gaudiano, 2008). Cognitive behavioral therapists aim to help clients identify and evaluate their distorted cognitions, and then modify those to produce more realistic and adaptive evaluations (Gaudiano, 2008; Thoma, Pilecki, & McKay, 2015). Therapies traditionally have followed similar procedures: finding and having a problem

focus, identifying a client's irrational thoughts, challenging those thoughts, and finally, working to transform those irrational thoughts into more rational ones (Rosal, 2016). CBT has often been critiqued as being too mechanistic and failing to address the patient as a whole person. In recent years, CBT is beginning to embrace a more holistic and strengths-based approach (e.g. Hayes, 2004), and creative therapies should take notice of potential integration opportunities as new treatment methods continue to be studied across populations.

In the late 1970s, Ellen Roth and Janie Rhyne were among the first to incorporate CBT theory into art therapy practice (Rosal, 2016). Cognitive behavioral art therapy (CBAT) aims to embrace the sensory and emotive capacity of art therapy, and also help clients envision new, more adaptive patterns of thinking, behaving, problem-solving, and coping (Rosal, 2016). While the combination of a creative, image-based approach (art therapy) and a structured, typically language-based approach (CBT) might seem to be incompatible, a number of art therapists have found the incorporation of various CBT techniques into their practice to be valuable. For instance, Rosal (1992, 1993, 2001) and Rozum and Malchiodi (2003) describe a variety of cognitive-behavioral approaches in the treatment of children and adults, while Steele and Raider (2001) argue that cognitive reframing can be especially useful in dealing with traumatic events. The CBT principles used most often in art therapy include problem-solving, modeling, relaxation, mental imagery, stress reduction, adaptive coping, and systematic desensitization (Rosal, 2016). CBAT blends the clinically effective and well-defined goals of CBT with the image-making and whole-body approach of art therapy.

In the treatment of trauma in particular, there is significant evidence that cognitive therapies can be effective in decreasing symptomatology in both children and adults (see Berg et al., 2007 for a review). Guided by the substantial body of research suggesting efficacy of CBT

interventions on trauma, some art therapists believe the combined approach of cognitive behavioral art therapy might be especially compelling. Several studies on traumatized populations (e.g. sexually abused children) provide evidence for the capability of cognitive behavioral art therapy to treat and manage trauma (Pifalo, 2006, 2007).

Trauma-informed approaches.

As mentioned previously, due to the focus this paper puts on trauma, it is valuable to first define trauma and Post-Traumatic Stress Disorder (PTSD) according to the current literature. I feel obliged to note I am not an expert in trauma of any kind, and acknowledge how extraordinarily complicated trauma, its effects, and its treatment can be. There is not room in this paper for a thorough dive into all the theory and research; however, it would be irresponsible for a paper centered around trauma treatment to not attempt to examine some of the many complexities of trauma. After a discussion of trauma and PTSD, I will turn to a brief overview of current trauma-informed treatments, and finally, discuss the literature on trauma-informed art therapy approaches.

A broad, but typical, definition of *trauma* is a psychological, emotional, and/or bodily response to a deeply disturbing event or series of events (Mészáros, 2010). The DSM-V requires that one must directly experience or witness the event in person, learn the event occurred to a close other, or continuously re-experience aversive details of the event (American Psychological Association, 2013). Psychological trauma may contribute to a variety of accompanying physiological symptoms including dissociation, somatization, and eating disorders (American Psychological Association, 2013). Exposure to a traumatic event or cumulative traumatic events occasionally, but not always, results in post-traumatic stress disorder. Post-traumatic stress

disorder (PTSD) is distinguished by 4 clusters of symptoms: “1) intrusion re-experiencing, 2) avoidance of reminders and triggers, 3) negative alterations in cognitions and mood (numbing) and 4) alterations in arousal and reactivity, including exaggerated startle response” (American Psychological Association, 2013, pp. 144-145). Newer research on *dissociation* has led to the inclusion of a dissociative subtype of PTSD in the DSM-V, which involves a disruption of or discontinuity in the usually integrated functions of consciousness, memory, identity, emotion, perception, and body awareness (American Psychological Association 2013). *Complex trauma* or *developmental trauma*, which involves exposure to multiple or prolonged traumatic experiences during early childhood and development, has also been proposed as a potential new diagnostic category (American Psychological Association, 2013).

Traditionally, the three stages of trauma treatment include 1) reducing and stabilizing problematic symptoms, 2) processing traumatic memories and emotions, and 3) beginning integration rehabilitation into “regular life” (Malchiodi, 2012b). Cognitive behavioral therapies are perhaps the most researched methods of trauma treatment (Berg et al., 2007). Types of cognitive behavioral therapies most efficacious in trauma and PTSD treatment of adults include Prolonged Exposure Therapy, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, and Trauma-Focused Cognitive Behavioral Therapy for children in particular (Berg et al., 2007; Foa, Keane, Friedman, & Cohen, 2009). However, emerging research demonstrating the neurobiological impact of trauma has led to a greater need for therapeutic interventions that address the body.

Traumatic stress is difficult to treat, in part because traumatic memories often exist as dissociated emotional, perceptual, and sensory fragments in the brain. The memories are not stored in the verbal, declarative memory system, which makes it difficult for survivors to form a

coherent trauma narrative (Howie, 2016; van der Kolk, 2014). In this regard, art therapy seems uniquely positioned to integrate mind and body. Some have suggested that the sensory and bodily aspects inherent to art-making potentially allow circumvention of neurological barriers to remembering trauma (Chapman, Morabito, Ladakakos, Shreier, & Knudson 2001; Gantt & Tinnin, 2007; Greenberg & van der Kolk, 1987; Lusebrink, 2004). Art therapy may also be helpful in accessing emotions and nonverbal memories (Johnson, 1987; Talwar, 2007), reconnecting implicit and explicit memories of trauma (Malchiodi, 2012a; Talwar, 2007), and reconstructing the client's narrative (Gantt & Tinnin, 2007).

A budding body of research suggests that art therapy may reduce trauma symptoms in children and adults (Cohen, Barnes, & Rankin, 1995; Collie, Backos, Malchiodi, & Spiegel, 2006; Rankin & Taucher, 2003; Raymer & McIntyre, 1987; Sweig, 2000). Art therapy protocols informed by trauma theory typically attempt to reduce trauma-related symptoms, utilize somatic and sensory approaches to self-regulation, facilitate the creation of a coherent trauma narrative, promote positive attachment, positive emotions, and safety, and build strengths, self-worth and self-esteem (Chapman, 2014; Chapman et al., 2001; Gantt & Tinnin, 2007; Howie, 2016; Johnson, 1987; Lusebrink, 2004; Malchiodi, 2012a,b; Pifalo, 2007; Rankin & Taucher, 2003). While there is certainly more research needed on the efficacy of these protocols across populations, trauma-informed approaches to art therapy offer an encouraging path to recovery.

Conclusion

The field of art therapy has a vibrant history, drawing upon a variety of fields, including philosophy, sociology, and psychology. There are many theoretical approaches to art therapy, including many more than those touched upon here. I believe that the integration of research in

the realm of positive psychology can offer valuable insights to all approaches to art therapy, and particularly cognitive behavioral and trauma-informed approaches, just as art therapy can offer valuable insights for the development of positive psychology. With this brief overview of the field of art therapy, I now turn to three topics prevalent in the literature around positive psychology that intersect most clearly with these approaches: meaning, posttraumatic growth, and optimism.

Meaning

“We seem as a species to be driven by a desire to make meanings: above all, we are surely homo significans— meaning-makers.” (Chandler, 2002, p. 17)

What is the meaning of life? This is a question that has intrigued the human race for centuries. Even all-knowing supercomputers, such as the one in *The Hitchhiker's Guide to the Galaxy* (Adams, 1979), seem to be stumped by this question (and no, I do not think the answer is 42). The search for meaning seems to be a pursuit particularly inherent to human nature, likely due to the fact that we have created and exist within a cultural context. One proposed pathway to meaning is the act of creation (Frankl, 1986), and both the search for and creation of meaning is important to human life. Meaning is a construct integral to art therapy theory and practice, particularly within trauma-informed approaches. Creating art allows for self-reflection and examination, insight into, and reconstruction of personal experiences, helping to form meaning (Barone & Eisner, 2012; Engle, 1997; Grushka, 2005; Van Lith, Fenner, & Schofield, 2011). A number of studies have shown the benefit of creating meaning through artistic experience (Beaumont, 2013; Collie, Bottorff, & Long, 2006; Hughes & da Silva, 2011; Kapitan, Litell, &

Torres, 2011; McCaffrey, Liehr, Gregersen, & Nishioka, 2011; Stuckey & Nobel, 2010; Svensk et al., 2009), an idea that may be particularly conducive to addressing victims of trauma. This section aims to broadly define the abstract construct of meaning, illustrate the many benefits meaning begets, outline a specific meaning-making model, and address the difficulties and limitations of this literature.

Defining Meaning

One of the predicaments in scientifically studying philosophical subjects such as meaning is a problem of definition. In order to study something empirically, there needs to be a thorough and agreed-upon definition of the construct (Wacker, 2004). This is often not as easy or straightforward a task as it may seem, especially because many psychological constructs, such as self-esteem and motivation, are abstract, intangible, and nuanced. A definition must be thorough enough that it does not oversimplify a concept; and, the more complex a definition is, the more difficult it is to reach consensus amongst experts. Meaning is something that is vitally important to human existence, but difficult to clearly conceptualize. Throughout the literature on meaning and meaning-making, there is a lack of consensus on a definition of the construct of “meaning”. Here, I will synthesize a few different definitions for greater understanding of the construct.

One definition of meaning, proposed by Baumeister (1991), is meaning as a “mental representation of possible relationships among things, events, and relationships” (p. 15). Based on this definition, Baumeister seems to indicate that meaning is a way of drawing connection between things. Further, he posits that the search for meaning can be understood by four needs: the need for purpose, the need for values, the need for self-efficacy, and the need for self-worth (Baumeister, 1991; Baumeister & Vohs, 2002). He also describes pondering the meaning of life

as a sort of luxury, something one can only do when there is no urgent danger. This raises potential consequences for the timing of intentional meaning-making processes, especially as it relates to trauma, as traumatic events often involve significant threat to the self or others. It would likely be inappropriate and potentially damaging to encourage a traumatized client to search for meaning if there is still danger or the threat of danger present, which is important to note as we consider applications of this literature into trauma-informed treatments.

Another widely cited definition is meaning as “the cognizance of order, coherence, and purpose in one’s existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment” (Reker, 2000, p. 41). This relates to Baumeister’s definition of meaning as a connecting system as Reker seems to agree that meaning offers some sense of comprehensibility. It also relates to Wong’s (2012) four-factor model of meaning, which includes a sense of purpose, understanding, responsible action, and evaluation of one’s life. Across these definitions, purpose, goals, and order seem to be crucial to the understanding of meaning.

According to Baumeister, “meaning has to be imposed on life; it is not built in” (Baumeister, 1991, p. 4). Therefore, meaning may be unique to each person, and requires effortful action. However, it can also be influenced by external factors: “we create our world personally, idiosyncratically and dynamically, yet to a significant extent, we are also influenced and created by a world that is larger than ourselves, individually speaking” (Kenyon, 2000, p. 10). So, it seems as though meaning is something that we establish ourselves, and is also influenced by the conditions of the world it exists in.

One important distinction to note here is the difference between the *search for meaning* and the *presence of meaning*. The presence of meaning is mostly associated with a belief that one’s existence matters and that the world is generally comprehensible (e.g. Baumeister, 1991),

while the search for meaning involves a desire and active pursuit of purpose and understanding (Steger, Frazier, Oishi, & Kaler, 2006). Search for and presence of meaning appear to be related, but the literature shows mixed results on the connection between the two (e.g. Steger, Kawabata, Shimai, & Otake, 2008). The search for meaning is more relevant to the experience of trauma, and it can be assumed that *meaning* as it is used from here on refers to the search for meaning.

Meaning is difficult to define, but central to human life. Combining these few definitions, meaning connects and helps to organize; it is something we both build ourselves and is influenced by outside factors; it is reflective of individual purpose. This is, of course, a very basic definition of a very complex concept, but one that is adequate for the purposes of this paper. A basic conceptualization of meaning can better ground the findings in research, and inform trauma-informed practice in art therapy and beyond.

Benefits of Meaning

From ancient philosophers to current psychological researchers, most people recognize that meaning is important for our health and well-being. Victor Frankl, a psychiatrist and Holocaust survivor, is widely credited as being a pioneer in the study of meaning. *Man's Search for Meaning* (1985), an account of his experiences in a Nazi concentration camp, reflected the vital importance of having a meaning or purpose as a means to survive even in the most dire of circumstances. Not only is cultivation of meaning a survival tactic, but Frankl (1966) believes that searching for and finding meaningfulness and a sense of purpose in life is the primary human concern.

Beyond philosophical ideas, more empirical research is emerging to support the idea that searching for and finding meaning confers tangible benefits. As mentioned previously, Martin

Seligman's PERMA (2011) model describes meaning as one of the five pillars of flourishing - therefore, meaning is theorized to be fundamentally important to our sense of health and well-being, as well as providing guidance and purpose; it can also help individuals deal with hardships, which is a universal experience (to differing degrees) that can affect mental, physical and emotional health (Seligman, 2011). The results of two studies of non-clinical populations indicated that meaning correlates with life satisfaction, but is moderated by the extent to which an individual is searching for meaning (Steger, Oishi, & Kesebir, 2011). Subjects who are actively searching for meaning report greater life satisfaction, and when reading fictional subjects' narratives, subjects also judge those who are actively searching for meaning to have greater life satisfaction. Another study claims that making meaning is essential for enhancing personal growth and creating a coherent life course (Weinstein, Ryan, & Deci, 2012).

According to the literature, having and pursuing meaning seems to be critical to all human beings, and has the potential to improve lives. Understanding the process by which meaning is made may help to unlock further creation of meaning and encourage meaning-centered approaches in art therapy.

A Meaning-Making Model

Meaning-making has been described as an ongoing process of creating and maintaining a coherent life story (Thompson & Janigian, 1988), a search for purpose and meaningfulness, (Frankl, 1966), or an effort to maintain a sense of temporal and causal coherence (Crossley, 2003). Meaning-making as cited hereafter refers to the process by which personal meaning and life narratives are restored in the context of aversive or stressful situations. Meaning in the context of stressful situations is a rather expansive topic, and there are a multitude of models to detail

this process. Every model has its advantages and disadvantages, and there is no currently accepted “gold standard”. However, there is some consensus around components of a meaning-making model that were conceptualized in Park and Folkman’s (1997) model and further developed by Park (2010; see Figure 1). These components help to envision the process and how it relates to well-being. For the purposes of time and space, I will focus solely on this model, while acknowledging it is certainly not the only approach to the meaning-making process.

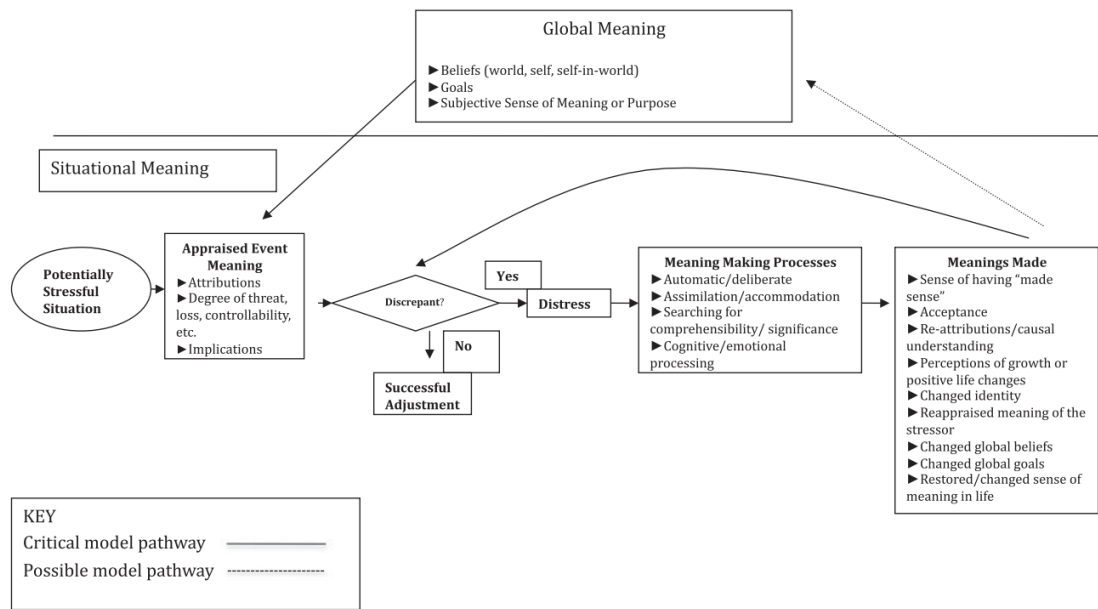


Figure 1. The meaning-making model. Reprinted from “Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events,” by C.L. Park, 2010, *Psychological Bulletin*, 136(2), 257-301.

James Pennebaker, a social psychologist and researcher, began to study the role of expressive writing as a tool for meaning-making, especially when writing about traumatic or adverse situations, in the late 1980s. As a pioneer of writing therapy, also called *expressive therapy*, he asserts that holding in or not disclosing trauma or distressing feelings and

experiences creates a sort of inhibition. Based on this, he theorized that the expressive writing process may work by decreasing inhibition and facilitating making of meaning regarding the trauma experience (Pennebaker, 1993, 1997; Park & Blumberg, 2002). Pennebaker's work helps to concretize the value of expression as a form of meaning-making. This parallels other creative arts, including art therapy, that primarily engage expression through both verbal and nonverbal means.

Pennebaker's work also laid the groundwork for developing a meaning-making model. In Park's (2010) model (Figure 1), there are two types of meaning: *global meaning* and *situational meaning*. Global meaning is an orienting system, or a way of allowing people to interpret their experience through a cognitive framework. Global meaning consists of beliefs, goals, and subjective feelings (Dittman-Kohli & Westerhof, 2000; Reker & Wong, 1988). *Global beliefs* are broad views regarding topics like control and predictability that answer questions like How controllable is the world? How predictable is the world? These beliefs form the lens through which people view and interpret the world (Janoff-Bulman, 1992; Janoff-Bulman & Frantz, 1997; Leary & Tangney, 2003; Mischel & Morf, 2003; Parkes, 2001). *Global goals* are internal representations of a desirable end state; some commonly reported global goals revolve around relationships, work, spirituality, knowledge, and accomplishment (Austin & Vancouver, 1996; Emmons, 2003). *Subjective feelings* include feelings of "meaningfulness" and a sense of purpose or direction (Klinger, 1977; Reker & Wong, 1988).

Situational meaning is the meaning assigned in a specific context. When an event occurs, we assign meaning to it - like why we believe it occurred, how threatening it is to us and our future, and how much control we believe we had over the outcome (Aldwin, 2007; Sweeney, 2008). This initial appraisal is called *implicit meaning*, and seems to arise intuitively: "Any event

has an implicit meaning to the people undergoing it; there is no need to search for this type of meaning” (Thompson & Janigian, 1988, pg. 262). We usually immediately assign meaning to a situation, but we can also revise this meaning (Bonanno & Kaltman, 1999; Janoff-Bulman, 1992).

According to Park’s (2010) model, the greater the difference between someone’s situational meaning and their global meaning, the more distress they will feel (Everly & Lating, 2004; Koss & Figueredo, 2004). This distress is what drives the meaning-making process. The most common discrepancy that causes distress is between situational meaning and global beliefs, but goals and sense of purpose are also a part of global meaning, and can also be in opposition to situational meaning. The meaning-making process is meant to try to reduce this discrepancy between situational and global meaning. There are several proposed schemes to illustrate this process, but it is not exactly understood how the process itself occurs. It might be a completely automatic and unconscious process (e.g., Creamer, Burgess, & Pattison, 1992; Horowitz, 1986). However, some believe meaning-making is the outcome of effortful coping activities, and that meaning is not automatic but a conscious effort (e.g., Boehmer, Luszczynska, & Schwarzer, 2007; Folkman, 1997). Some have also drawn parallels between this process and the processes of assimilation or accommodation. *Assimilation* means changing situational, appraised meaning to fit in with existing global meaning; *accommodation* means changing global beliefs or goals in order to integrate new information (Joseph & Linley, 2005; Parkes, 2001). On top of this, there seems to be different types of meaning itself. *Meaning as comprehensibility* can be described as attempting to make an event make sense, while *meaning as significance* is a search for value or worth of an event (Janoff-Bulman & Frantz, 1997). Finally, there might be a difference between a cognitive processing of information following stressful or traumatic events that emphasizes

reworking of beliefs (e.g., Creamer et al., 1992), and a more emotional processing that highlights the experience and exploration of emotions (e.g., Foa & Kozak, 1986; Kennedy-Moore & Watson, 2001).

Whatever the process of reducing imbalance between situational and global meaning involves, the end result is *meanings made*. There are several different types of meanings that can be created: a sense of having “made sense”, acceptance or coming to terms, reattributions and causal understanding of the event, perceptions of growth and positive life changes, identity reconstruction or shifting your personal life narrative, changed situational beliefs (such as perceiving the event as less terrible), changed global beliefs or goals, and restored or changed sense of meaning or purpose (Park, 2010). It is hypothesized that since the disparity between global and situational meaning is reduced or eliminated, the level of distress the person is experiencing will also be diminished or eradicated. In fact, research suggests that the more successful the meaning-making process - which means the less disparity is left - the better the adjustment of the individual (Davis & Novoa, 2013; deRoon-Cassini, de St Aubin, Valvano, Hastings, & Brasel, 2013; Park, 2010; Park, Edmondson, Fenster, & Blank, 2008).

Like the many debates of what meaning truly is, there is currently no one accepted model of meaning-making. There is, though, consensus that meaning-making processes are most typically activated by stressful or traumatic experiences that challenge a person’s worldview (Park, 2010). While the actual psychological processes by which meaning is made are debated, there is evidence supporting the meaning-making process lends itself to better improvement and healing in the long run (Davis & Novoa, 2013; deRoon-Cassini et al., 2013; Park, 2010; Park et al., 2008). Therefore, encouraging the search for and making of meaning may be helpful in healing from trauma, and could be successfully utilized in any number of social, psychological,

and medical approaches to trauma to promote purpose, coherence, and worth. As discussed earlier, cognitive behavioral and trauma-informed art therapy in particular offer promising supplementary or primary approaches to a variety of traumatized populations. Some art therapists note the value of encouraging meaning-making through art-making (Beaumont, 2013; Collie et al., 2006; Hughes & da Silva, 2011; Kapitan, Litell, & Torres, 2011; McCaffrey, Liehr, Gregersen, & Nishioka, 2011; Stuckey & Nobel, 2010; Svensk et al., 2009). I suggest that the literature on meaning and meaning-making can be particularly fruitful in the treatment of trauma, through both cognitive behavioral and trauma-informed approaches.

Limitations and Considerations

There have been some critiques of Park's (2010) meaning-making model. Some have argued that meaning-making efforts require a sort of unproductive rumination, which is not helpful for recovery (Bonanno et al., 2005). *Rumination* is a type of cognitive processing, and is often considered to be a maladaptive form of self-reflection, where individuals repetitively, passively, and negatively focus on the cause and consequences of an event and fixate on their feelings and problems rather than actively problem-solving (Nolen-Hoeksema, 1991). It is often linked to depression and negative coping styles, and seems to exacerbate and prolong distress (Nolen-Hoeksema, 1991; Just & Alloy, 1997; Kuehner & Weber, 1999; Nolan, Roberts, & Gotlib, 1998; Nolen-Hoeksema, 2000).

In contrast, Pennebaker's (1993, 1997) original studies of this process found that the longer the more days participants spent writing, the greater the resulting positive effects on health. A comprehensive review of the meaning literature supports this finding, and also indicates that expressing event-related emotion seems to be a mediating factor (Park &

Blumberg, 2002). A number of studies also find that during this process both subjective and objective measures of health and well-being improve, including immune functioning, use of health services, and self-reported health (Pennebaker, 1993, 1997; Smyth, 1998; Park & Blumberg, 2002).

Another criticism is that there is also not a large amount of empirical research supporting Park's (2010) model, or other meaning-making models. This may be partly because it requires translating abstract and complex topics into operational definitions. The meaning-making process itself is enigmatic and, as discussed previously, there is no standard definition of meaning itself. It may not be possible for there to be a universally standard definition of meaning, as it is at its core a complicated philosophical idea; this, of course, affects incorporation into empirical research. However, it does seem to be possible for scientific consensus on a broad conceptualization, as discussed in the earlier definition section. Either way, more research is necessary, and despite definitional difficulties, there is a body of literature to suggest that writing about emotional topics is in general associated with long-term reductions in distress.

In the pursuit of any scientific knowledge, it is important to acknowledge both discoveries and doubts in the literature. Due to the inherently nebulous nature of meaning, it is likely that there will always be some debate around conceptualization of both meaning and a meaning-making process, which affects the way that research is conducted and the way that data is collected. This, however, does not endorse passivity, but rather a hope for continued study and the collaboration between experts in different fields, including philosophy, sociology, psychology, and medicine.

Conclusion

One of the fundamental human pursuits is the search for meaning. This construct has fascinated human beings for hundreds of thousands of years, as individuals, groups, and institutions consider what their meaning is and how they can pursue it. A meaningful life can help us to flourish; meaning influences our well-being, our health, our purpose, and our connection to something greater. It seems as though meaning can be created in the aftermath of events that challenge our current worldviews, and may follow a distinct cognitive process. Pennebaker's foundational work provides some evidence that creative arts can facilitate the meaning-making process. Building off of this, and with particular attention to the way trauma is stored in the mind (see earlier Trauma-informed Approaches section), art-making may also act as a catalyst to meaning-making (Barone & Eisner, 2012; Engle, 1997; Grushka, 2005; Van Lith, Fenner, & Schofield, 2011). Applying Park's (2010) model of meaning-making in the service of those who have experienced stressful or traumatic events may help to form a coherent narrative, make sense of the events, relieve distress, and improve well-being. When considering trauma treatment, it is common to look to techniques whose major aims are to reduce PTSD symptomology, decrease cognitive, emotional, and behavioral disruptions, and promote re-integration. While not diminishing the importance of these goals in any way, there may also be possibility for not just healing, but growing from trauma.

Posttraumatic Growth

“Trauma is a fact of life. It does not, however, have to be a life sentence.” (Levine, 1997, p. 2)

In response to criticisms that the field of positive psychology ignored or discounted the negative, researchers and practitioners renewed efforts to acknowledge the full range of the human experience. After all, it is difficult, if not impossible, to get through life unscathed: like the search for meaning, pain and suffering seem to be universal to human existence. It is estimated that between 60-89% of people will experience at least one traumatic event during their lifetime (Kilpatrick et al., 2009; Mills et al., 2011; Resnick et al., 1993). There are, of course, many types of trauma, from losing a job to experiencing abuse or being diagnosed with a serious illness. Mainstream psychology and research traditionally has focused on the negative effects of trauma, of which there are many. Trauma is in no way desirable, and can have widespread, lifelong, and detrimental consequences on the mind, body, and spirit. The research surrounding trauma and posttraumatic stress has been paramount in discovering the way that trauma-related disorders such as Post Traumatic Stress Disorder (PTSD) develop. It has helped increase public awareness and decrease stigmatization of trauma and PTSD, and paved the way for better and more widespread treatment.

Fully acknowledging all the good this perspective and effort has brought, a focus on only the negatives does not represent the full picture of trauma. There is also a possibility that trauma may sometimes be a catalyst for constructive change. This idea of growth from trauma has clear implications for treating traumatized populations, and offers a hope for not just surviving, but potentially thriving after trauma. A tradition focused on promoting both healing and flourishing, like art therapy, has the potential to influence the theory and practice of trauma-informed

treatment. In fact, some art therapists, arts-based researchers, and other creative arts therapists have begun to explore the relationships between creative arts therapy and posttraumatic growth (e.g. Smyth, Hockemeyer, & Tulloch, 2008; Reilly, Lee, Laux, & Robitaille, 2018; Richardson, 2015; Wang et al., 2015; Westrhenen, 2017). As research on growth and art therapy is in its infancy, it is worthwhile to establish a thorough understanding of the construct and the process by which it develops. Therefore, this section intends to thoroughly define posttraumatic growth, depict a cognitive processing model of growth, illustrate several interventions meant to facilitate growth, and discuss potential limitations in the literature.

Definitions of Posttraumatic Growth

In the past few decades, public and academic interest around the potential that trauma may lead to positive change has spread. This construct is often referred to as *posttraumatic growth*, but has also been referred to in the literature as stress-related growth, benefit-finding, perceived benefits, thriving, positive by-products, positive adaptation, or other similar names (Linley & Joseph, 2004; Tedeschi & Calhoun, 2004). Posttraumatic growth (PTG) is defined by positive psychological changes resulting from highly challenging circumstances (Calhoun & Tedeschi, 1999, 2001). This idea of positive change from suffering is not new. Themes of transformation coming from suffering or struggle can be traced back thousands of years, and are prevalent in many religious traditions, including early Christianity, Buddhism, and Islam (Tedeschi & Calhoun, 2004). This appears in literature, philosophy, and popular culture throughout history as well; Nietzsche (and more recently, Kelly Clarkson) famously wrote, “That which does not kill me makes me stronger” (Nietzsche, 1888). While the foundational concept is

centuries old, like many of the ideas studied in positive psychology, what is new is the rigorous empirical work around it.

When discussing posttraumatic growth, it is imperative to first acknowledge a few truths. First and foremost, growth following a traumatic event is not inevitable. Trauma survivors do not necessarily aim for growth. In fact, most of the time they are simply attempting to survive, and that is completely natural after experiencing a trauma. Tedeschi and Calhoun (2004) note: “Posttraumatic growth is most likely a consequence of attempts at psychological survival, and it can coexist with the residual distress of the trauma” (p. 5). That said, reports of growth after challenging or traumatic life events far outnumber reports of the onset of psychiatric disorders, which is what a majority of the psychological literature focuses on (Tedeschi & Calhoun, 2004). When comparing groups who do or do not report trauma, both report growth, but positive personal changes are reported at a reliably higher level among trauma survivors (Tedeschi & Calhoun, 1996). While in no way wishing for trauma, and holding in mind the often deleterious consequences, this research offers hope that there might be something to be gained following a traumatic experience. Studying the full range of experiences after trauma - positive, negative, and somewhere in between - gives us a better and more comprehensive picture of it.

There is commonly confusion around posttraumatic growth and *resilience*, which are often considered to be interchangeable constructs. Though there are similarities between the two, PTG is not the same as resilience. The most explicit reason these mark two distinct constructs is that resilience does not necessarily require trauma. It can arise in moments of adversity, challenge, or difficulty. PTG, on the other hand, necessitates trauma to occur. Resilience is traditionally described as “bouncing back” when dealing with adversity (Lepore & Revenson, 2006). There is, however, an ongoing debate amongst researchers and experts on the scope of

resilience. Some believe it is a coping mechanism and return to baseline following adversity, while others believe resilience is not just “bouncing back” but “bouncing forward” (Elsner, Huck, & Marathe, 2018), and can move individuals from surviving to flourishing. This debate notwithstanding, posttraumatic growth entails not just a return to baseline but moving beyond baseline into improvement, and is defined as an outcome of the reconfiguration process after a traumatic event (Tedeschi & Calhoun, 2004).

The term “growth” is indeed very broad, and it seems possible that an individual may grow from trauma in any number of ways. As its name suggests, PTG quite literally is defined by positive changes that occur after a trauma or adverse event has been experienced. More specifically, Tedeschi and Calhoun (1996) suggest that PTG can occur through five different domains, including appreciation of life, relationships, personal strength, new possibilities, and spiritual development. They were the first to develop an inventory of posttraumatic growth, the PTGI, that attempted to measure these five different domains of growth. The first is *appreciation of life*; an example of this may be an individual paying more attention to small things that he or she once considered insignificant (Tedeschi & Calhoun, 2004). The second domain is *improved relationships with others*. Often in the aftermath of highly stressful events, people search for support from others. This may lead to increased self-disclosure, which may result in greater feelings of connection, closeness, and intimacy in relationships (Tedeschi & Calhoun, 1996, 2004). Individuals might also begin to accept help from others and utilize their personal networks in a more effective way (Calhoun & Tedeschi, 2001). The third domain is *personal strength*, in which individuals often perceive themselves as more capable or having greater skills or strengths after the event, while also acknowledging their vulnerability. The fourth domain is *new possibilities or paths*. While struggling, survivors may discover new potentials or shift their

philosophies of life, which may open the door for opportunities that did not exist before the trauma (Lindstrom et al., 2013). The final domain is *spiritual development*. Those who already subscribed to a religious ideology as well as nonreligious persons may experience increased faith to a religious entity, or feel more open to religious questions. Increased faith may also function as a coping mechanism for the processing of meaning (Calhoun & Tedeschi, 2001). Positive change in at least one of these domains is necessary for PTG. It is possible for someone, for example, to gain appreciation of life and feel greater intimacy in their relationships, but see no change in other domains. The domains are related, but there need not be change in all five of them to determine growth. These five domains, and the PTGI, are widely accepted and utilized by researchers in the field.

The idea of some good coming from bad has long existed, but empirical research on this particular subject is still relatively new. It is important to have a clear, commonly agreed-upon definition of PTG to facilitate discussion and scientifically valid research. With the development of a clear conceptualization of PTG and an inventory for measurement, more research is emerging on the process that begets growth and the effects that growth actually has on traumatized individuals.

Relation of PTG to Distress & Well-being

It is possible to simultaneously experience growth and distress. While PTG is considered to be positive, growth does not necessarily mean an increase in well-being or a decrease in distress (Calhoun & Tedeschi, 1998; Cordova et al., 2001; Tedeschi & Calhoun, 1995). Experts do not yet have a clear picture of the relation of PTG to distress, and results in the literature are mixed. Some studies have indicated that greater PTG is related to lower distress (Frazier et al.,

2001; Park et al., 1996); others show no relationship between PTG and distress (Cordova et al., 2001; Powell et al., 2003); others still show a greater frequency of intrusive thoughts throughout the growth process, which is related to greater distress (Calhoun et al., 2000). A review of the literature reveals inconsistencies, but in general found that those who reported and maintained growth over time were subsequently less distressed (Joseph & Linley, 2005). It is possible that time is a moderator in this relationship: a review by Helgeson, Reynolds, and Tomich (2006) found that soon after trauma, distress and PTG tend to go together, but after about two years, people with greater PTG are typically less distressed than those who do not experience PTG.

The process of posttraumatic growth, which will be discussed shortly, may require considerable threat to people's core beliefs and schemas, which is deeply uncomfortable and therefore may engender distress. Growth is a beautiful thing, and also life after experiencing trauma is often not the same. The positive effects that come along with PTG do not necessarily mitigate the pain of the trauma and loss that one has suffered (Yalom & Lieberman, 1991). Most people would likely rather experience PTG than PTSD, but both may occur after trauma. This is not a black-and-white issue; the positive and negative are often inseparable (Janoff-Bulman, 1992). We can encourage growth after trauma, and we must also acknowledge the hurt the trauma has caused. Growth and pain might just coexist for some people, and that is natural.

Cognitive Processing Model of PTG

A deeper understanding of what posttraumatic growth is allows for a more profound look at the process by which this growth might occur. People have *assumptive worlds*, or assumptions about the benevolence, predictability, and controllability of the world, as well as their individual safety, identity and future (Janoff-Bulman, 1992). This parallels global meaning as it is described

in the meaning-making process. Cognitive processing models of posttraumatic growth (Tedeschi & Calhoun, 2004; Figure 2) postulate that trauma radically contradicts or even shatters a person's established set of schemas and beliefs about the world. In response to these shattered assumptions, the individual begins to cognitively "rebuild" their schemas and beliefs, taking into account the new reality to shift existing beliefs or establish completely new ones (e.g. Tedeschi & Calhoun, 2004).

Before discussing the stages of Tedeschi & Calhoun's (2004) cognitive processing model of PTG, a brief description of the broad umbrella term *cognitive processing* is useful. Cognitive processing is a central component of conceptualizing psychological responses to trauma⁴, and there is more recognition of maladaptive cognitive processing styles than positive ones in the scientific literature (e.g. Lindstrom et al., 2013). One type of cognitive processing studied extensively, typically in regard to mental illnesses, is *ruminatio*n. Rumination involves repetitively thinking about an event and its consequences; two main types are intrusive rumination and deliberate rumination (Stockton, Hunt, & Joseph, 2011). *Intrusive rumination*, or any kind of intrusive thinking, is defined by involuntary and often unwelcome thoughts that may pop into one's head at any time. *Deliberate rumination*, on the other hand, is marked by actively and purposefully thinking about the event. Treynor, Gonzalez, and Nolen-Hoeksema (2003) further distinguish between two types of deliberate rumination: *brooding*, which is characterized by a passive focus on the causes and consequences of negative emotions or experiences, a repetitive comparison of one's current situation with some unachieved standard, and dwelling on obstacles that prevent one from overcoming problems, and *reflective pondering*, which is a purposeful attempt to engage in adaptive problem-solving and is relatively benign. Some forms

⁴ For a review of the relation of cognition to trauma responses, see Dagleish, 2004.

of positive cognitive processing include *benefit finding*, or finding the good in the bad, and *downward comparison*, or comparing one's own situation to others less fortunate, while negative processing often involves rumination, anger, blaming, denial, and regret (Caspari et al., 2017; Williams, Davis, & Millsap, 2002). More research is needed to understand how these different types of cognitive processing influence growth.

According to a cognitive processing model of PTG (Figure 2), immediately following the traumatic event, individuals must find ways of dealing with their emotional distress, as too much stress can be debilitating. In these early stages, intrusive thinking is more common. Supporting this, a systematic review and a meta-analysis of the literature found that higher levels of intrusive thinking post-trauma are associated with growth (Helgeson, Reynolds, & Tomich, 2006; Linley & Joseph, 2004). This beginning stage is often one of the lengthiest, which may actually be important in the growth process. Tedeschi and Calhoun (2004) indicate that a very short process, in which an individual comes to a resolution fairly quickly, will not relate to much growth because that individual likely has not fully processed the event, or the event did not significantly fracture their assumptive world.

When successful, individuals are able to manage their distress, and they also often experience disengagement from their previously held goals and schemas (Tedeschi & Calhoun, 2004). Because trauma so often radically shifts worlds, what once was possible pre-trauma may no longer be feasible post-trauma. Therefore, disengaging from goals and/or beliefs marks an important step because the individual must acknowledge the trauma and its consequences, and be willing to make changes in their own life as well.

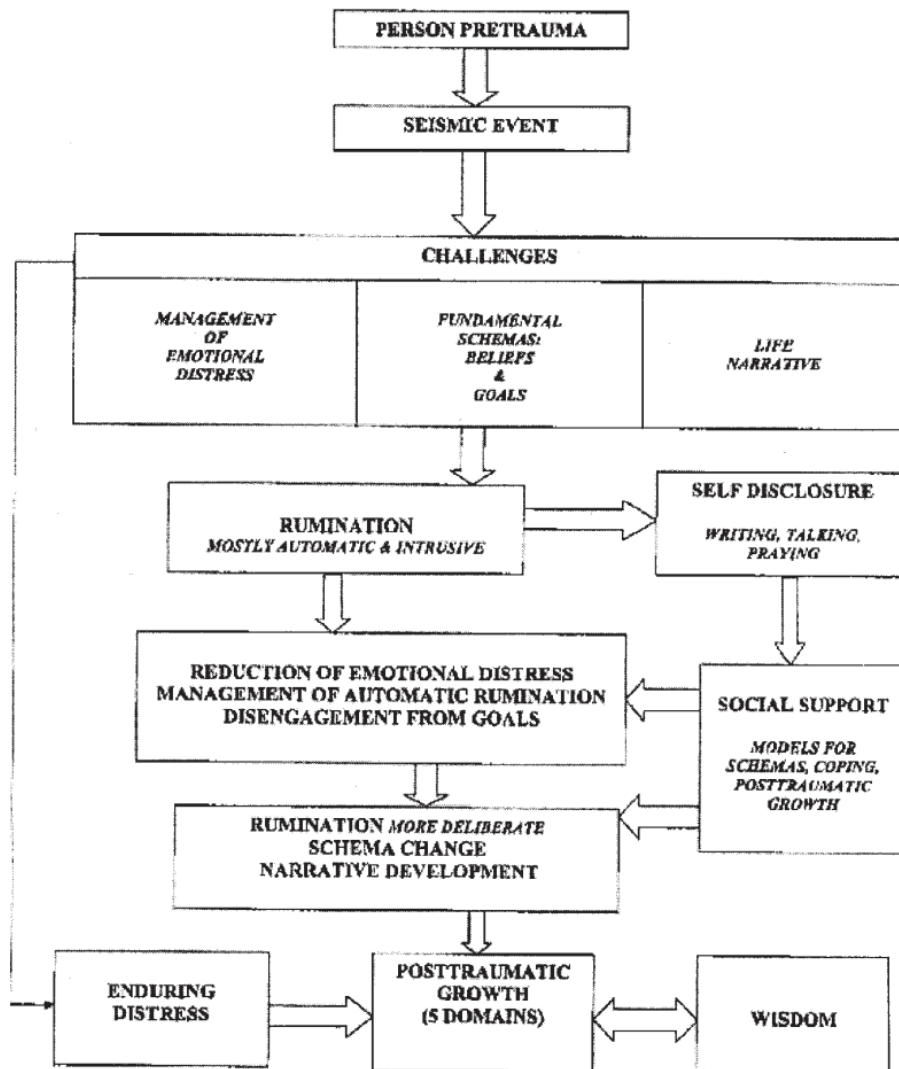


Figure 2. Cognitive processing model of PTG. Reprinted from “ Posttraumatic growth: Conceptual foundations and empirical evidence,” by R.G. Tedeschi & L.G. Calhoun, 2004, *Psychological Inquiry*, 15(1), 1-18.

Self-disclosure and social support also play an important role in growth. Self-disclosure, as discussed previously in the literature around meaning-making, can help to build bonds and strengthen intimacy with others, as well as decrease inhibition and influence the formation of new, comprehensive narratives (e.g. Pennebaker, Colder, & Sharp, 1990). Support of others can

aid in posttraumatic growth by helping to shift life narratives to include the changes the trauma has brought, and by offering perspectives that can help individuals adjust their beliefs and goals (Neimeyer, 2001; Tedeschi & Calhoun, 1996). One study of women with breast cancer found that women whose families or loved ones did not want to hear about their illness experienced less cognitive processing and less growth (Cordova et al., 2001). Humans are social creatures, and having a support network is extremely important for well-being. This may be especially true for those who have experienced trauma.

If individuals are able to successfully cope with their immediate distress, and disengage from previously held, now infeasible goals, the next step of the process involves a shift towards more deliberate rumination (Tedeschi & Calhoun, 2004). Supporting this, in a study involving bereaved parents, deliberate rumination and deliberate attempts at meaning-making occurring in the immediate aftermath of the child's death (but not years later) was associated with posttraumatic growth (Calhoun et al., 2000; Tedeschi & Calhoun, 2004). Interestingly, attempts at positive reinterpretation and benefit reminding were related to posttraumatic growth when engaged in recently (i.e. several years after their child's death) but not immediately after the child's death (Calhoun et al., 2000; Tedeschi & Calhoun, 2004). These offer some support for the effects of deliberate rumination on PTG, as detailed in the Tedeschi and Calhoun (2004) model, and remind us that different types of processing and their timing are important to the process.

This deliberate rumination, which aids in narrative development and schema change, leads to posttraumatic growth. As noted earlier and included in this model, enduring distress also occurs due to the fact that there has been a trauma. Beyond the five factors of PTG, which denote positive psychological changes, Tedeschi and Calhoun's (2004) model also suggests that another

positive outcome of the process may be *wisdom*. Wisdom is a construct that has fascinated philosophers and psychologists for many years, but research on wisdom is still in its infancy, and there is no one widely accepted definition. There are potentially several different types of wisdom, including personal wisdom, general wisdom, transcendent wisdom and practical wisdom (Le, 2008; Mickler & Staudinger, 2008). According to Le (2008), overcoming trauma necessitates introspection, development of coping skills, and the shifting of cognitive schemas, which facilitates wisdom. To date, no studies have specifically looked at the relationship between PTG and wisdom, but there is some support for the idea that they are related. For example, individuals who report feeling “wiser” after a traumatic experience are also more likely to report personal growth (Staudinger & Glück, 2011).

The cognitive processing model of PTG outlined in this section is complex. It differentiates between rumination that occurs automatically and intrusively after a trauma, which is meant to facilitate emotional regulation and detachment from unrealistic goals and schemas, and more deliberate rumination that is meant to aid the development of global meaning and life narratives. This piecing together of the assumptive world into a more resilient structure endorses growth, while enduring distress and wisdom may also occur. The review of the literature presented throughout this section on PTG is not meant to be an exhaustive analysis, but rather a starting point to collaboratively examine how PTG might play a role in creative arts therapies going forward. If any construct is to be incorporated into therapeutic practice, those who form protocols and engage with clients must have some basic familiarity with the nuances of that construct. PTG is no different, especially as it deals with the particularly vulnerable group of trauma survivors.

Again, it feels necessary to reiterate that any type of trauma is undesirable. Trauma should not be viewed as a precursor to growth, but rather a profoundly disturbing event which causes significant distress. The possibility of growing from trauma and giving it meaning or value does not mean the trauma is preferred in and of itself. Studying posttraumatic growth helps to give a clearer picture of the types of people and the types of processes that may lead to greater flourishing, so that practitioners may be able to encourage or promote it amongst those who have experienced trauma, and help those people flourish.

Connections to Meaning

Throughout the literature on both posttraumatic growth and meaning, we can see some clear points of connection. Most evidently, in the meaning-making model, an event occurs in which a person's global meaning (aka assumptive world) is challenged. This drives the process of attempting to make meaning, or attempting to integrate new knowledge/appraised meaning of a situation with global beliefs and goals (Park, 2010). Accommodation, or changing global beliefs or goals, is one of the schemes that is proposed to occur during the meaning-making process. The proposed process of PTG is similar, as it requires a discrepancy between reality (in the wake of a traumatic event) and an individual's assumptive world, and results in that individual changing or shifting their global beliefs and goals. Attempts to comprehend or deal with the aftermath of a traumatic event is described as meaning as comprehensibility, another proposed scheme of the meaning-making process (Davis, Nolen-Hoeksema, & Larson, 1998; Tedeschi & Calhoun, 1995). This offers some credence to the argument that posttraumatic growth is a meaning-making process.

Additionally, self-disclosure and social support are integral to both the meaning-making and posttraumatic growth process. This further supports Pennebaker's (1993, 1997) work, as cognitive processing of trauma into growth appears to be aided by self-disclosure in supportive social environments. *Life narratives*, which are an evolving story of one's identity dictated by life experiences, beliefs, and perspectives (Tedeschi et al., 2018), are important to posttraumatic growth, because the development of these narratives forces survivors to confront questions of meaning and how it can be reconstructed (McAdams, 1993; Neimeyer, 2001). Recreating meaning and purpose seems to be a central task in creating positive growth from trauma (Herman, 1992; Tedeschi, Park, & Calhoun, 1998). In the formation of new narratives, the trauma is often seen as a turning point: life before and after the event (McAdams, 1993; McAdams et al., 2001; Tedeschi & Calhoun, 1995). The formation of narratives helps individuals comprehend and grasp elements of meaning, which then contributes to their growth.

Accommodation, self-disclosure, social support and narrative formation are all points of overlap in the research on meaning-making and PTG. Knowing this may help inform the development of trauma-informed art therapy protocol. A warm, nurturing, and safe relationship between therapist and client, which has always been considered vitally important to any type of therapy, may also facilitate social support and encourage self-disclosure; perhaps including closely trusted loved ones in some sessions can invite comfort and disclosure as well. It is important, of course, to validate these ideas through research before incorporating them into practice, but these few examples give an idea of how shared knowledge of constructs like meaning and PTG may inspire art therapy practice to help traumatized individuals heal and flourish.

Interventions

Now, with the definition and development of PTG more clearly defined, it is possible to consider how to facilitate it in individuals, groups, and institutions. Though the literature on interventions facilitating PTG is sparse (Lechner & Antoni, 2004), there is evidence that it is possible to encourage growth in individuals and groups. As mentioned in previous sections, CBT therapies are effective at treating PTSD, and they may also facilitate PTG in some scenarios: for example, some cognitive behavioral interventions can train patients to develop skills that promote growth, like social support and self-disclosure (Bower & Segerstrom, 2004). There is preliminary evidence that Prolonged Exposure interventions and Cognitive Behavioral Stress Management, commonly used in treatment of PTSD, promote growth in adults with mixed traumas or cancer (Antoni et al., 2006, 2001; Cruess et al., 2001; Hagedaars & van Minnen, 2010; McGregor et al., 2004; Penedo et al., 2006). Considering posttraumatic growth in the light of the cognitive processing model, it seems consistent that interventions targeting cognitive changes would be effective.

Besides more directive approaches, expressive therapies also have the potential to facilitate growth. A few promising studies on expressive or arts-related therapies have emerged. One study of military service and sexual assault survivors found an effect on PTG after an expressive writing intervention (Smyth, Hockemeyer, & Tulloch, 2008). For women with breast cancer, Mindfulness-Based Stress Reduction, healing art programs, and expressive writing showed significant facilitation of PTG (Garland et al., 2007; Kállay & Bában, 2008). Among youth survivors of a natural disaster, a nine-month art therapy intervention facilitated a stronger sense of life purpose, a heightened sense of perspective, and the freedom to move forward

(Mohr, 2014). A recent review of the PTG intervention literature concluded that directive (e.g. CBT) interventions seem to be as effective as expressive interventions (Roepke, 2015).

Research on both cognitive-behavioral and creative arts interventions seems to be auspicious in terms of stimulating growth after trauma in a variety of populations. Even more promising, then, might be the combination of these cognitive-behavioral techniques into trauma-informed art therapy care. The integration of techniques that focus on cognitive, sensory, and emotional experience inherent to cognitive behavioral art therapy, for example, might be a felicitous starting point, though of course research is needed in this regard.

Limitations and Considerations

While there seems to be a bright future for this research, it is best to err on the side of caution in the creation of new and novel interventions particularly when working with vulnerable populations. Focusing specifically on growth, as opposed to gently nurturing it, might actually burden patients and give them the expectation that they need to thrive after trauma. We must remember that growth isn't guaranteed or necessary for recovery (Calhoun & Tedeschi, 1999). Some have also argued that interventions focused on posttraumatic growth might harm participants by interfering with the natural healing process (Mayou, Ehlers, & Hobbs, 2000; Znoj, 2006). It is certainly possible that putting too much of a focus on growth would not be helpful for traumatized participants. The healing and growth processes also are very personal and each person experiences a different timeline, which can make it difficult to determine the proper length or timing of an intervention. Some may not be willing or able to acknowledge, discuss, or work on their trauma for weeks, months, or even years, and forcing the issue would not be constructive for those who are not willing. Also, a meta-analysis of interventions found that

greater growth is reported if participants are tested soon after the intervention, which suggests that programs might help foster PTG but not help it last (Roepke, 2015).

There are also sociological, biological, and psychological factors that influence the likelihood of an individual experiencing growth. Extraversion, openness to experience, and optimism are all modestly related to PTG (Tedeschi & Calhoun, 1996, 2004). It is theorized that optimists may be better able to focus attention and resources on the most important matters, and disengage from uncontrollable or unsolvable problems (Aspinwall, Richter, & Hoffman, 2001). Reviewing the literature, younger age, female gender, low levels of viral load in patients with HIV, low consumption of alcohol, low levels of pessimism and depression, high life satisfaction, having an active sexual life and receiving counselling are also positively correlated with PTG (Barskova & Oesterreich, 2009; Cormio et al., 2010; Jansen et al., 2011; Milam, 2004; Mols et al., 2009; Paul et al., 2010; Sheikh, 2004). As with any therapeutic work, it is important to acknowledge how a person's context shapes them and their experiences.

Some have argued that PTG is a kind of positive illusion. Building on that idea, there has been some more recent research and discussion around what is called *posttraumatic growth syndrome*. This is often described as someone experiencing sudden, short-lived positive emotions after a trauma, which ultimately gives way to further distress. Posttraumatic growth syndrome, also sometimes referred to as *positive illusions*, can be seen as a type of avoidance, a coping strategy, or an escape from reality (Engelhard, Lommen, & Sijbrandij, 2015). Some studies have found that people may begin to show PTG symptoms during highly adverse situations as a way to avoid the fact that a trauma, something terrible, has occurred. This serves as a reminder of the importance of nurturing (rather than pushing or forcing) growth, patience,

and allowing and encouraging traumatized individuals to sit with extreme discomfort in order to avoid false growth that may result in further pain down the road.

Finally, it is possible that positive events may also lead to dramatic growth. *Peak experiences* and similar constructs (Csikszentmihalyi, 1990; Maslow, 1971) may represent life-altering events that result in some of the same changes that trauma survivors report. Research around positive events and growth is scarce, but has the potential to provide some interesting insight into the growth process.

Conclusion

Trauma is extraordinarily complex. Considering growth is not meant to erase the pain and suffering that occur following a trauma. In fact, the literature shows a complicated relationship between trauma, growth, and distress. Posttraumatic growth is also not necessary for survival; simply continuing to function in a healthy way shows incredible resilience. This can be true and there is also the potential for not just survival but growth, and possibly thriving, following trauma. This idea holds a lot of promise for treating and caring for trauma populations, who often do not consider the fact that something positive can result from their trauma. There are some fascinating and seemingly paradoxical ideas at play when considering growth - that out of loss there is gain, out of vulnerability there is strength, out of doubt there is greater faith. Cognitive processing, rebuilding core beliefs, and creating meaning are critical in this growth process. An understanding of the complexities of PTG and the context in which it occurs is relevant to any practitioner working with trauma populations, or developing protocols for trauma-informed care. The unique relationship between trauma, the brain, art, and meaning-making offers great potential. Though the research on PTG interventions is much newer, there seems to be

remarkable promise for purposefully facilitating growth in trauma survivors. Some research already exists on the promotion of PTG through art therapy, but continued study and context-appropriate research will be necessary for determining effective ways of encouraging growth.

Optimism & Hope

“There is nothing like a dream to create the future.” - Victor Hugo

Constructs like hope and optimism, at first glance, might seem trivial when considering trauma. After all, trauma exists in the past (and potentially the present), while hope and optimism deal with the future. Yet, beliefs about the future can influence recovery and well-being. The reconstruction of meaning after a trauma or stressful event affects the way in which the world is viewed and interpreted. Narratives allow individuals to make sense of the past, move in the present, and imagine the future (Polkinghorne, 1988). A world that is perceived as bleak and hopeless does not inspire much change or motivation. Having realistic goals for the future is necessary to clarify intentions for action (Pilkington, 1999) and foster agency (Snyder, 1994). As a reminder, *goals* are defined as a desired end state that an individual is consciously trying to accomplish through attention and action (Locke & Latham, 1990). Traumatized persons are often encouraged to think of themselves as survivors, not victims. This paper suggests that there is a possibility not just for surviving but for thriving after trauma. The constructs of hope and optimism are essential to both surviving and thriving. Therefore, any art therapist that works with trauma populations can benefit from theoretical and practical knowledge on the constructs of hope and optimism. This section endeavors to define both optimism and hope, describe their

benefits and potential drawbacks, depict the connection between optimism, hope, meaning, and posttraumatic growth, outline existing interventions, and discuss limitations of the literature.

Definitions & Theories of Optimism

Optimism is an often-misunderstood concept. In popular culture, some consider it to be superficial - people who are optimistic are unrealistically happy or perky all the time. Others may consider an optimistic person to be “naive”, to have his or her “head in the sand”, or as someone who engages in wishful or fanciful thinking. However, despite these misconceptions, true optimism is not a way of avoiding reality. Research on the construct has surged in the past few decades, and based on this literature, it is possible to define optimism in a few different ways. There are two main conceptualizations of optimism: *explanatory style* (Peterson & Seligman, 1984) and *dispositional style* (Scheier & Carver, 1985).

Seligman’s early work focused on learned helplessness, which eventually informed a theory of learned optimism. According to Peterson and Seligman’s (1984) work, optimism can be defined on the basis of explanatory style. Explanatory styles differ on three dimensions: internal versus external, stable versus unstable, and global versus specific. When considering negative events, pessimistic explanatory style is typically internal, stable, and global, while optimistic explanatory style is often external, unstable, and specific. For example, consider a student who performs poorly on an exam. If this student had an optimistic explanatory style, they may be more likely to attribute their poor grade to a very difficult test (external), to realize this was a one-off event (unstable), and to think that this poor grade won’t reflect on every area of their life (specific). However, a student with a pessimistic explanatory style may be more likely to believe that the results of this exam reflect something about them as a person (internal), that

this is likely to continue in the future (stable), and that it affects many different areas of their life (global) (Forgeard & Seligman, 2012; Snyder & Lopez, 2007). It is possible that explanatory styles have developmental roots (Peterson & Seligman, 1984), which in turn suggests that they can be learned or unlearned.

While an optimistic explanatory style refers to how an individual explains an event in terms of their own contribution to the event (internal v. external), how long the effects will last (stable v. unstable), and how much of their life it affects (global v. specific), dispositional optimism refers to expectations about the future. A common definition for dispositional optimism is a generalized tendency to expect positive outcomes even in the face of obstacles (Scheier & Carver, 1985). Dispositional optimism is considered to be trait-like, similar to other personality traits like extraversion, and is expressed by different people in differing degrees. Some believe this form of optimism may be linked to expectancy-value models of motivation (Carver, Scheier, & Segerstrom, 2010). According to this model, both a person's expectations about their goals and the value of that goal play a role in their goal-related actions. The more desirable the goal, the more effort that person will make, and the more they believe they can achieve that goal, the more likely they will continue towards that goal even when faced with an obstacle (Brissette, Scheier, & Carver, 2002). Expectancies relate to optimism - optimistic people are confident that their goals will be achieved. That means that when confronted with a difficult situation, they persist and find alternative solutions to success. On the other hand, pessimistic people may be less confident, may give up more easily in the face of obstacles, and are more likely to engage in less adaptive coping strategies, such as avoidance and wishful thinking (Carver, Scheier, & Weintraub, 1989; Carver, Scheier, & Segerstrom, 2010). Essentially, optimistic and pessimistic individuals differ in how they face problems, how well they handle

them, and how effectively they use coping resources and strategies. In general, optimism appears to be a universal construct, present in a wide variety of cultures studied around the world (Gallagher, Lopez, & Pressman, 2013).

The two main theories of optimism have to do with the explanation of events (e.g. Peterson & Seligman, 1984) and expectations of the future (e.g. Scheier & Carver, 1985). There is debate on whether it is more of a skill, as theories of explanatory style suggest, or a disposition. Some researchers (e.g. Scheier & Carver, 1992) argue that dispositional optimism and explanatory style theories are conceptually linked. In general, findings from the literature on dispositional optimism parallel findings from literature on explanatory style, but more research that examines the relationship between explanatory style and dispositional optimism is needed (Gillham, Shatté, Reivich, & Seligman, 2001).

Realistic v. Unrealistic Optimism

In the literature, one of the most common debates revolves around the benefits and potential detriments of optimism. Some believe there is both realistic and unrealistic optimism, and when optimism is unrealistic, it causes more harm than good. Others believe optimism may not be beneficial for all people, all the time, but generally is associated with greater benefits. Schneider (2001) differentiates realistic optimism from unrealistic optimism, which is also often called *optimism bias*, and suggests that while realistic optimism is beneficial, unrealistic optimism can be damaging for the individual. The important differentiation between optimism that is realistic and unrealistic is a person's context; individuals must be able to comprehend when their expectations or goals are not possible or feasible in a given situation. For example, an ordinary (i.e. not famous) person who truly believes that they will marry Paul Rudd is being

unrealistically optimistic, because the objective odds of 1) Paul Rudd and his wife breaking up, 2) actually meeting Paul Rudd, 3) Paul Rudd being attracted to and willingly engaging a relationship with them and 4) that relationship working out are infinitesimally small. However, there is a difference here between *desire* and *belief*. Simply wanting to marry Paul Rudd is completely reasonable, especially considering his good looks, charming personality, and infectious smile. However, believing wholeheartedly that one's future holds a marriage with the Ant-Man is, unfortunately, illogical and impractical. It can be a harsh truth to swallow, but when expectations and goals are unrealistic, then being optimistic is not valuable for the individual.

Unrealistic optimism can be understood as a tendency to maintain a positive outlook regardless of particular circumstances (Schneider, 2001). This differs from realistic optimism, which involves enhancing, hoping, aspiring for, and working towards positive experiences while still being aware of one's limitations. Weinstein (1980) similarly argued that having too positive of an outlook may be a kind of judgment error. Unrealistic optimists might believe their chances of experiencing a negative event - such as a serious health problem - is less than average, and their chances of experiencing a positive event - such as marrying Paul Rudd - is greater than average. As an example, one study found that smokers tend to believe (unrealistically) that they are less likely to develop lung cancer than other smokers, especially if they think that they have control over their smoking (Weinstein, Marcus, & Moser, 2005). Thus, it seems possible that those who are unrealistically optimistic may engage in greater risky behaviors. However, there is some contradiction here, as in general, optimism is associated with active coping in the face of obstacles (including undesirable health outcomes), rather than denial or avoidance (e.g. Aspinwall & Brunhart, 1996; Scheier & Carver, 1992; Scheier, Weintraub, & Carver, 1986). Some also argue that slight optimistic "illusions" can be beneficial if they don't distort reality in

harmful ways. Epstein (1992) argued that “In many ambiguous real-life situations... moderate self-overestimation is intrinsically self-rewarding and produces no unfortunate consequences” (p. 832).

It is possible that there are different forms of unrealistic optimism. Some have argued that there is a difference between *absolute unrealistic optimism* and *comparative unrealistic optimism*. Absolute unrealistic optimism is an inaccurately positive prediction about an event or occurrence when compared to the statistical probability of an event occurring. Comparative unrealistic optimism is characterized by inaccurately optimistic beliefs about the occurrence of events when compared to the chances of others (Jefferson, Bortolotti, & Kuzmanovic, 2017). The literature around positive illusions is substantial, and there is still continued debate in this area. Unrealistic optimism also seems to be distinct from other constructs like *self-deception*, in which an individual is actively lying or telling some sort of narrative that is in direct conflict with the available evidence, or *ignorance*, in which an individual is simply not aware of the probability of an event or has incorrect information (Blumenthal-Barby & Ubel, 2018).

It seems as though there can be a middle ground between optimism that is completely unfounded in reality and pessimism. It is certainly possible to be positive without being delusional. Our interpretation of the world is influenced by personal circumstances and experience, and an optimistic viewpoint can simultaneously be positively biased and also within reason (Schneider, 2001). Being realistic requires continual monitoring of our surroundings, our environment, and our experiences. Realistic optimism involves accepting what cannot be changed, focusing our attention on what we did well, and adjusting to move forward (Schneider, 2001).

Benefits of Optimism

The debate around the “dark side” of optimism notwithstanding, in general, greater optimism is associated with many different health benefits. It seems to be linked to both physical and psychological health. Several studies have found that optimism predicts subjective well-being, life satisfaction, and perceived health (Chang & Sanna, 2001; Diener, Oishi, & Lucas, 2003; Eid & Diener, 2004; Mäkikangas & Kinnunen, 2003). It also correlates with a variety of health outcomes across populations, including less reported pain, lower risk of heart disease, fewer physical symptoms, and better physical and psychological functioning in patients with a variety of medical conditions (Affleck et al., 2001; Carver et al., 1993; Costello et al., 2002; Fournier, Ridder, & Bensing, 2002a, 2002b; Harper et al., 2007; Mahler & Kulik, 2000; Ridder, Fournier, & Bensing, 2004; Smith & Zautra, 2004). Optimism has been linked to functioning and health both directly (as noted above) and indirectly (for example, through self-esteem) (Chang & Sanna, 2001; Symister & Friend, 2003). There is some evidence that more optimistic individuals more effectively regulate their emotions and cope with problems or obstacles (Aspinwall & Brunhart, 1996; Scheier, Weintraub, & Carver, 1986). So, it seems as though being a (realistic) optimist can be advantageous for health and well-being.

Definition & Theories of Hope

Hope and optimism are often used reciprocally, but there is evidence that they are in fact separate but related constructs (e.g., Alarcon, Bowling, & Khazon, 2013; Gallagher & Lopez, 2009; Wong & Lim, 2009). The most widely used definition of *hope* is defined in hope theory as a positive motivational state. Developed during the mid-1980s by prominent expert Charles Snyder, *hope theory* focuses on cognition, rather than emotions, and is described as having three

interrelated components: goal(s), pathway(s), and agency thinking (Snyder, 2002; Snyder & Lopez, 2007). A *goal*, according to Snyder's (2002) theory, is a cognitive component which provides the targets of mental action sequences. A goal can be short-term, long-term, or somewhere in the middle, as long as it is valuable to the individual and clear enough to motivate action. Snyder (2002) also differentiates between two main kinds of goals: *approach goals*, where an individual is attempting to achieve or gain something, and *avoidance goals* where the objective is to avoid some kind of negative consequence. Individuals high in hope are likely to produce a greater volume of goals, as well as more varied, challenging, and comprehensive goals (Snyder, 2002). A *pathway* refers to some kind of plan developed to meet a goal or goals. In general, those who are high in hope are able to produce multiple pathways, or maps, to their goals - this way, if one is unsuccessful, there is an alternative route. *Agency* refers to a sense of capability and determination in working towards goals. It is the motivational component of hope theory. High-agency individuals often engage in positive self-talk, such as "I can do it", or "I am not giving up", in order to motivate themselves (Snyder & Lopez, 2007, p.190). While pathway thinking is the creation of plans and agency thinking is a form of energy, Snyder (2002) conceptualizes them as iterative and additive: both are needed for hopeful thinking, and also feed into each other. Greater pathway thinking leads to greater agency, which in turn leads to greater pathway thinking. Hope is thought to be gained and acquired through modeling during childhood (Snyder, 2002; Snyder & Lopez, 2007). Similar to optimistic individuals, in the face of adversity or an obstacle, high-hope individuals are more likely to overcome and persist towards their goals than low-hope individuals. Attaining a goal is associated with positive emotions, and is likely self-reinforcing, encouraging the individual in the pursuit of another goal (Snyder & Lopez, 2007).

Hope v. Optimism

Hope and optimism are popular and widely studied constructs within positive psychology. Both theories involve the pursuit of a goal and expectations about the future, but remain distinct constructs. According to Snyder (2002), Scheier and Carver's dispositional optimism theory includes agency-like thought and motivational concepts, but does not place an emphasis on the routes to a goal, while hope theory emphasizes both pathways and agency thoughts equally. In other words, Snyder believes hope motivates a person through desired goals and stimulates the production of appropriate pathways to reach that task, while optimism does not facilitate the creation of pathways. On the other hand, Carver and Scheier (2002) believe agency is the main difference between the two constructs. They assert that agency does not play a role in optimism theory, because they root optimism in the expectancy-value theory of motivation in which people realize their goals if those goals are desired and they are confident in the future. Therefore, optimism emphasizes the value of a goal and one's level of confidence, but not necessarily agency. So, Snyder (2002) argues that the main difference between optimism and hope is about pathway thinking, while Carver and Scheier (2002) identify the main divergence to be about agency. In either case, the constructs of hope and optimism are related, but distinct.

Benefits of Hope

Hope, like optimism, is associated with a number of positive outcomes. The majority of early studies focused on the connection of hope to greater performance and goal attainment in a variety of areas, including athletics, academics, and coping (for a review, see Snyder, Cheavens, & Michael, 1999). Among students, hope correlates reliably with better academic performances, including achievement tests, GPA, and graduation rate (Marques, Gallagher, & Lopez, 2017;

Snyder et al., 1991; Snyder, Wiklund, & Cheavens, 1999). Among professionals, hope is associated with greater performance and employee well-being (Reichard, Avey, Lopez, & Dollwet, 2013). Hope also predicts decreased depressive symptoms and increased life satisfaction (Wong & Lim, 2009), and while optimism is more strongly related to hedonic and social well-being, hope is more associated with eudaimonic well-being (Gallagher & Lopez, 2009).

Hope has potential impacts on physiological health as well. Hope has been found to be related to greater psychological adjustment among individuals dealing with a variety of health issues, including chronic illness, limb amputations, and cancer, as well as parents of children with disabilities or illnesses (Affleck & Tennen, 1996; Ho et al., 2011; Lloyd & Hastings, 2009; Mednick et al., 2007; Truitt, Biesecker, Capone, Bailey, & Erby, 2012; Unwin, Kacpersek, & Clarke, 2009). People with high hope report greater engagement in preventative health behaviors, like physical exercise, compared to those with low hope (Irving, Snyder, & Crowson Jr., 1998; Snyder et al., 1991). This engagement with goals and greater health behaviors may be especially valuable to trauma survivors.

Connections to Meaning & Posttraumatic Growth

Posttraumatic growth, optimism, hope, and meaning are all interrelated. First and foremost, meaning, hope, and optimism are all related to greater well-being (Halama & Dedová, 2007; Wrosch & Scheier, 2003). Individuals with greater meaning tend to also have higher levels of optimism (Krause, 2003). It has been suggested that optimism may be considered a mediating factor between meaning and well-being (Sheldon & Elliott, 2000), while others believe that meaning is the mediating factor in the relationship between optimism and well-being (Ju et al.,

2013). Because the majority of studies that examine this relationship are correlational, it is difficult to tell in exactly what direction the relationship goes. One meaning-making intervention was found to improve optimism, along with self-esteem and self-efficacy, in cancer patients (Lee et al., 2006). This finding suggests that the creation of meaning may lead to greater optimism, but follow-up studies are needed before making a claim about directionality. It is possible that meaning and optimism are connected through *benefit-finding*, or finding the benefit in negative events (King et al., 2000; McAdams et al., 2001; Pals & McAdams, 2004), which, as mentioned previously, is a facet of posttraumatic growth. Further, it is clear that benefit-finding is related to greater optimism, across a meta-analytic review of recent studies (Helgeson, Reynolds, & Tomich, 2006). Cancer patients who are high in both hope and optimism report greater benefit-finding and also greater meaning-making (Harrington, McGurk, & Llewellyn, 2008). Snyder has argued that hope and meaning are inherently interrelated concepts, because reflecting on goals and the progress towards them fosters meaning (Snyder, 1994). Some suggest that hope both emerges from and also facilitates meaning-making in times of adversity or hardship (Frankl, 1966; Kierkegaard, 1849/1980), or argue that hope should be conceptualized as an element of meaning (Michael & Snyder, 2005). Indeed, self-reported hope scores have been strongly correlated with a measure of meaning (Feldman & Snyder, 1999). Research has established the many benefits of hope, optimism, and meaning, and also possible points of connection between them. These points of connection offer a potential for a deeper understanding of healing and flourishing, especially after trauma. Facilitating meaning-making in trauma survivors is an important part of recovery, and when done in a hopeful and optimistic way, may be especially therapeutic. Creation of and research into trauma-informed protocols that incorporate ideas of hope, optimism, and meaning is necessary and potentially very valuable for trauma survivors.

Optimism, social support, and coping strategies are also factors consistently linked to, and possible contributors of, posttraumatic growth (Dong et al., 2017; Prati & Pietrantonio, 2009; Teixeira & Pereira, 2013). Individuals high in optimism seem to be able to engage in more adaptive coping styles and overcome obstacles, which could play an important role in the development of PTG. Our beliefs, like those related to expectations about the future, can act as psychological resources to draw from during adverse events (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). Supporting this idea, dispositional optimism and hope seem to be negatively correlated with PTSD symptoms among a wide variety of ages and trauma types (Ai et al., 2005; Mažulytė et al., 2014). The beliefs of loved ones may also influence healing: in one study of survivors of terrorism conducted by Weinberg and colleagues (2016), the level of optimism of survivors' spouses correlated negatively with the trauma-related symptoms of the survivor. This research provides a promising foundation of evidence for insight into more effective ways of managing and potentially growing from adversity.

Both optimism and hope clearly play a role in posttraumatic growth. In a study of cancer patients, optimism and hope scores not only predicted PTG, but together they contributed to 25% of the variances of posttraumatic growth (Ho et al., 2011). Similarly, in studies of cancer patients, parents of children with cancer, war refugees, and survivors of childhood sexual abuse, higher hope was associated with greater growth (Ai et al., 2007; Bozo, Gündoğdu, & Büyükaşık-Çolak, 2009; Hullmann, Fedele, Molzon, Mayes, & Mullins, 2014; Kaye-Tzadok & Davidson-Arad, 2016; Kroo & Nagy, 2011). A person's level of hope is considered to play a major role in their reaction to events (including trauma-related events, such as the diagnosis of chronic illness) and prompt goal reappraisal. Like optimism, hope theory suggests that hope provides a psychological resource that can help individuals to respond to trauma (Long & Gallagher, 2018).

Since hope emphasizes goals, pathways, and agency, it might direct a person's attention away from the trauma to focus on new goals and steps toward them. This is directly related to the shift from automatic and intrusive rumination, common amongst trauma survivors early in the PTG process, to setting new goals, which is the next step towards growth. Because the model of PTG delineates a process of redefining meaning, disengaging with goals that are no longer possible, and creating new narratives and goals, it is no surprise that these constructs of hope, optimism, and growth are all related.

Promoting hope and optimism, when possible, may lead to greater flourishing. This may be valuable for preventative care; due to connections with posttraumatic growth, it may also be extraordinarily helpful after the experience of trauma(s). Practitioners who work with trauma populations, including art therapists, might consider how to foster hope and optimism in their clients to promote healing and growth.

Interventions

It seems to be possible to improve optimism through the deployment of interventions. A recent meta-analysis found that psychosocial interventions can improve optimism levels, and the most effective intervention throughout the literature appears to be the Best Possible Self activity (Malouff & Schutte, 2017). In this simple, free, and straightforward activity, participants are asked to imagine the best possible future for themselves in a variety of domains (such as work, relationships, and community). Participants may be asked to simply imagine this, or to write down their reflections.

Though the literature is scarce here, it seems possible that art-related interventions may also improve optimism. In one recent example, Jang and Choi (2012) found that in a group of

low socioeconomic youth, a clay-based art therapy intervention produced positive effects on their ego-resilience, optimism, and sense of achievement. In another art therapy intervention involving clinically depressed mothers and their children, the majority of mothers cultivated greater beliefs about the self, including optimistic beliefs (Ponteri, 2001). More research is needed to replicate these findings and explore the means by which art therapy may promote optimism.

Hope theory has been widely applied in psychotherapy, which has led to the development of specific interventions designed to systematically increase hope in clients. Many of these interventions are based on Snyder's conceptualization of hope, and often have several components in common. Typically, hope interventions involve psychoeducation about hope, guided imagery, goal-setting and planning exercises, and skills training (Cheavens, Feldman, Gum, Michael, & Snyder, 2006; Weis & Speridakos, 2011). For example, therapists can work with their clients on identifying and setting goals, breaking those goals down into more manageable parts, planning steps towards their goals, preparing for potential obstacles, and brainstorming ways of overcoming these obstacles. One way of empowering agentic thought is through the use of narratives or story-telling. Some scholars note that asking clients to describe stories that highlight their ability to face or overcome challenges, or reading or telling stories centered around individuals who embody hope, might be particularly helpful in empowering agency (Kim, Kim, & Thorne, 2016, 2017; Weis & Speridakos, 2011). The emphasis on narratives here shows a parallel to elements of meaning-making and posttraumatic growth, as well as creative arts therapies. Formation and exploration of a trauma narrative might provide a unifying theme for trauma-informed art therapy care. A meta-analysis of hope interventions

implemented across a variety of clinical and community settings suggests they are moderately effective (Weis & Speridakos, 2011).

Limitations and Considerations

One consideration in regard to optimism interventions is the target population of this paper. While there is significant evidence for efficacy across both clinical and non-clinical populations, after review, these interventions do not seem to have been replicated amongst trauma populations. Other types of interventions, like meaning-making, CBT, and PTG interventions, have shown an effect on optimism (e.g. Knaevelsrud, Liedl, & Maercker, 2010; Lee et al., 2006), but the results of an extensive literature review have revealed no studies that have explicitly targeted optimism as a primary target within populations who have experienced trauma. Though there is a clear connection between trauma, PTG and optimism, interventions targeting optimism need to be addressed more directly in research. Additionally, a meta-analysis of optimism interventions found that time was a moderating variable on effect size (Malouff & Schutte, 2017), which raises a question about to what extent benefits of optimism intervention are maintained over time. Another finding of this meta-analysis important to note is the difference between in-person and online studies: the effect size for purely online interventions was not statistically significant (Malouff & Schutte, 2017). While online treatments and interventions are sometimes preferable to in-person, as they offer a lower barrier to entry and thus greater potential for accessibility and dissemination, this finding raises concerns about the efficacy of these interventions in an online format.

Hope interventions have been more widely implemented, but some evidence suggests that mean effects in self-reported hopefulness are small. Additionally, most are only weakly

associated with life satisfaction and weakly associated or not associated with reductions in depression, anxiety, or distress (Weis & Speridakos, 2011). The fact that interventions specifically targeting hope are only weakly associated with increased hopefulness is concerning, and calls into question how effective hope interventions can really be. These limitations suggest it is possible that hope may not be as malleable as previously thought, and little empirical work in hope theory has actually attempted to examine the malleability of hope. Feldman and Dreher's (2011) one-session intervention amongst college students provides some evidence that, even in 90 minutes, hope can be improved. However, more research is needed to establish reliability and validity of this claim. It may be that the specific strategies used in hope interventions are not especially potent, or that the timing and intensity of these interventions has been insufficient in previous studies.

Though there is evidence to suggest that both hope and optimism can be nurtured through specific interventions, practitioners must consider the limitations of these studies. Additionally, more research on optimism and hope-focused interventions is needed specifically among trauma survivors, as this represents a typically more hypersensitive group with its own unique challenges.

Conclusion

The construct of optimism is widely studied and has fueled many debates. While some believe optimism is similar to a personality trait (e.g. Scheier & Carver, 1985), others understand it as a way in which we describe events (Peterson & Seligman, 1984). Hope theory as delineated by Snyder (1994) defines the three important components of goals, pathways, and agency. Though hope and optimism similarly revolve around goals and positive expectations, they are

unmistakably separate constructs. There is some evidence that, when not grounded in reality, optimism can be detrimental (Schneider, 2001). However, there is also a large body of evidence to suggest that both hope and optimism have many benefits throughout the mind and body (see Alarcon, Bowling, & Khazon, 2013; Rasmussen, Scheier, & Greenhouse, 2009).

There is a complex but undeniable connection between optimism, hope, meaning, and posttraumatic growth. Hope and optimism most notably relate to both meaning-making and benefit-finding, which in turn relates to growth. Hope and optimism reliably predict PTG, interventions that promote growth also promote optimism and hope, and greater optimism and hope might also boost growth. Therefore, interventions targeting hope and optimism have the potential of helping survivors deal with and thrive after trauma. While constructs like hope and optimism are widely known, and a clear connection between them and trauma has been drawn in the literature, they are often not explicitly discussed in trauma-informed approaches. Building common knowledge of these concepts amongst practitioners may be a helpful first step in developing meaningful integrations into practice. Those who have experienced a trauma deserve more than surviving. When hope and optimism are fostered, traumatized individuals can begin to heal, and possibly grow from, their trauma.

Practical Applications for Integration into Trauma Treatment

“In spite of everything I shall rise again: I will take up my pencil, which I have forsaken in my great discouragement, and I will go on with my drawing.” - Vincent Van Gogh

As more research on the benefits of creative arts interventions emerges, more health professionals are integrating arts interventions and techniques into their clinical practices. Expressive or creative arts therapies can be particularly beneficial when working with children, as well as clients who have minimal language skills or are uncomfortable communicating verbally, including trauma survivors. As discussed throughout the previous sections, meaning, posttraumatic growth, hope, and optimism all independently promote greater flourishing, and may expand practitioner perspectives enabling a more nuanced and positive approach to help clients cope with and recover from trauma.

Trauma is treated in many different ways, because each person’s background and experiences are different, and influence how they respond to different treatments and interventions. Growing scientific knowledge on the neurobiological and physiological effects of trauma has paved the way for therapeutic techniques that center on the body and the senses. One of the biggest obstacles in effectively treating trauma is the fragmented way in which traumatic memories are processed and stored (e.g. van der Kolk, 2003). This can make it difficult for traumatized individuals to verbally process their trauma or put their feelings into words (van der Kolk, 2003, 2014). The sensory and kinesthetic forms of creative arts therapies offer a unique method of treatment and expression (Greenberg & van der Kolk, 1987; Lev-Wiesel, 1998). A trauma-informed art therapy approach, which often (but not always) includes aspects or interventions from cognitive behavioral art therapy, has been well-established in the field.

Uniting positive psychology with art therapy can enhance both emerging fields. More specifically, I argue that positive psychology can offer approaches, frameworks, and potential tools to the trauma-informed approach so that traumatized populations can heal and potentially thrive. The previous sections of this paper have provided an overview of the literature on meaning, posttraumatic growth, hope, and optimism. Here, I aim to review “positive art therapy”, examine existing interventions that integrate these constructs, suggest potential areas for future research, and assess the implications and limitations of this body of work.

Positive Art Therapy

The integration of positive psychology research, theory, and practice in art therapy could be a fruitful union as these two fields already have overlapping aims and approaches. Expressive art therapies at their core seek to help individuals not simply overcome emotional or psychological challenges but also to achieve a greater sense of personal well-being, and focus on the empowering nature of the creative process. For example, official websites of the American Art Therapy Association, the British Art Therapy Association, and the Australian, New Zealand and Asian Creative Arts Therapy Association emphasize the “healing and life-enhancing” qualities of artmaking, as well as the potential for “improvement of human welfare” and “growth on a personal level” (AATA, n.d.; BATA, n.d.; ANZACATA, n.d.). One of the pillars of the positive psychology movement is the idea that health is a state of physical, mental, and social well-being rather than merely the absence of disease or ill-being. It seems, based on the missions of various professional organizations, that art therapy is meant to both heal and grow, which aligns with the foundational aim of positive psychology. In fact, art therapists have utilized clients’ strengths and resilience long before positive psychology was established (McGraw,

1995; McNiff, 1995; Wilkinson & Chilton, 2013; Wix, 2000). Experts in both positive psychology and art therapy have seen potential for merging the fields, and several have noted clear connections between art and the experience of flow, positive emotions, personal strengths, connection to others, and sense-making (Isis, 2016; Kurtz & Lyubomirsky, 2013; Lomas, 2016; Puig et al., 2006; Swindells et al., 2013; Voytilla, 2006; Wilkinson & Chilton, 2013), among other topics.

In particular, Rebecca Wilkinson and Gioia Chilton are the faces of *positive art therapy*, a term they coined. The two friends and art therapists were first introduced to positive psychology during an online course called Artist's Happiness Challenge (Gerity, 2009) which explores positive psychology ideas and exercises on well-being. After attending the International Positive Psychology Association's World Congress in 2009, they wrote their first joint paper calling for the integration of the two fields (Chilton & Wilkinson, 2009). Since then, they have become associated with the supervision and promotion of positive psychology in art therapy, teaching classes in graduate art therapy programs and recently publishing a book on the integration of positive psychology theory and practice with art therapy (Wilkinson & Chilton, 2017). Their integrative approach centers primarily around Seligman's (2011) PERMA model of well-being. They define positive art therapy as a creative process to enhance positive emotions and help cope with negative thoughts and feelings; to experience more flow and engagement; to identify and develop strengths; to experience more connection with others; to reduce burnout and increase compassion satisfaction; and to increase personal, professional, and political cooperation and collaboration with others (Wilkinson & Chilton, 2017). They claim that incorporating positive psychology into their own art therapy approaches "has completely altered our approach not just to engaging with clients and the people we encounter in our professional roles... but to working

with each other as co-facilitators, business partners, and friends” (Wilkinson & Chilton, 2017, p. 12).

As a result of the growth in both fields, more research is beginning to examine the specific role artmaking and art therapy may play in well-being and flourishing. A number of studies have found that art therapy reduced depression and anxiety, improved overall mood, and increased positive emotions (Bar-Sela, Atid, Danos, Gabay, & Epelbaum, 2007; Geue et al., 2010; Hughes & da Silva, 2011; Jang, Kang, Lee, & Lee, 2016; McCaffrey, Liehr, Gregersen, & Nishioka, 2011; Monti et al., 2006; Nainis et al., 2006; Puig et al., 2006; Rao et al., 2009; Stuckey & Nobel, 2010; Visnola, Sprūdža, Ārija Baķe, & Piķe, 2010; Wood, Molassiotis, & Payne, 2011). Other research has found that artmaking (outside of a therapeutic relationship) can also repair and improve mood among adults and college students (Bell & Robbins, 2007; Collier, 2011; Curl, 2008; Dalebroux et al., 2008; De Petrillo & Winner, 2005; Drake, Coleman, & Winner, 2011; Smolarski, Leone, & Robbins, 2015; Voytilla, 2006). The connections between art, art therapy, and well-being have caught the attention of some scholars who propose that positive psychology theories can be developed into arts interventions for improving well-being (Conner, DeYoung, & Silvia, 2018; Forgeard & Eichner, 2014; Lomas, 2016). While this is exciting and promising, there is still much more necessary work to be done to fully integrate the fields and understand the interplay between art therapy and well-being.

Potential Positive Interventions for Integration

A wide number of positive interventions, some described in previous sections, have been empirically studied amongst many populations. Positive interventions are meant to be widely accessible, often requiring few materials, and can also be deployed over the internet to varying

degrees of effectiveness (Bolier et al., 2013). Some of these positive interventions specifically target the topics discussed throughout this paper, and therefore, can be particularly valuable in the formation of trauma-informed protocols within art therapy. I will review two interventions below in detail that I believe can be readily integrated into existing art therapy practices. Then, I will discuss a framework proposed by Tedeschi and colleagues (2018) for generating PTG interventions and its potential for the development of posttraumatic growth-based protocols in art therapy.

Best-Possible-Self intervention.

As discussed in the optimism section, the Best-Possible-Self intervention is a simple, easy, and effective method for bolstering optimism and positive affect (Malouff & Schutte, 2017). In this intervention, therapists or facilitators ask participants to imagine themselves at their best (in terms of self, relationships, career, hobbies, health, finances, and more). Then, participants spend a few minutes fully imagining or writing down what this best possible self looks like and how they might feel when they reach that self. While this intervention has traditionally been administered through writing or guided imagery, it would not be difficult to add an artistic expression element. Participants could be encouraged to draw, paint, or create a collage of what they hope for their future, including what their life looks like and who and what they are surrounded by. This could, of course, be supplemented by writing and imagination as is standard in current versions of the intervention. Art therapists working with their clients might help them work through their drawings and identify the themes or future goals that arise, similar to the existing arts-based Art Future-Image intervention (AFI; Walsh, 1993). In the AFI, participants are asked to rethink future expectations and create a caricature of themselves in the

future. There is some evidence that participating in the AFI can increase sense of identity and self-efficacy (Walsh, 1993; Walsh & Hardin, 1994; Walsh & Minor-Schork, 1997). However, the AFI has typically only been studied within clinically depressed and suicidal adolescents, and so its efficacy cannot be readily generalized to other populations. While research is needed, combining these two interventions - one from positive psychology and the other from art therapy - might be a notably effective way to bolster optimism because of the focus both place on positive images of the future. As such, it may play an important role in trauma populations. Due to the correlation of optimism to posttraumatic growth, and the disconnect between mind and body that often occurs after trauma (e.g. van der Kolk, 2003), it may be easier for participants to identify feelings and images that represent both their past and their future than words. Therefore, a version of the Best-Possible-Self intervention combined with the AFI has the potential to integrate the best elements of both positive psychology and art therapy. Participants would get a chance to reimagine their future, which can help to reorient from a focus on the past trauma towards a new future. This may also help participants consider and formulate new goals, which is one of the later steps in the PTG process as conceptualized by Tedeschi and Calhoun (2004). Bolstering optimism, as the original Best-Possible-Self intervention has been shown to do (Malouff & Schutte, 2017), may also increase chances of growth, perhaps by showing those who have experienced trauma that they do in fact have a future, one in which they are not defined fully by their trauma. This may also help participants identify what is important to them - for instance, if a patient were to draw themselves surrounded by friends and family, the therapist and patient might notice that relationships seem to be something important to the individual. Then, they can work on strategies to improve and strengthen their relationships, so that they can begin to work towards that best possible self.

Of course, while both the Best-Possible-Self and Art Future Image interventions have been individually studied, this combination of them has not. Therefore, research would be needed to test this hypothesis for efficacy and potential impact in a variety of settings and populations. Though it could, of course, be carried out in any number of populations, I hypothesize it may be especially impactful amongst trauma survivors due to the role of optimism and future-thinking in healing and growth after trauma.

Hope interventions.

Studies have found hope-focused strategies to be effective in increasing hope (Curry & Maniar, 2003, 2004; Herth, 2000, 2001; Lopez, Floyd, Ulven, & Snyder, 2000; Rustøen, Wiklund, Hanestad, & Moum, 1998; Snyder, 2002; Staats, 1991; Tollett & Thomas, 1995). Hope interventions as described by Lopez and colleagues (2000) aim to help clients create goals and pathways to those goals, mobilize agency, and reframe obstacles. These interventions, which often involve some elements of reframing, typically involve a series of cognitive exercises that assist individuals in maintaining and enhancing their situational hope. Hope interventions are often, but not always, multi-session interventions in clinical, community, or college settings. For example, Staats (1991) used five training sessions of happiness, goal imagery, and time management as a hope intervention, while Herth's (2000, 2001) Hope Intervention Program is administered over eight two-hour sessions. Hope interventions typically involve psychoeducation, skills training, and group process components.

Though no research studies of hope art-based interventions have been conducted to date, based on an extensive literature review, there has been one proposed art therapy intervention focused on hope. Grounding her work in Herth's (2001) hope intervention framework, Paige

Scheinberg (2012) proposed an eight-week art therapy hope intervention for patients with lupus. The study was unable to be completed, but her proposal walks the reader through each of the sessions. The sessions focus on the same themes as Herth's (2001) intervention, and explore them through a group art process. Throughout the weekly two-hour sessions, occurring over eight weeks, participants would begin with a check-in and survey, revisit any outstanding ideas or thoughts from the previous session, discuss the current session's themes, goals, and art materials, engage in a group art activity, and then reflect on the process, their work, their feelings, and experiences (Scheinberg, 2012). The art projects revolved around themes of building community, searching for hope, connecting with others, expanding boundaries, building a hopeful veneer, and a final reflection; each intended to reflect attributes of hope (Scheinberg, 2012). An array of art processes and materials would be available to encourage varying artistic expressions and experiences, and the artwork made in the group sessions was intended to serve as tangible and transitional objects of the group experience. This study was focused on a very specific population (patients with lupus), but it demonstrates that the modification of hope interventions into the art therapy realm is certainly possible. As discussed in the previous section, hope and optimism are connected to more adaptive coping skills, reduced distress, and greater posttraumatic growth (Ai et al., 2007; Bozo et al., 2009; Dong et al., 2017; Ho et al., 2011; Hullmann et al., 2014; Kaye-Tzadok & Davidson-Arad, 2016; Long & Gallagher, 2018; Prati & Pietrantonio, 2009; Teixeira & Pereira, 2013). Given this connection, it can be theorized that hope-based interventions may be effective in stimulating growth in traumatized populations. However, in order to understand the effect, there needs to be significantly more research across a variety of populations to determine efficacy, appropriate length of interventions, and so on.

Framework for a posttraumatic growth protocol.

As mentioned in the discussion on posttraumatic growth interventions, the research here is just emerging, and there is not yet a clear example of a long-term therapeutic protocol based on the conceptualization of growth. However, with literature and interest in PTG interventions developing, there seems to be a window of opportunity for creating an arts-based PTG protocol. In their most recent publication, Tedeschi and colleagues (2018) propose five elements of a posttraumatic growth intervention: 1) Understanding trauma response as a precursor to PTG; 2) Emotion regulation enhancement, by managing intrusive thoughts/disruptive sympathetic nervous system responses and encouraging reflective rumination (as opposed to brooding); 3) Constructive self-disclosure, by modeling a trauma narrative, giving emotional support, allowing for telling the story of the trauma, and learning to use social connections/establishing new connections; 4) Creating a trauma narrative by organizing the story, appreciating paradoxes (of loss and gain, grief and gratitude, etc), referring to five domains of PTG, and using others' stories; 5) Developing life principles that are more resilient, such as accepting new social identity, and growth without guilt. These five elements can act as a foundation for the creation of interventions meant to foster PTG.

The most important factors in facilitating PTG seem to be disclosure, reflection, positive expectancies, training in the use of a coping skill, and connection with a supportive person or group (Roepke, 2015). Artmaking and art therapy promote creativity, connection, relaxation, and the expression of emotions (e.g. Wilkinson & Chilton, 2017), which aligns remarkably well with factors important in cultivating PTG. Additionally, theories of meaning, PTG, and hope have all emphasized the importance of narratives, and narrative therapy can also offer potential frameworks for developing PTG protocols and interventions. In the appendix of Wilkinson and

Chilton's (2017) book, the authors briefly discuss several art therapy interventions that may be valuable when considering PTG and trauma populations. Two such interventions, called *Dark Soul of the Night/What Keeps You Strong* and *Hope Journey*, seem to focus on the facilitation of resilience narratives, as well as identification of personal and external resources the client can then draw from in current or future times of adversity. This work should guide development of new interventions that can be evaluated through research to further inform the field.

The five elements of a PTG intervention can and should be utilized in the creation of trauma-informed protocols. Some of these elements, including a thorough understanding of trauma response and emotional regulation, already seem to be present in trauma-informed care (Howie, 2016). However, most treatments are focused on decreasing negative symptomatology, and there is a great deal of potential in designing and implementing treatments rooted in a desire to help trauma survivors heal and also potentially grow. Based on a review of the literature, there do not currently seem to be existing trauma-informed protocols that promote growth. The five-element framework of a PTG intervention, as well as the research on constructs of meaning, PTG, hope, and optimism, have the potential to inform the creation of treatments for trauma survivors that promote both healing and flourishing. Designing and implementing this type of trauma-informed protocol may be especially valuable in art therapy practice, due to the connection of sensory and bodily techniques to integration of fragmented memory, as well as the emphasis art therapy places on narrative formation and the promotion of safety, self-esteem, and strengths (Chapman, 2014; Chapman et al., 2001; Gantt & Tinnin, 2007; Howie, 2016; Johnson, 1987; Lusebrink, 2004; Malchiodi, 2012a,b; Pifalo, 2007; Rankin & Taucher, 2003). There is a great deal of potential in this intersection of art therapy and positive psychology, and also a great need for future study and research. A valuable starting point in this process might be discussion

and collaboration between experts in positive psychology, art therapy, and those in related fields (such as medicine or social work) who have in-depth knowledge of trauma and trauma responses. These joint efforts will be beneficial in envisioning and formulating growth-based trauma protocols. As mentioned in previous sections, there is also a need for more studies examining the complex relationships between meaning, PTG, hope, and optimism, as well as those investigating the efficacy of particular interventions specifically within trauma populations to assess potential outcomes, benefits, and risks.

Limitations and Considerations

As the connection between positive psychology and art therapy is such a new intersection of study, there needs to be much more work in establishing theoretical frameworks, measures and assessments, and evidence-based practices. There is a current lack of empirical research on the intersection of positive psychology and art therapy. Part of this is due to the fact that both fields are relatively young, and the call to merge them is even more recent, occurring within the last ten years. So, while this subfield is growing in size and interest, it is still relatively small, which may contribute to the limited research. However, the intersection of art therapy and well-being has a lot of potential for growth.

Research is particularly needed to study these positive art interventions outlined in the previous section. The field of art therapy has often been criticized for a lack of empirical research. Though this discounts the merits of other research, including qualitative and arts-based research, there is still a need to demonstrate both efficacy and effectiveness of art therapy protocols. Particularly when considering interventions, more quantitative experimental designs that test the effectiveness of art therapy interventions are necessary (Kaiser & Deaver, 2013).

This is not to say that quantitative research is the only valuable research, but rather there is a lack of this particular kind of research in the art therapy literature. When developing interventions for clinical or nonclinical use, randomized controlled trials are best for determining if an intervention has an effect on a population. This step is necessary to show the safety and efficacy of new interventions, especially when targeting more vulnerable populations like those who have experienced trauma. As more research on art therapy is conducted, quantitative research on efficacy needs to be given some priority. In order for these ideas to be implemented in trauma populations, there needs to be robust evidence of effectiveness, impact, and costs. There also must be some more foundational work to establish frameworks for researching the impact of art therapy on well-being. To date, there seems to be only one proposed evaluation framework for measuring arts in health and well-being in general (Daykin, 2016). Establishing a standardized or commonly accepted framework for evaluation is necessary for both research and institutional implementation. A lack of standardization makes it difficult to develop best practices.

These randomized control trials are also often necessary for insurance companies to make decisions about treatments and coverage. In part due to this current lack of randomized control studies, and also because art therapist licensure requirements vary by the state, many have difficulty finding art therapy that is covered by their insurance. Those who get to participate in art therapy through treatment programs or hospitalization often are unable to continue treatment once they leave, and those who do not have insurance face even more obstacles (Javorsky, 2016). Organizations like the American Art Therapy Association are advocating for licensure across the country, insurance reimbursement, and better hiring and payment guidelines, but more progress is needed in order to make art therapy more accessible to all.

As mentioned previously, while the arts can be a catalyst for personal positive growth, healing, and transformation, they also have the ability to tap into deeply uncomfortable memories, emotions, and sensations. Thus, it is important that mental health professionals who use positive arts interventions in their clinical practice gain competencies and formal training in arts approaches. Though there are already some who are pushing for the inclusion of positive psychology theory and research in art therapy master's and continuing education programs, this is not yet a commonly accepted practice. The positive arts interventions described and proposed in this section all require further empirical research, and the field of art therapy could provide a useful starting point to investigate this important area.

Conclusion

“I dwell in possibility.” - Emily Dickinson

Creative arts therapies offer a unique method of treating the human mind, body, and spirit. While the idea that expression and creation have healing elements is not new, it is only relatively recently that these ideas have begun to be studied empirically (Junge, 2016). The field of art therapy has grown considerably since its roots in the 1940s US and UK, and has also become more widely recognized as a potential treatment for trauma survivors (Kopytin & Lebedev, 2013; Lyshak-Stelzer, Singer, Patricia, & Chemtob, 2007; Schouten et al., 2015). Positive psychology also has long-standing historical and cultural roots, with accumulating evidence on the importance of topics like positive emotions, engagement, meaning, relationships, and achievement (Seligman, 2011). It is in this field of scientific research that models of

meaning, posttraumatic growth, hope, and optimism have been conceptualized and studied. Meaning is essential for the health and well-being of all humans, but plays an especially critical role after a stressful event. Trauma tends to shatter people's worlds, sometimes quite literally, but almost always in terms of the way in which a person views the world around them and their place within it. Though trauma has many deleterious effects, and is not desired in any way, it is possible that trauma survivors can in fact grow after their trauma. An important part of healing and eventually growing from trauma is piecing meaning back together, finding realistic goals to strive for, and maintaining healthy and hopeful attitudes about the future.

Due to the clear relationship between meaning, posttraumatic growth, optimism, hope, and trauma, it seems valuable to incorporate them into trauma-informed practices. Trauma-informed art therapy, which often includes elements of cognitive behavioral interventions, offers a valuable position for the development of practices geared towards growth and flourishing after trauma. Several suggestions for practical application at the intersection of positive psychology and art therapy have been discussed, and must be rigorously studied before any effort to incorporate them into existing practices can be made. The starting point of this entire process is knowledge. It is only through an understanding of these constructs that they can be accurately applied safely and effectively in practice. Dealing with anyone who has experienced trauma requires extreme care and a comprehensive knowledge on trauma, its symptoms, manifestations, and treatments. However, it should also require knowledge on positive protective factors, like hope and optimism, and strategies for promoting thriving and the healthy reconstruction of meaning. Trauma survivors deserve more: they deserve flourishing. Art therapy presents a uniquely suited format for those with trauma to find well-being.

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