TRANSFORMING TRAUMA INTO POST TRAUMATIC GROWTH THROUGH ART THERAPY

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CAPSTONE ABSTRACT

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The experience of trauma can be life altering. The effects of trauma can be lingering and negatively impair one's quality of life. However, if the survivor can process and address the negative effects following trauma, post traumatic growth can be obtained. One way this can be accomplished is through expressive art therapy. This paper will identify three major obstacles of healing after trauma and ways in which trauma can be effectively treated. I am proposing that art therapy can help the survivor process one's trauma and facilitate one's post traumatic growth by identifying and addressing identity crisis, isolation, and illness that frequently follow after a traumatic event. It is hypothesized that art therapy can restore one's identity and combat isolation by replicating the brain processes that occur with current trauma therapies. Art therapy enables one to access the painful emotions frequently blocked by the conscious mind. Thought distortions that are uncovered can then be addressed and corrected through art expression. Presently art

therapy is limited by a lack of research evidence. Future studies should examine the efficacy in the treatment of trauma through the use of art therapy.

Introduction

Transforming Trauma

While there are many ways that trauma is negatively manifested in lived experiences, I am suggesting that there are three primary reasons trauma negatively impacts one's quality of life. These reasons are identity crisis, isolation, and illness. This paper will examine the primary negative effects of trauma in relation to the survivor. To begin, isolation and identity crisis will be explored using the example of mythical Medusa, a devoted priestess turned isolated monster because of trauma. Next, to illustrate the effects of illness, Post Traumatic Stress Disorder (PTSD) will be an example that resonates with many survivors of trauma. The current mental health trauma treatment of Prolonged Exposure Therapy, Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) will be examined along with its correlation to the theorized brain processes that occur with expressive art therapy. Finally, to conclude, this paper will explain how art therapy can mitigate the effects of trauma and reprocess the negative information into positive growth for the survivor.

The Medusa Effect

Although there are multiple interpretations of the story of Medusa, I will be working with the myth as explained by Dr. Greg Sayler in his YouTube lecture, "The Divine and Monstrous Feminine." The Medusa story acutely illustrates the events that often follow a life altering trauma. The story encapsulates the first two issues that impede healing for the survivor: identity crisis and isolation. Medusa is traumatized, condemned and excommunicated. Her identity is obliterated by the trauma and by

Athena's proclamation that she is a monster. Immediately after the traumatic event she is isolated and relegated to the edge of society.

The Medusa narrative is a metaphor of the trauma response. Medusa's identity is destroyed. She believed that she was going to be a lifelong virgin who spent her life serving her goddess Athena. Thus, being raped by Poseidon forever alters who she believed she was since she lost the future of the identity that she expected. Her spiritual life is thrown into chaos. In the very temple of her goddess, where safety is expected, she is violated. She must reorganize her religious views in a way that allows for a goddess that cannot or will not protect.

In addition, she is rejected by her goddess when Athena condemns her as a monster for the "crime" of being raped. Immediately after the trauma, the goddess she loves and serves tells her she is unredeemable at which point Athena banishes Medusa from civilization. Everything that Medusa was prior to the trauma is gone; her identity is destroyed. She is no longer a virginal servant of her goddess and can no longer trust in her previously held spiritual beliefs. She was altered from a beautiful woman to a repulsive monster that turns anyone to stone when they look at her. She is forced into isolation, which strengthens the monster of trauma.

The story of Medusa is an incredible example of how art can heal trauma. This narrative from Greek Mythology connects survivors of trauma over the centuries. Survivors can identify with the mythological Medusa. The story addresses the identity crisis that the trauma survivor experiences. It also provides an archetype for the trauma response and offers a feeling of connection for those who have experienced the unspeakable. In this way, it combats isolation since through this story the survivor is

made aware they are not alone in the trauma experience and their response to trauma. It also warns against the isolation that many survivors feel pulled toward.

Isolation exacerbates the negative self-talk that follows a trauma. Survivors need interpersonal relationships so that their thought distortions can be identified and challenged. Medusa needed someone to tell her she was not a monster and isolation deprived her of crucial interpersonal support. Medusa was told she was a monster immediately after the trauma and her identity had just been crushed. At this vulnerable time, Athena assigns her a new identity. The isolation forced upon her deprived her of social support that was necessary to dispute Athena's claim. I surmise that Medusa was never a monster; it was an illusion placed on her by Athena (society) and self.

Identity Crisis

The experience of trauma takes away personal agency. One whom normally felt confident and self-assured now finds themselves in a situation where they are inept at self-protection. Levine concludes, "in fact, this is one of the definitions of trauma: it renders the person to whom it happens helpless" (Levine, 2009, p. 28). Self-esteem and self-reliance are upended during a traumatic event. Continuing his explanation of trauma, he says, "it is said to 'shatter' the ego" (Levine, 2009, p. 40). The self is destroyed and the identity that one chooses to adopt influences their course of that life.

The spiritual impact of the trauma cannot be overstated. Cognitive dissonance is often the result of a traumatic experience. Indisputable proof contradiction one's strongly held beliefs is distressing. Belief systems are disrupted by trauma. The survivor must reevaluate and reestablish their spirituality. Ideas about gods and fellow humans can be thrown into chaos. Van der Kolk sums up the turmoil of trauma stating, "after you have

experienced something so unspeakable, how do you learn to trust yourself or anyone else again? Or, conversely, how can you surrender to an intimate relationship after you have been brutally violated?" (Van der Kolk, 2015, p.13).

Trauma causes the self to doubt decisions and beliefs and people may not trust their own instincts. Van der Kolk explains, "these posttraumatic reactions feel incomprehensible and overwhelming. Feeling out of control, the survivors often begin to fear that they are damaged to the core and beyond redemption" (Van der Kolk, 2015, p. 2). If left unchecked, the belief that one is unworthy will become part of the survivor's identity. It will exacerbate the desire to isolate.

The survivor may have to reconcile how a "loving god" could allow for such tragedy. Spirituality is often the foundation of one's being and trauma rocks one's core beliefs. What was once held as true and dependable is no longer reliable. Trauma makes one question who they are and the world they live in. One must reassess and reorganize spiritual beliefs, which can be a time of spiritual devastation or growth.

Status is frequently changed or lost after a traumatic experience. Loss often alters the survivor: from a wife to a widow, a child to an orphan, a sibling to an only child, a mother to a childless parent or from able bodied to dependent. Learning how to navigate the world in the "new normal" can be overwhelming.

Isolation Crisis

Isolation may be imposed by society, the self or both. In general, society does not know how to respond to a survivor of trauma. They don't know what to say or how to act, so they avoid the traumatized. Trauma also frightens the community. The response to the suicide survivor is archetypal of this fear phenomenon. Testoni, Francescon, De

Leo, Santini, and Zamperini (2018) explain, "the work of grief may be worsened by the social disapproval, from which isolation and many other difficulties derive" (Testoni et al., 2018). Society fears coming too close to a suicide survivor for fear that it is contagious. The media will not even report on suicides.

Victim blaming is also prevalent in the trauma experience. This is all too common in victims of sexual crimes however, it also occurs in other forms of trauma. The mother of a child who dies by an accident such as drowning or other home accident is often held in suspicion. It is assumed that she was not watching her child closely enough. Widows of suicide are often assumed to have done something to trigger the event. Part of the human experience to assign blame.

Society wants to know who to blame and it is often lands on the survivor of trauma. Survivors have the same instinct to assign guilt. More often than not they place the blame on themselves. Kennedy and Prock sum up the shame felt by a survivor: "a survivor of abuse or assault may learn through the broader societal context, via media representations, dominant narratives, stereotypes, and so on, that certain behaviors are considered to be morally and socially unacceptable, and certain statuses—incest victim, rape victim, and abused woman—are stigmatized and blameworthy" (Kennedy & Prock, 2016, P.360).

Guilt and shame propel the survivor into hiding. Ironically, the survivor has a tendency to feel alone in their experience. They believe that they are the only one to suffer in such a way. They do not talk about it because they assume that no one would understand. In reality, trauma is quite common, yet survivors often suffer side by side

but in emotional seclusion; never daring to speak the unspeakable. Monstrous thoughts and beliefs about one's self thrive and grow in isolation.

Illness Crisis

PTSD illustrates the mental illness that can occur as a result of trauma. Diagnostic criteria for PTSD has several components. It includes an event in which an individual was threatened with or exposed to death, serious injury, or sexual violence. Bisson explains, "it occurs after a traumatic event that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others" (Bisson, 2007, p.789).

The individual also experiences symptoms of intrusion, avoidance, negative reconstruction in thoughts patterns or mood, and changes in arousal and response. Symptoms must persist for at least one month and must negatively impact one's quality of life. The condition must not be attributable to medication, drug or alcohol abuse, or other illness (US Department of Veterans Affairs, 2018).

Current evidence based trauma therapies are making incredible progress, however there is more to be done. PTSD comprises a breadth of distressing symptoms that negtively affect one's quality of life. Those with PTSD may suffer from flashbacks, hyper-vigilance, nightmares, insomnia and angry outbursts. Often, one experiencing this condition may resort to illicit drug and alcohol use to self-medicate. The combination of the mind-altering chemicals and the distressing emotional symptoms often culminate in volatile and dangerous behaviors. Interpersonal relationships can be stressed to the breaking point.

The turbulent nature of PTSD can lead to isolation. Loved ones are pushed away. Survivor's guilt makes one feel shame and embarrassment. Wang, Wu, and Tian explain,

"survivor guilt occurs when survivors feel responsible for the death or injury of others, even if the survivor had no real power of influence in the situation" (Wang et al., 2018). Individuals with PTSD often try to avoid triggers that occur in social situations. It feels safer to isolate oneself. Symptoms of PTSD exacerbate one another; it becomes a vicious cycle.

Normal Memory Processing

Normally, the right brain absorbs sensory information. The data is immediately transferred to the left brain where language and time sequencing is applied to it. In their book *Using Expressive Arts to Work with Mind, Body and Emotions*, authors Pearson and Wilson explain how art therapy works: "the integration stage of a session links right hemisphere activity with reflections, naming, description, and time-sequencing- activity that the left hemisphere favours" (Pearson & Wilson, 2009, p. 134). The left brain gives meaning to the images and symbols of the right brain.

For example, when a dog is observed, the sensory information is taken in through the right brain. The right brain is attuned to information provided by the senses, such as touch, smell and sight. The information is immediately processed to the left brain where language, meaning and time are assigned. The right brain takes in size, image, smell, color, etc. of the dog. The left brain makes sense of the information e.g., it is a dog, large, blond Labrador, seems friendly, wagging tail, etc. The left brain also applies time and place.

Impaired Memory Processing During Trauma

One theory suggests that the memory process is impaired during trauma (Bennet & Lagopoulos, 2018, p 5-8). There is a breakdown in communication between the brain

hemispheres, which may be part of the survival instinct. The individual must suspend emotional processing so all resources can focus on surviving. The information may then be stuck in the right hemisphere and without being assigned time it remains in the present tense with its original intensity. Unprocessed emotions are uncontrollable and therefore the survivor cannot predict when they will be triggered. Van der Kolk explains that when the survivor is triggered, "the emotions and physical sensations that were imprinted during the trauma are experienced not as memories but as disruptive physical reactions in the present" (Van der Kolk, 2015, p. 206).

If traumatic memories are stored inappropriately, they lack the ability to link to learning and insight. The information must be transferred to the long-term memory so that the ferocity of the memory can be decreased or eliminated. This reprocessing is also essential to extrapolate meaning and growth from the trauma.

Self-preservation takes over when experiencing a life threatening event (Van der Kolk, 2015, p. 281). The autonomic nervous system (ANS) is activated, which is divided into two components: The sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS). The SNS is part of the reptilian brain and is responsible for ramping up the body for survival. It initiates the fight, flight, or freeze response (Hass-Findlay & Cohen, 2015, p. 58). The PNS is responsible for calming the body down after the danger has passed. Korn explains "ANS dysregulation is a major hallmark of post-traumatic stress" (Korn, 2013, p.29).

When the SNS is stimulated a number of physical symptoms can be observed. Stora explains, "At the onset of a traumatic event a number of physiological modifications can be observed in the body: the heartbeat accelerates, the skin pales, the

mouth dries, part of the intestines contract, the back and neck muscles tense and, finally the facial muscles take on a sad expression" (Stora, 2007, p.13). The physiological changes that occur from SNS stimulation are reproduced every time PTSD is triggered.

The re-experiencing of the trauma can occur through emotional flashbacks or nightmares. Numbing and avoidance can be manifested by blocking disturbing thoughts, self-isolation, substance abuse and a sense of doom. Increased arousal stimulated by the SNS includes hypervigilance, angry outbursts, sleep disturbances and hyperactive startle response. Korn explains, "stress traumatizes when stressors overwhelm the individual's capacity to cope. Traumatic stress is by definition an experience in which survival of the whole organism is at stake, and it responds with the "fight, flight, or freeze response" (Korn, 2013, p.29). In PTSD, this response is repetitively and inappropriately activated. Korn continues, "these stress hormones are considered to play an important role in the storage and consolidation of the state dependent memory, learning, and behavior" (Korn, 2013, p. 29).

Images explode into conscious thought without the individual's permission or preparation. The results are flashbacks, nightmares, hypervigilance and a number or other PTSD symptoms. Bennet and Lagopoulous, authors of *Stress, Trauma and Synaptic Plasticity* reinforce the theory that trauma disrupts the normal memory process, stating, "memory impairment and emotion regulation are core features of PTSD" (Bennett & Lagopoulos, 2018, p.2). The disturbing symptoms will continue until the memories are appropriately processed.

Trauma can literally render the self speechless. Because the sensory information is not processed into the left brain, it is never assigned language and meaning. When the

survivor is triggered, the full power of the original event is stimulated. Dr. Van der Kolk explains:

> When memory traces of the original sounds, images, and sensations are reactivated, the frontal lobe shuts down, including as we have seen the region necessary to put feelings into words, the region that creates our sense of location in time, and the thalamus, which integrates the raw data of incoming sensations (Van der Kolk, 2015, p.178).

The memory processing error must be corrected for the survivor to heal and thrive. The perception of danger may be more influential in developing PTSD than the actuality of danger. Whether the individual was ever truly in imminent harm is of less consequence than if the individual believed themselves to be at risk. Trauma is a very personal and individual, yet universal experience.

Current Trauma Therapy

Prolonged Exposure Therapy

Edna Foa developed Prolonged Exposure Therapy and structured her therapy on the assertion that chronic PTSD is, "a failure to adequately process the trauma memory due to extensive avoidance of thoughts and situations that are trauma reminders" (Foa, 2011). Avoidance, a primary symptom of PTSD, is a self-protective mechanism which can increase and prolong emotional distress.

Prolonged Exposure Therapy identifies the information that the survivor inappropriately determines harmful. The goal of Prolonged Exposure Therapy is desensitization through repeated exposure to the trigger(s) in a safe environment. The survivor is then able to identify their distorted beliefs and develop new and beneficial thought patterns. The prolonged exposure provides the survivor with the knowledge that anxiety related to the trigger(s) will eventually resolve.

Prolonged exposure was initially created to treat women of sexual assault, however it was been shown to be an effective treatment in other groups. A study completed by Eftekhari, Ruzek, Crowley, Rosen, Greenbaum and Karlin (2013) found that prolonged exposure can be equally effective in other groups such as war veterans.

Cognitive Processing Therapy

Many survivors develop a negatively altered self and world perspective after experiencing a traumatic event. The world is often seen as a dangerous place and the self is determined to be incompetent and shameful. Uncompromising thoughts such as "no one can be trusted" and "it is all my fault" impede good mental health.

Cognitive Processing Therapy (CPT) challenges "all or nothing" thinking. It focuses on identifying and replacing the uncompromising negative thoughts with nuanced and accurate thinking (Resick et al., 2016). CPT is an evidence based treatment for PTSD (US Department of Veterans Affairs, 2018). Foa asserts that thought distortions must be corrected to obtain healing (Foa, 2011).

PTSD is a significant issue in active duty military members and veterans. Prolonged exposure therapy and CPT are first-line treatments for PTSD. The military has unique challenges when it comes to trauma treatment. The complex nature of war and the potential for repeated exposure to trauma complicates treatment (Steenkamp et al., 2015, p. 497). Authors of *Psychotherapy for Military-Related PTSD* observed, "although, efficacious for some patients, first-line treatments have high nonresponse and dropout rates, and patients often remain symptomatic" (Steenkamp et al. 2015, p. 498).

EMDR

The theory put forth by Francine Shapiro suggests that bilateral stimulation of the body while thinking or talking of the traumatic event can reprocess the damaging information into appropriate memory storage, thus making the memory manageable and useful (Shapiro, 2001, p. 43-46). One study compared EMDR, fluoxetine and pill placebo for the treatment of PTSD. It found that EMDR was more effective in long-term symptom relief than the other two options. (van der Kolk, Spinazzola, Blaustein, Hopper, Hopper, Korn and Simpson, 2007, p. 7-8).

The memory can then be filed in the long term memory where it becomes part of history in contrast to its present tense that occurs with PTSD. Shapiro claims, "by means of EMDR, this information is accessed, processed and adaptively resolved" (Shapiro, 2001, p. 46). EMDR is one of two most recommended treatments for PTSD (Schouten et al. 2015, p. 220).

Dr. Shapiro suggests that emotional processing during trauma is disrupted. She claims, "there is little doubt that something about trauma causes information processing to be blocked. This blockage keeps the original incident in its anxiety producing form" (Shapiro, 2001, p. 334). The result is that the disturbing and painful information taken in at the time of the traumatic event remains with real time ferocity within the right hemisphere without time and language assignment.

Shapiro named her theory eye movement desensitization and reprocessing (EMDR). The continued eye movement from side to side while talking about the trauma seems to help the information process into the left brain. Further research has determined that bilateral stimulation of the body assists with memory reprocessing and does not

necessarily need to be eye movement. Alternate physical tapping or audio tones from left to right side of the body is also effective.

EMDR is currently one of the primary psychological treatments for trauma therapy. Bisson notes "this form of treatment is thought to stimulate information processing to help produce an adaptive contextualized memory" (Bisson, 2007, p. 791). Interestingly, there is some suggestion that dreaming helps process trauma memories during the rapid eye movement (REM) stage. EMDR may mimic the body's natural processing of memories that occurs during REM. Creating art without conscious intention also connects the right hemisphere data to the left hemisphere. Art can provide a path towards healing for the survivors of trauma and can address identity crisis, isolation, and illness following a traumatic event.

Many individuals with psychosis have a comorbidity of PTSD. Van den berg, de Bont, Berner, de Roose, de Jongh, Minnen and van der Gaag (2015) note that one in eight people with psychosis also have PTSD. EMDR and PE has been shown to be an effective and safe treatment in clients with PTSD and psychosis. However, PTSD is often missed in this population.

Identity: Repairing and Recreating Through Art Creation

As discussed previously, identity is often obliterated after a traumatic event. Self-revelations can be discovered through the creation process.

The art process is a tool the survivor can utilize to obtain a greater understanding of the self. The enigma of the self can be accessed and revealed (Hass- Cohen & Findlay, 2015, p.2). The creative process can also bypass the conscious mind and reveal truths about self.

Bloem and Pfeijffer compare unaddressed emotional stress to a clogged sink in the chronic state of waiting for repair. They explain that art expression can snake the drain and allow the anxieties to be released (Bloem and Pfeijffer, 2018, p. 2), claiming, "art can take care of the tormented mind. It can offer answers, acceptance, fighting spirit, and consolation" (Bloem and Pfeijffer, 2018, p.1).

As previously mentioned, trauma can negatively affect one's perception of self and others. CBT focuses on correcting the thought distortion, while expressive art therapy can reach beneath the surface and expose the self- defeating thoughts the survivor may not have been aware they espoused.

The information revealed are often painful truths that the conscious mind has been working to repress. Avoidance of painful emotions is a core symptom of PTSD. Prolonged Exposure Therapy aims to confront the triggers in a safe environment, therefore taking away their power. Artistic expression has a way of reaching the beliefs, fears and thoughts that have been trapped in the subconscious, "in creative experience, artists must give up conscious control in order to be open to what is coming. They can do so not because they enter a state of mind that is exclusive to artistic genius, but precisely because they exemplify the quintessential human experience: to be open to the world" (Levine, 2009, p. 42).

Art creation for the purpose of therapy does not need to be a masterpiece. It just needs to be honest. Survivors must acknowledge and deal with barriers to self-growth. Discovering and developing one's true self is crucial to identity, self-resilience and post traumatic growth.

Understanding the self is essential to restoring identity, Levine explains, “Artistic expression has always been a fundamental way in which human beings have tried to discover meaning in their lives. The arts are ways of shaping experience, of finding forms that make sense of life through imaginative transformation” (Levine, 2009, p. 18). If one can get through the trauma of having the worldly status once attributed to them stripped away, she or he can begin to learn and appreciate who they really are.

Creation helps one find their authentic self. Surviving such a life changing trauma, going through the tunnel of identity loss and coming out the end reveals the essential qualities that one possesses. Art creation helps sort through the chaos of trauma. All who have faced loss and worked through it can identify themselves as a survivor. Art creation can assist the survivor in identifying and repairing thought distortions. Identity can evolve and grow through expressive art.

Isolation: How Creation Can Combat It

The art of creation takes what is inside oneself and manifests it into the literal world, which fights isolation. Art is a universal language that the story of Medusa illustrates. The survivor often feels that they are alone in their grief, however the fact that the story of Medusa has persisted throughout the centuries proves that people have identified with it. Art puts symbols to unspeakable trauma.

It provides the self a voice and enables connections and understanding. Observers of the art are empowered to share their own buried traumas. Insights to value and benefits of the trauma can be recognized. Healing can make the individual more resilient and more prepared to handle future challenges. Self-revelations can be found in art creation. Artistic expression counteracts isolation.

Trauma is a universal experience, it affects people across the spectrum of age, race, gender and religion. If the trauma survivor can push past the instinct to isolate oneself, personal potential for relationships and growth can expand exponentially. Looking into the eyes of another person who instinctively understands the unspeakable aspects of trauma creates an unbreakable bond.

PTSD: Art Therapy as Treatment

Professionals in the field of expressive art therapy believe that it can bypass the conscious brain and access the memories trapped in the right brain hemisphere (Pearson & Wilson, 2009, p. 134). Art creation can connect the right brain to the left brain similarly to the current evidence based trauma therapies. Additionally, it can break though the conscious mind into the emotions below. Creation through visual arts, literature, movement, etc. can place language and symbols to the traumatic information, thus reprocessing the memories to the left brain. What was once unspeakable is now expressed and can be appropriately attended to.

McNiff explains the way art therapy helped a client who had been socially withdrawn and mute for months. He observed, "during an intense emotional crisis when speech was not accessible to Bernice, she turned to art and the floodgates of expression were opened" (McNiff, 2009, p.86). Through creation is was able to harness and express the emotional pain that was inhibiting her quality of life.

A case study in the *Journal of Mental Health Counseling* examined the effects of creative art therapy on a survivor of two traumatic events. Through the use of creative therapy and the integration of right and left brain, the client was able to "feel 'almost normal' again and hopeful about life" (Perryman et al., 2019).

Creation provides a place for the trauma to go. It allows the survivor to reprocess the memories is a safe space. Levine states, “Perhaps healing is also a mode of being present, of attending to the suffering, of letting it find its form” (Levine, 2009, p.27). Being present and allowing the emotions to be felt is crucial to the healing process.

Memories locked in the right brain remain in their original and intense state. Expressive art therapy can assist in processing this information to the left brain. There, time and language can be assigned. Applying language and symbols to traumatic memories allows the survivor to organize and file memories in a productive way that makes the information useful.

The impact of trauma never goes away, it never diminishes, but through art therapy the survivor can integrate the memories into the self in a way that increases self-resilience and self-awareness. Pain never decreases; the survivors just builds tolerance. The traumatic experience becomes something that the survivor can look back on and say, “I am strong, I will survive”. The traumatic event provides a frame of reference for what the self can overcome.

Repair of the connection between right and left brain puts memories in their proper place. They can be time stamped and stored in the long-term memory. They lose their intensity and restore the survivor’s control of memories instead of the memories controlling the survivor. Integrating the trauma experience in a healthy way into the self promotes personal growth by expanding understanding and compassion. The survivor becomes a more complete being.

Conclusion

Trauma does not discriminate. It is a universal experience that does not consider race, gender, religion or socio economic status. It creates lasting and often damaging results. We all have a stake in finding effective trauma treatment. PTSD effects more than just war veterans (Van der Kolk, 2015, p.350). Van der Kolk informs, "trauma remains a much larger public health issue, arguably the greatest threat to our national well being" (Van der Kolk, 2015, p. 350). Isolation, identity crisis, and PTSD diminish one's quality of life. Art therapy provides a potential treatment through bypassing the conscious mind to reveal and resolve the root problem. It releases the vehement images and sensory information from the right brain to be reintegrated into the left brain.

David Kessler said, "the only way out of the pain is through the pain" (Kessler, 2020). Pain has to be felt, it has to be processed and expressed otherwise it just festers under the surface, manifesting in negative ways. Art therapy can reveal the underlying pain and release it into the world where it can be managed. Art therapy for the treatment of trauma is a promising prospect however, more research needs to be done.

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