

The Role of Art Therapy in Self-Esteem Levels Among Female Victims of Trauma and Abuse

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ABSTRACT

This study examined the relationship between group art therapy interventions and self-esteem levels among adult, female victims of trauma and/or abuse. The group had three female participants and took place in an art-making studio at a local private practice. The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) and the Feelings of Self-Worth Measure (Critcher & Dunning, 2015) served as pre and posttest measures to assess whether art therapy sessions effected change in participant self-esteem and self-worth. Additionally, self-reflection questionnaires allowed for reflection and introspection following each individual art directive. Through thematic analysis and creative art processes (involving painting, drawing, narrative art techniques, collage, mandala work, and self-portraiture), the research indicated that art therapy interventions had a positive impact on self-esteem and self-worth levels for these participants. Future studies were recommended.

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CHAPTER I

Introduction

The curiosity and inspiration for this research study stemmed from the researcher's own personal experience with psychological and emotional abuse. The lasting effects of an emotionally abusive relationship were hard to identify for the researcher, and it took many years to process the events that eventually reduced her self-esteem and comfortability in her own body. Negative self-perceptions that resulted from the psychological and emotional abuse became patterned for the researcher and required extensive therapy to overcome such cognitions. Though recovery was ongoing, the researcher began to wonder if other victims of such abuse (in addition to other types of abuse) were experiencing similar deficits in self-esteem and self-worth. The researcher's own personal art making guided her to healing, and this study encompassed such practices in order to examine if artmaking truly had an effect on the development and growth of self-esteem and self-worth for such victims.

Problem Statement

Trauma has led to symptoms related to trauma-and-stressor related disorders, anxiety disorders, depressive disorders, and many other diagnoses in *The Diagnostic and Statistical Manual of Mental Disorders – DSM-5* (American Psychiatric Association [APA], 2013). According to the DSM-5 (APA, 2013), symptoms of trauma-and-stressor related disorders, anxiety, and depression included a lack of trust for others, hardships in maintaining interpersonal relationships, lowered sense of self-awareness, self-image, self-worth, and self-esteem, and a decreased interest in activities formerly enjoyed (APA, 2013; Rodriguez-Carballeira, Porrúa-García, Escartin, Martín-Pena, & Almendros, 2014; Talwar, 2007).

Because of the harm induced by physical, sexual, or psychological abuse, female victims have faced challenges regarding guilt, shame, and blaming oneself (Becker, 2015; Bird, 2018; Gayle-Beck et al., 2013; Hogan, 2013; Porrua-Garcia et al., 2016). The results of these residual and constant feelings may have directly affected the victim's self-esteem (Tinnin & Gantt, 2013). The negative self-view then had the potential to affect other aspects of their lives including difficulties in forming stable healthy relationships, finding enjoyment in life events, a general anxiousness and paranoia, and feelings of worthlessness (Naff, 2014; Saltzman, Matic, & Marsden, 2013; Talwar, 2007). Over time, these personal cognitions have been seen to become easily accessible neurological pathways in the brain routinely used instead of developing healthy coping skills to boost victim sense of self (Chong, 2015; Darnell, Flaster, Hendricks, Kerbrat, & Comtois, 2018; Gayle-Beck et al., 2013; King-West & Hass-Cohen, 2008; Pifalo, 2009). This has made it harder for the victims to develop a sense of safety, community, and self-esteem.

To address such feelings of negative self-view, adult women survivors may need treatment methods that appropriately demonstrated how to view the self in relation to the abuse and trauma, gain a better sense of worth, and increase overall self-esteem. The researcher felt there was a general lack of research specifically regarding art therapy methods utilized to address the low self-esteem and self-worth levels of this population. Past studies have examined each component separately or in various combinations: trauma, abuse, self-esteem and self-worth, and art therapy (Horberg & Chen, 2010; Howie, 2016; Joseph, Murphy, & Regel, 2012; Lee, 2013; Mahdi, Narges, & Aval, 2017; Moon, 2016; Naff 2014). This study aimed to link all of these components together in one research project.

Research Questions

The researcher conducted a mixed methods study in which qualitative self-reflection questionnaires and quantitative pre-and-post scales were used to examine the role art therapy had on self-esteem levels of adult female victims of physical, sexual, or psychological abuse. The research was driven by the question, *how is self-esteem affected by art therapy interventions?* Other questions that stemmed from this were: *what were the views of self pre and post art therapy treatment, how did they differ, were there patterned perceptions of self that emerged through the artwork/questionnaires and how did art therapy impact these?* The group context also offered more questions to be explored such as *could trauma-informed, art therapy practices be integrated within the group context to further cultivate an understanding of the negative impacts abuse and trauma had on a woman's self-esteem and self-worth.* By using art interventions, the researcher hoped to further the literature on creative therapy techniques to be used with female survivors of trauma and/or abuse.

Basic Assumptions

Art therapy interventions have been used in previous research studies to examine the affects art methods had on solidifying trauma narratives, strengthening views of the self, and establishing and maintaining healthy interpersonal relationships (DeLucia, 2016; Grette, 2018; Homer, 2015; Naff, 2014). Based on such research studies, the assumption was that art therapy interventions had a positive impact on negative symptoms that resulted from traumatic experiences such as physical, sexual, or psychological abuse (DeLucia, 2016; Grette, 2018; Homer, 2015; Naff, 2014). Art therapy interventions used in the past had shown that examining the self through visual representations were helpful to externalize feelings regarding self-image, self-blame, and survivor guilt. (Bird, 2018; Pifalo, 2009; Stace, 2014).

The researcher believed that group members who had experienced various forms of trauma and/or abuse would be able to relate to one another through similar experiences of patterned negative cognitions and low self-esteem. The participants in this study may be able to see how their low levels of self-esteem and self-worth have impacted their thoughts, feelings, and behaviors, and identified a need to increase these aspects of their lives. The researcher assumed that, a) art therapy interventions would increase levels of self-esteem and self-worth as indicated by the self-reflection questionnaires completed after each art therapy intervention and pre-and-post Rosenberg Self-Esteem Scales (RSES) and Feelings of Self-Worth Measures (FSWM; Critcher & Dunning, 2015; Rosenberg, 1965), b) participants would be able to identify ways in which the art therapy positively impacted their views of self, and c) participants would feel an overall greater sense of community and support offered by the group therapy context of the study.

Statement of Purpose

The purpose of this study was to examine how levels of self-esteem among female adult victims of physical, sexual, or psychological trauma were affected by art therapy interventions. The researcher hoped to expand the literature regarding techniques used with female victims who had trauma-and-stressor related disorders, anxiety, or depression as a result of their trauma and/or abuse. In using both quantitative and qualitative methods, the researcher hoped that future studies could be used to specifically identify which art therapy interventions were most beneficial to the survivors. If self-esteem was found to increase following art therapy interventions, it could be used in conjunction with other methods of treating trauma-and-stressor related disorders, anxiety, and depression for victims of trauma and abuse.

Definitions of Terms

Adulthood. A person over the age of 18, specified in the Constitution of the United States of America, as an individual old enough to vote and bear all or most of adult responsibilities (Benson & Morley, 2018).

Cognitive Distortion. Faulty or inaccurate thinking, perception, or belief (APA, 2018).

Cumulative Trauma. The experience of two or more different types of trauma occurring in one's lifetime; collective influence of multiple traumatic events (Naff, 2014).

Physical Abuse. Non-accidental physical injury ranging from minor bruises to severe fractures or death—occurring as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting, burning, or any other method that is inflicted physical harm or cause significant fear (APA, 2013).

Psychological Abuse. Aversive behaviors intended to harm a person through methods of coercion, control, verbal abuse, monitoring, isolation, threatening, jealousy, humiliation, manipulation, inferior treatment, hostility, withholding from an individual physically/emotionally, or any act that repeatedly negatively affects the abused person's emotions or self-value (Lammers, Ritchie, & Robertson, 2005; Rogers & Follingstad, 2014).

Self-Esteem. Having a strong appreciation for one's self through self-evaluation (Brooke, 1995).

Self-Worth. The recognition and assigning of value to personal traits, abilities, and strengths (Lammers et al., 2005).

Sexual Abuse. The maltreatment of a minor or adult individual through any sexual activity involving a person of power; unwanted sexual activity perpetrated without consent (Saltzman et al., 2013).

Survivor. An individual who continued to exist and function after a traumatic event (Survivor, 2011); An individual who is reclaiming their personal sense of power and working towards healing (Jackson-Cherry & Erford, 2018).

Trauma. An experienced event in which a person was not prepared for the psychological and physical results (Saltzman et al., 2013); A situation during which an individual has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others (APA, 2013).

Victim. An individual who experiences current feelings of powerlessness, helplessness, and hopelessness after experiencing a traumatic event (Jackson-Cherry & Erford, 2018).

Justification of the Study

The researcher believed this study was important to further the knowledge surrounding the negative effects of trauma and abuse, such as low self-esteem and low self-worth. There was a need for more art therapy research regarding effectiveness with adult female survivors of trauma and/or abuse. Because the researcher was both an art therapy student and a survivor of psychological abuse, the study held significant personal importance and drove the researcher to address sensitive issues. The researcher hoped the study would inspire others to investigate how art therapy can positively impact victims of trauma and/or abuse, move victims towards a survivor identity, and identify specific and effective methods in working with multitudes of populations with similar needs.

CHAPTER II

Literature Review

Current literature regarding trauma, abuse, self-esteem, and art therapy examined each category separately (Becker, 2015; Darnell et al., 2018; Franklin, 1992; Hass-Cohen, Findlay-Carr, & Vanderlan, 2014; Ugurlu, Akca, & Acarturk, 2016). It has seldom been found that trauma, abuse, self-esteem, and art therapy were researched and explored in one study (Brillantes-Evangelista, 2013; Chong, 2015; Darnell et al., 2018; Dollinger, Kazmierczak, & Storkerson, 2011; Good, 2016; Hartz, Mi, & Thick, 2005; Hogan, 2013; Howie, 2016; Joseph et al., 2012; Lusebrink, 2004, 2010; Moon, 2016; Rogers & Follingstad, 2014; Sarid & Huss, 2010). However, this literature review examined the works that did include multiple facets to trauma, abuse, self-esteem, and art therapy in different combinations. Some researchers have reviewed the effects of trauma and abuse in childhood on adult maladaptive behaviors and mental health issues (Darnell et al., 2018). Others have focused on art therapy interventions for adolescents and teens who had experienced symptoms of post-traumatic stress disorder (PTSD). The aim of reviewing this literature was to enlighten the reader as to how art therapy interventions may be adapted to address issues of self-esteem and self-worth within individuals who have a history of trauma and/or abuse.

Complex Trauma in Research

Trauma in the research literature related to an experienced event in which the person was not prepared on physical or psychological levels (Saltzman et al., 2013). Others believed trauma was experienced when a person witnessed, was involved in, or was confronted with actual or threatened death, serious injury, or a threat to one's physical integrity (APA, 2000). In its very nature, trauma was found to be extremely multifaceted, complex, cumulative, and interpersonal.

It was evidently clear that trauma affected many populations in many differing ways. To cultivate a well-rounded and holistic understanding of trauma experienced in adulthood, it was important to the researcher to examine trauma through these lenses and relate it to the literature of trauma from abuse, specifically (Bird, 2018; Dollinger et al., 2011; Elbrecht, 2013; Gayle-Beck et al., 2013; Lammers et al., 2005; Mahdi et al., 2017; Pifalo, 2009; Porrua-Garcia et al., 2016; Rodriguez-Carballeira et al., 2014).

Multifaceted nature of trauma. Multifaceted traditionally referred to the, “many different sides or facets of an object,” such as a diamond (Multifaceted, n.d.). With trauma, the multifaceted nature stemmed from its development from differing subjective experiences, the range of symptomology, and the multitudes of comorbidities that coincided with traumatic events (APA, 2013). Statistics varied throughout studies, but the presence and severity of symptoms were supported throughout the literature.

Several studies published statistics on the occurrence and frequency of trauma to individuals. According to Homer (2015), out of adults who had been diagnosed with borderline personality disorder, 81% had histories of childhood trauma (which included abuse of various forms). This statistic was significant in that personality disorders have been seen to develop as a result of trauma, and individuals diagnosed with or who had experienced symptoms of PTSD struggled with similar patterns of, difficulty self-regulating, dissociation, lack of responsiveness, and, changes in perceptions of self and others (Homer, 2015). Developing PTSD can increase a person’s risk of also developing comorbid disorders. Eighty-three percent of adults with PTSD met criteria for co-occurring disorders such as depression, anxiety, substance use disorders, and personality disorders (Becker, 2015). Another study done by Darnell et al. (2018) suggested that 62% of adolescents in the United States had been exposed to at least one life-time traumatic

events, while 19% have been exposed to three or more traumatic events. As a result of these harsh circumstances, affected teens demonstrated high-risk behaviors such as sexual exploitation (18%), substance abuse (8%), and self-injurious behaviors (11%) that carried into adulthood (Darnell et al., 2018).

Cumulative trauma. After the establishment of PTSD symptoms listed in the *DSM-5* (APA, 2013), researchers found that symptoms could be experienced in the absence of severe traumatic events and in fact, could be experienced in various combinations with one another—otherwise known as cumulative trauma (Naff, 2014). Literature studies have shown that individual reactions to trauma was subjective (Darnell et al., 2018; Naff, 2014; Saltzman et al., 2013; Tinnin & Gantt, 2013). How an individual internalized and externalized trauma differed and types of trauma also differed in regard to perceived “severity,” or how large or small the trauma was perceived by the victim. These were referred to as large “T” trauma and small “t” trauma events (Naff, 2014). Small “t” traumas were defined as smaller events that may not have been listed as traumatic under the definition of the *DSM-5*, while large “T” traumas typically fell under the definition of a severe traumatic event (APA, 2013; Naff, 2014). For example, an individual who had cumulative “small t” traumas may have exhibited similar PTSD symptoms as an individual with a singular “large T” trauma (Naff, 2014, p. 80). In contrast, a person may have exhibited little-to-no symptoms of trauma after a large “T” event—it depended on factors of the person’s subjective history, internal stability, and support systems (Darnell et al., 2018). The additive effect of small “t” traumas was what made them cumulative, and therefore reinforced and supported that trauma was multifaceted and subjective (Darnell et al., 2018; Naff, 2014; Saltzman et al., 2013; Talwar, 2007).

Interpersonal trauma. Other facets of trauma that emerged from the literature included the social relationships involved in the traumatic events themselves. In adulthood, the brain was able to communicate needs and used vocabulary to primarily narrate life experiences (Tinnin & Gantt, 2013). In this same way, vocabulary was also essential in the development and maintenance of social relationships. It was often found that trauma from abuse, neglect, or violence, typically involved one or more individuals apart from the survivor (Gayle-Beck et al., 2013). These types of complex traumas that involved relationships and interactions were then defined as complex, interpersonal traumas (Horberg & Chen, 2010). These were different from other forms, because they had a social component that in turn had a social impact on victims. Over time, this type of trauma interfered with the positive development of worldviews and self-concepts (Gayle-Beck et al., 2013).

Forms of Abuse

Various forms of abuse were typically identified and classified as physical, sexual, or emotional abuse. Similar to trauma, abuse was multifaceted and cumulative (Bird, 2018; Brooke, 1995; Horberg & Chen, 2010; King-West & Hass-Cohen, 2008; Naff, 2014). Individuals could experience multiple forms of abuse at once or over a period of time, with some escalation (Hogan, 2013). This escalation was due to the establishment of an assumed “hierarchy” of abuses (Rodriguez-Carballeira et al., 2014). Typically, the most reported abuses were those that were physical in nature (physical and sexual abuse). This “hierarchy” had been developed by the perceived severity of symptoms (Becker, 2015; Porrúa-García et al., 2016; Rodríguez-Carballeira et al., 2014). In contrast to this belief, research has shown that emotional and psychological abuses yield PTSD symptomatology similar in severity to that of physical or

sexual abuses (Darnell et al., 2018; Porrúa-García et al., 2016; Rodríguez-Carballeira et al., 2014).

Sexual and physical abuse were typically linked with multitudes of other harmful behaviors on the part of the abuser and could be identified in the cycle of abuse (Lammers et al., 2005; Rafi, Adibsereshki, & Aval, 2017; Wexler, 2016). As a result, the victims often suffered several types of abuse, whether it involved physical, verbal, psychological, financial, or family matters (Wexler, 2016). This cycle perpetuated negative symptoms of PTSD that heavily impacted victim's mental health (Wexler, 2016). For example, a study on child survivors of sexual assault reported multitudes of negative symptoms related to a lack of sensory-integration and somatic complaints such as: negative shifts in personality, developmental difficulties, flashbacks, hyperarousal, eating difficulties, irritability, enuresis, encopresis, self-harm, and sleeping difficulties (Saltzman et al., 2013). These were but many of the possible outcomes seen in victims of sexual, physical, and/or psychological abuse. Adults differed in some symptom domains like enuresis/encopresis, but in general, it was found that they also experienced similar issues.

To emphasize the severity and prevalence of abuse in the current society, Becker (2015) indicated in a study that 16% of males and 25% of females were sexually abused by the time they reached 18 years of age. It was mentioned in this study that childhood molestation was most commonly associated with the development of PTSD (Becker, 2015). Ilknur, Ozge, Durdane, and Dilek (2014) expanded upon Becker's statistic by stating that women were two times more likely to be exposed to abuse than men (32.8% women and 15.4% men) with psychological aggression being the most common misbehavior. Again, these statistics supported the notion that

abuse of any type was multifaceted and had massive effects on individuals both in childhood and into adulthood.

Psychological Abuse. Emotional wounds eventually manifested themselves via symptoms of PTSD, depression, anxiety, or other mental health issues (Homer, 2015; Rafi et al., 2017; Rogers & Follingstad, 2015). As mental health professionals, it was important to note and understand the cultural contexts in which individuals reported their psychological, physical, or sexual abuse. Many cases of psychological or emotional abuse were in conjunction with intimate partner violence (IPV) or romantic relationships (Ilknur et al., 2014; Lammers et al., 2005; Porrúa-García et al., 2016; Rodríguez-Carballeira et al., 2014; Rogers & Follingstad, 2015). Researchers have found that psychologically abusive relationships could have a significant impact on an individual's functioning and mental illness could manifest in different ways (Lammers et al., 2005; Porrúa-García et al., 2016; Rafi et al., 2017)). Some of these mental health outcomes included hardships in problem-solving skills (Ilknur et al., 2014), and the inability to form meaningful, safe, lasting, and fulfilling relationships in the future (Lammers et al., 2005).

The experience of abuse was subjective and may have been influenced by the type of abuser. Few studies have delved into the types of abusers; however, Lammers et al. (2005) discussed the impact of manipulation by dominant controllers, silent controllers, and manipulating controllers. Despite the differences in categories of abuse, the impacts of all types were and ought to be treated to the best of the clinician's ability. Victims in many studies displayed a broad range of emotional difficulties, such as negative cognitive distortions, depression, shame, guilt, and significantly decreased sense of self-esteem and self-worth (Gayle-Beck et al., 2013).

Impact of Trauma/Abuse on Self-Esteem

Some studies suggested that self-esteem issues permeated nearly every aspect of society and that the majority of mental health treatment facilities targeted self-esteem as a major treatment goal (Franklin, 1992). These same studies aimed to examine how self-esteem was developed. Some professionals posed that the development of self-esteem came from positive interpersonal relationships and life experiences (Berk, 1996; Franklin, 1992). Regarding the development of children and adolescents, Berk (1996) posited that because evaluations of our own abilities and skills affected our emotional experiences and psychological health, self-esteem remained one of the most important aspects of self-development. Berk (1996) believed that when high self-esteem developed at an early age, it was most commonly associated with persons who felt they were worthy of happiness. These positive associations came from strong parental figures, guidance, and reinforcement. On the other end of the scale, low self-esteem increased a person's vulnerability to depression, anxiety, and suicide. Thus, low self-esteem was linked to negative and harmful relationships and experiences in life such as trauma, abuse, or loss (Hartz et al., 2005). In such formative years, these events could have interfered with an individual's ability to form appropriate coping mechanisms and positive cognitive processing abilities.

Literature also examined the impacts both trauma and abuse (both independently and collaboratively) had on an individual's self-esteem. Because of the interpersonal and social nature of trauma from abuse, research had suggested that levels of self-esteem and self-worth were contingent upon relationships with others. Horberg and Chen (2010) mentioned in a study that an individual's sense of who they are (i.e. one's values, feelings, goals, behaviors, and self-evaluations) and their basis of self-esteem could be reliant upon the significant relationships in their lives (i.e. friends, family, or intimate partners). With this in mind, it was important to note

how abuse could impact these levels. According to Horberg and Chen (2010), when there was disappointment, failure, or disapproval from one of these social relationships, the self-esteem and self-worth were lowered. The disappointment, failure, or disapproval could have come in the form of physical, sexual, or psychological abuse, which had the same effect on the individual.

Cognitive distortions. When trauma, abuse, or loss occurred, low self-esteem could be a detrimental consequence. Traumatic events could elicit low self-esteem with constant feelings of worthlessness, self-hatred, suicidality, and internalized beliefs that the abuse or trauma was deserved (Hogan, 2013; Lammers et al., 2005; Talwar, 2007). If this patterned thinking persisted, self-esteem could become completely depleted resulting in a loss of meaning and identity. A person's sense of self may become overrun by strong associations of the self with shame, guilt, helplessness, hopelessness, abnormality, and worthlessness (Cohen, Barnes, & Rankin, 1995; Hartz et al., 2005). Darnell et al. (2018) found that in adolescents, low levels of self-esteem may have manifested in more outwardly aggressive behaviors such as delinquency, substance abuse, or skipping school. In contrast, adults who had diminished levels of self-esteem projected this inwardly manifesting in mental illnesses such as depression, anxiety, anhedonia, or withdrawal (Darnell et al., 2018).

Additionally, Gayle-Beck et al. (2013) reported three classes of negative cognitive distortions involving the self, the world, and blame. According to a study of five young men after a traumatic event, it was shown that people who have not experienced trauma tended to perceive themselves as good, the world as meaningful, and the world as safe (Tuval-Mashiach et al., 2004). The researchers found that trauma victims took the opposite perspective. Experiencing trauma challenged the positive assumptions to such an extent that they became shattered and their worldview drastically changed shifting towards the world as meaningless, the world as

dangerous, and the self as negative (Dollinger et al., 2011). These negative appraisals of the world fostered a persistent sense of threat which perpetuated symptoms of PTSD such as re-experiencing, avoidance of reminders, hypervigilance, and anxiety (Gayle-Beck et al., 2013). The researchers also posed that associations between PTSD symptoms and specific forms of dysfunctional trauma cognitions seemed to have varied depending on the trauma experience (i.e. it was more likely specific to survivors of abuse/intimate partner violence IPV than other types of trauma).

Cognitive distortions in survivors of trauma and/or abuse were also posed to be from external sources, typically of significant others. This aspect of cognitive distortions made them relational in nature (Gayle-Beck et al., 2013; Horberg & Chen, 2010). Harsh external appraisals could create a damaged internal sense of self-worth (Franklin, 1992). Observations from others of actual behavior versus personal interpretations of behavior caused distortions in the perceptions of personal worthiness (Franklin, 1992). Therefore, cognitions were related to relationship-specific contingencies of self-worth (Horberg & Chen, 2010). Self-worth and self-esteem rose or fell as a result of perceived success or failure in relational domains. This shed light upon the specific cognitions of those individuals who had experienced trauma in relationships, from abuse, or both (Horberg & Chen, 2010).

Because self-esteem and feelings of self-worth provided a sense of competence and resiliency to undertake and successfully respond to life's challenges, it was no wonder that individuals who had PTSD, depression, and anxiety acquired such low levels of self-esteem (APA, 2013; Chong, 2015; Ecker, Ticic, & Hulley, 2012; Franklin, 1992; Hartz et al., 2005; King-West & Hass-Cohen, 2008; Steele & Malchiodi, 2012; Tinnin & Gantt, 2013). Resiliency and a sense of confidence in one's ability to manage difficulties had decreased significantly in

these individuals (Darnell et al., 2018; Hogan, 2013; Rogers & Follingstad, 2014; Talwar, 2007).

The literature highlighted new symptoms for PTSD in the *DSM-5* which included specifically: the experience of persistent or exaggerated negative beliefs and expectations about oneself or the world, distorted cognitions about the cause or consequences of the trauma event, and a persistent negative emotional state such as fear, horror, anger, guilt, or shame (APA, 2013; Gayle-Beck et al., 2013). This inclusion offered a broader range of emotional states and simultaneously recognized the complexity of post-traumatic symptoms (APA, 2013).

The research expanded upon the significance of negative cognitive distortions by adding that the way in which a person perceived both the traumatic event and their reaction to it could be predictive of recovery (Tuval-Mashiach et al., 2004). This view was consistent with other cognitive-behavioral models of other anxiety-related disorders, and suggested that therapy focused on these perceptions, or cognitions, was beneficial. Therefore, the literature suggested utilizing strategies that increased feelings of capability, competence, strength, and confidence could act as a way to combat the negative consequences of trauma and/or abuse (Naff, 2014). Parts of treatment for these individuals who experienced a loss of self-esteem and self-worth could include art therapy methods.

Art Therapy Treatment of Trauma

Regarding approaches, professionals had previously turned to analytical thinking for trauma treatment. Heavily researched and widely utilized methods of treatment in the re-consolidation of memories and PTSD symptoms included modalities such as emotion-focused therapy and cognitive behavioral therapy (CBT; Ecker et al., 2012; Howie, 2016). The right brain hemisphere focused on creativity and imagination but had been under-utilized as a treatment modality. Effective treatment required the use of the whole brain. Eye-movement

desensitization and reprocessing (EMDR) was a treatment that encompassed work with both hemispheres of the brain, and thus was found to show positive results and symptom reduction (Ecker et al., 2012; Howie, 2016). Additionally, creative and integrative solutions were discovered when both hemispheres of the brain worked in conjunction with one another; and thus, a call for more holistic approaches to trauma treatment were called for (Good, 2016). Art therapy methods claimed to utilize such a holistic approach to trauma-informed therapy (Good, 2016).

Adrian Hill first coined the term ‘art therapy’ in 1942, and later, the American Art Therapy Association (AATA) was founded in 1969 (AATA, 2018). The AATA outlined four major contributions of art therapy to the treatment of PTSD, particularly with veterans (AATA, 2013). They included: the reduction of anxiety and mood disorders, the reduction of behaviors that interfered with emotional and cognitive functioning, the externalization, verbalization, and resolution of memories of traumatic events, and the re-activation of positive emotions, self-worth, and self-esteem (AATA, 2013). Art therapy in trauma treatment was specifically beneficial due to its ability to provide a non-threatening way to address memories and/or experiences, even those thought to be inaccessible after traumatic events (Saltzman et al., 2013). Research examining the efficacy of art therapy for trauma treatment highlighted artwork’s helpful reconstruction of experience, its containment of potentially re-traumatizing affect, and the redefinition and conquering of internal chaos (Franklin, 1992; King-West & Hass-Cohen, 2008; Naff, 2014). Because of the safety that art therapy reinforced, individuals were able to form safe, stable environments to continue their extensive work (Franklin, 1992).

Various art media and interventions have been studied in the treatment of those who have a history of trauma and abuse (Bird, 2018; Chong, 2015; DeLucia, 2016; Grette, 2018; Homer,

2015; Malchiodi, 2015; Naff; 2014). Methods of art-making that have been studied included fabric collage (Homer, 2015), painting smaller works and murals (Grette, 2018; Naff, 2014; Talwar, 2007), collaborative drawing (Saltzman et al., 2013), magazine/paper collage (Bird, 2018), mind-mapping (Pifalo, 2009), portraiture (Dollinger et al., 2011; Muri, 2007) and doll-making (Stace, 2014). Representations, such as drawing or writing, helped metaphorically show how individuals felt and thought about themselves in relation to the world (Dollinger et al., 2011). The use of creative expression was found to be inherently introspective, which encouraged individuals to participate in decision-making essential when various emotional and cognitive content was directly represented (Franklin, 1992).

The creative process of artmaking was one of the key components to the effectiveness of art therapy as a trauma-informed treatment modality. Saltzman et al. (2013) suggested that the therapeutic process of creative expression promoted connection, unification, and accessibility. Additionally, it has been acknowledged that over time, self-mastery, empowerment, confidence, and assertiveness were made possible through the use of art. Prior to these positive results of art therapy, individuals may not have been able to identify or label emotions; however, Ugurla et al. (2016) found that through art, music, and movement, refugee children who had experienced trauma learned those skills by the end of their study. Creativity was a function of a healthy life, because it provided options to adjust decision-making; thus, art had a major effect on one's worldview (Good, 2016).

Narrative art therapy. Many studies have used narrative art therapy and narrative psychotherapy in retrospect, often months or years after the traumatic event (Tuval-Mashiach et al., 2004). However, it was thought that the most beneficial trauma-informed treatments were implemented as close to the trauma event as possible. Narrative techniques were developed and

implemented to reinforce safety and protect against the potential for re-traumatization during treatment (Tuval-Mashiach et al., 2004). It was also found that those same studies examined trauma narratives more for form and shape, rather than the subjective contents of each story. Because of the lack of survivor-specific narrative contents, many of these studies lacked effective thematic analysis (Tuval-Mashiach et al., 2004).

The literature showed that trauma interfered with the coherence and continuity of survivors' life experiences. Thus, the sense of control (mentally, physically, and emotionally) was lost (Naff, 2014). Traumatic events also increased the need for meaning in a survivor's life (Dollinger et al., 2011). This meaning was commonly associated with an individual's locus of control over their lives. Narrative therapies used personal life stories and experiences as the main tools for therapeutic change (Tuval-Mashiach et al., 2004). This was done through timelines, storytelling, creative-writing, or through visual art-making that utilized the "check-in, change what you need, and/or keep what you want," approach (Hass-Cohen et al., 2014). Through such an approach, survivors were able to construct richer narratives that promoted positive self-regard, the development of self-esteem and identity, empowerment, and choice regarding one's future (Hass-Cohen et al., 2014).

The writing of personal narratives accompanied by artwork was psychologically beneficial to the extent that these methods provided coherence, gave meaning to an event, and helped manage emotions associated with such events (Dollinger et al., 2011). Artwork aided in the visual portrayal of such narratives and allowed the individual to process emotions associated with the trauma. The goals of narrative art therapy were to establish a beginning, middle, and end, while also allowing the person to solidify the events in their memory rather than fleeting and unrecognizable emotions (Pifalo, 2009; Stace, 2014; Tinnin, & Gantt, 2013). Narrative art

therapy embodied feeling states, concrete recollections, or both; thus, it contributed to the re-integration of the trauma as a historical event in the survivor's life (Naff, 2014). For example, in a case study, Stace (2014) examined a woman who had experienced trauma and abuse involving her mother. Stace (2014) implemented doll-making techniques using thread, yarn, and fabric material to help the woman identify characters within her trauma narrative. The individual was later able to separate herself from the trauma and abuse and view the events objectively. This was an excellent example of the power and importance of narrative art therapy in trauma and abuse treatment (Stace, 2014).

Group art therapy. Working in groups was another strategy many art therapists pursued in the treatment of trauma and abuse. Grette's (2018) research involved groups of children who had been affected by the horrific violence in Nigeria. These children had been displaced from their families and there was a need for therapeutic interventions. The children were able to draw patterns together when given oil pastels, and collectively narrated their stories nonverbally through their artwork. It created a sense of community and support (Grette, 2018). Group work addressed cumulative traumas and abuses and allowed for the development of a social aspect to therapy that could lessen feelings of isolation or alienation (DeLucia, 2016). Open studios and exhibition galleries for veterans with PTSD were established and showed a progression in treatment for PTSD symptoms (DeLucia, 2016). Group work also allowed art therapists to work with multiple individuals at once and gained access to families who needed treatment for trauma and/or abuse (Schneider-Corey, Corey, & Corey, 2018). Group acceptance and validation was useful for women in abusive relationships (Hogan, 2013).

Group work has been shown to have a positive effect on individual social functioning. Group members felt a sense of community and support, which in turn improved their overall

self-esteem, sense of hope, decreased feelings of shame, and led to the development of socially adaptive behaviors (Kopytin & Lebedev, 2013). The structure allowed for the group to enhance art therapy goals such as: increasing self-esteem, building social relationships, improving interpersonal skills, increased ability for self-expression, developing non-verbal personal expression, increased body awareness, increased sense of inner control, and building of self-concept (Gerteisen, 2008). These relationship building skills between the art therapist, group members, materials, product, and the client on an individual level were rehearsed using art therapy groups and thus addressed and enhanced participants' social functioning (Franklin, 1992).

Other studies mentioned resistance as an aspect that was addressed through the group format. Resistance in treatment for veterans with PTSD was slowly overcome by using art therapy in a group setting and fostering a creative physical space for the group (Kopytin & Lebedev, 2013). When trauma survivors shared their stories with one another, they felt supported rather than isolated (Naff, 2014). Participants found that their experiences were similar to others in the group, which reinforced such a support system while it also cultivated a safe space or disclosure and creativity. This was especially observed in veterans expressing their collective trauma (DeLucia, 2016). Similarly, in Hogan's study of adult women in abusive relationships, there was a positive correlation between the group art therapy and feelings of acceptance and validation (Hogan, 2013).

There was a found need for the group approach to therapy due to the presence of PTSD symptoms in adults who had experienced trauma/abuse (Naff, 2014). Victims of trauma and/or abuse may have had other external supports but may have found it harder to relate or feel comfortable expressing their thoughts and concerns about their trauma (DeLucia, 2016; Howie,

2016; Lee, 2013; Sarid & Huss, 2010; Steele & Malchiodi, 2012). Group cohesion took place in environments that fostered encouragement, accountability, support, and empathic listening—which were crucial elements to a successful group (DeLucia, 2016). In art therapy specifically, this group cohesion was enhanced by the shared studio space, shared art materials, and the experienced creative process on both a collective and individual level (DeLucia, 2016). Groups also promoted interpersonal exchanges, which further cultivated the collective healing environment (DeLucia, 2016; Schneider-Corey et al., 2018).

The Expressive Therapies Continuum

The concept of the Expressive Therapies Continuum (ETC) has been used in trauma therapy with many different ages and developmental levels (Hinz, 2009; Lusebrink, 2004; Lusebrink, 2010) and was first developed by Kagin and Lusebrink (1978). The ETC provided a theoretical and practical structure to examine and describe the ways that individuals may process information through art materials (Hinz, 2015). It additionally had been utilized by clinicians through a foundational neuroscientific perspective (Lusebrink, 2010). It recognized the importance of sensorimotor aspects involved in expression through art media to access images and emotions resulting from trauma, emphasizing that the experience of trauma was embodied via nonverbal sensation, which may have remained unaltered as implicit memory (Hinz, 2009; Lusebrink, 2004, 2010).

The ETC had three stepwise levels: Kinesthetic/Sensory, Perceptual/Affective, and Cognitive/Symbolic (Hinz, 2009). These levels reflected the increasing complexity of visual expression and information processing (Lusebrink, 2010). In trauma treatment, the Kinesthetic/Sensory level released tension, awoke the senses, elicited preverbal bodily memories, and established healing rhythms (Elbrecht, 2013). The Perceptual/Affective level

focused on formal elements of visual expression and recognizing one's involvement with emotions as a byproduct of material choice (Hinz, 2009; Lusebrink, 2004, 2010). Hinz (2009) reported that this was particularly important in trauma work because the exposure to trauma or traumatic memory elicited affect while structured perceptual work helped to contain it. Finally, the Cognitive/Symbolic levels focused on cognitive functioning and concept formation, categorizations, problem-solving, and differentiation of meaning in images and abstractions. The Symbolic level also mainly addressed intuitive processing of experiences through symbolic images, symbolic use of color, symbolic abstractions, and concept formation (Hinz, 2009).

Literature from Lusebrink and Hinz's work with the ETC was also used and considered for its vertical movement ("top-down" or "bottom-up" methods), in addition to its horizontal movement across spectrums (Hinz, 2009, 2015; Lusebrink, 2004). The bottom-up manner of information integration proceeded from the Kinesthetic/Sensory level of sensorimotor responses (bottom/reptilian brain) and moved upward to the Perceptual/Affective level which involved integration in the parietal cortex of the brain (middle brain; Lusebrink, 2004). Once work on the Perceptual/Affective level was mastered or experienced, work then shifted upward to the pre-frontal cortex (top brain) for cognitive integration on the Cognitive/Symbolic level (Lusebrink, 2004). The bottom-up method was common among professionals working with trauma from a developmental perspective—especially with children who had adverse childhood experiences (Steele & Malchiodi, 2012).

The ETC was also involved in examining media used with art therapy. The continuum posed that media existed on a spectrum from fluid to resistive, related also to the spectrum of affective experience to cognitive experience (Hinz, 2009, 2015). Fluid media were more likely to evoke emotional expression. This type of media could be used to create ambiguous forms, which

in turn could be interpreted as personal or universal symbols provoking more affect-driven work (Hinz, 2009, 2015; Lusebrink, 2004, 2010). Fluid materials (such as water color on wet paper, finger paint on finger paint paper, other paints on dry paper or canvas, chalk pastels, oil pastels, and markers) channeled processing on the right side of the ETC hierarchy and the right hemisphere of the brain (Hinz, 2009; Lusebrink, 2004). This media-brain interaction created careful emotional exposure essential for successful trauma work.

Resistive media (such as markers, soft water-based clay, crayons, collage materials, colored pencils, lead pencils, clay or plasticine, and stone or wood materials) took work to manipulate and engaged the body on a kinesthetic level (Hinz, 2009). These materials elicited work with the cognitive components as clients worked through the multiple steps and structures to creative completion (Naff, 2014). These left-hand functions of the ETC and the brain supported the detailed feature analysis required for emotional respite and promoted cognitive restructuring (Hinz, 2009; Lusebrink, 2004, 2010).

Media used along the spectrums of the ETC and their subsequent effects on client experiences were also influenced by mediators, task complexity, and task structure (Hinz, 2009, 2015). Tasks with low complexity (meaning fewer instructions) and low structure (meaning those not associated with a specific response) were more likely to evoke affective symbolic functioning (Hinz, 2009). These types of interactions allowed the experience to flow more freely and liberated emotional potential while creating chances for the discovery of personal meanings (Hinz, 2009). Highly structured and complex tasks (meaning those associated with specific responses and more instructions) had been used in drawings and paintings with highly structured materials to reinforce control, and organized thoughts and feelings effectively (Franklin, 1992; Naff, 2014).

According to Hinz (2009), how clients interacted with media through tools (or mediators) also impacted the experience/creative process. The more mediators (like paintbrushes, pencils, carving tools), the more reflective distance a person had to think about the experience of expression (Hinz, 2009). For symbolic, cognitive, or perceptual directives, mediators were used to reflect upon meaning formation, such as with portraiture, painting, and carving (Hinz, 2009). For example, collage materials have helped overcome anxiety regarding drawing skill, and have addressed maladaptive behaviors to gain control over materials (Gerteisen, 2008; Homer, 2015). Using drawings in unstructured ways (like scribble drawings) have accessed emotion and encouraged symbol formation (Grette, 2018). Mandalas have also been used both for structure and unstructured to gain a sense of inner control, to self-soothe, and increase social interaction in group settings while also containing and managing emotions and reduce stress (Grette, 2018). Self-portraits have been utilized to project inner meanings about one's self-concept and inner experiences using paint and/or drawing materials (Muri, 2007). Those with less mediators (like finger-painting or pounding/stretching clay) provided less reflective distance—offered more immersion in sensory processing. Collage also effectively accessed the sensory level through the use of different fabrics with various textures. The sensations of feeling the fabric and incorporating it into a collage promoted client mastery, and the formation of free associations with images made in the process (Homer, 2015).

Typically work with the ETC began with the component process, where clients demonstrated strengths, and subsequently moved in a linear fashion to enhance less well-developed areas of functioning (Hinz, 2009). Personal resources or shortcomings demonstrated in ETC component processing reflected and mimicked preferences in the reception, processing, integration, and expression of information, emotion, and action in other dimensions of life (Hinz,

2009). Effective trauma treatment allowed for the controlled exposure to triggers and associated affect, alternated with client-driven opportunities for conscious withdrawal and containment (Hass-Cohen et al., 2014; Sarid & Huss, 2010). However, it was emphasized throughout the art therapy literature that professionals needed to be mindful when presenting, offering, or selecting art media. Particularly for clients who were not formally trained in art, the act of creating also may have caused stress or increased feelings of vulnerability which in turn may have hindered the course of treatment (Naff, 2014).

The ETC further proposed that through the use of media, the use or elimination of mediators, structured/unstructured directives, and the knowledge of how clients may move from different levels/spectrums and sides of the brain, art therapy could uniquely enhance post-traumatic growth opportunities through engaging clients in flow experiences (Hinz, 2009; Lusebrink, 2004, 2010). Flow has been defined as an optimal state of functioning in which clients were challenged by a task, engaged in problem-solving behavior to adjust skills and goals, and were able to achieve mastery (Lee, 2013). The occurrence of flow was intrinsically rewarding and was followed by longer lasting periods of increased well-being (Csikszentmihalyi, 2008). Increased well-being was exemplified by more satisfying interpersonal relationships, an enhanced view of the self, and changes in life philosophy: three cardinal features of post-traumatic growth (Joseph et al., 2012).

Summary

The current literature regarding trauma and abuse, art therapy, and self-esteem contributed to the broader knowledge of potential treatment modalities for this population (Becker, 2015; Franklin, 1992; Hass-Cohen et al., 2014; Hinz, 2009; Lusebrink, 2004, 2010; Naff, 2014; Saltzman et al., 2013; Steele & Malchiodi, 2012; Tinnin & Gantt, 2013). Studies

have examined the different types of traumas (small and large) and have shown that symptomatology is subjective depending on the individual's resiliency, specific personality traits, and type of trauma experience (Gayle-Beck et al., 2013; Horberg & Chen, 2010; Darnell et al., 2018; Tinnin & Gantt, 2013). Similar studies have also been conducted regarding the effects of abuse, whether physical, sexual, or psychological, on victims and how their PTSD symptoms manifested themselves (Lammers et al., 2005; Porrúa-García et al., 2016; Rodríguez-Carballeira et al., 2014; Rogers & Follingstad, 2014). In looking at these findings, researchers have examined levels of anxiety, depression, stress, self-esteem, self-worth, and overall well-being of those with a history of trauma and abuse (Becker, 2015; Dollinger et al., 2011; Horberg & Chen, 2010; Kopytin & Lebedev, 2013; Tinnin & Gantt, 2013). Overall, the effects negatively impacted adult, female populations.

Pre-existing, heavily researched, and effective modalities that involved analytical structures were identified, but a need for holistic approaches that involved both hemispheres of the brain emerged (Chong, 2015; Gayle-Beck et al., 2013; Hinz, 2009, 2015; Lusebrink 2004, 2010; Talwar, 2007; Tinnin & Gantt, 2013). Art therapy was explored for its efficacy with a population who had endured trauma and/or abuse, but there was a need for more extensive art therapy research regarding interventions across multiple populations with differing types of trauma experiences. Examining different methods of artmaking (painting, collage, drawing, etc.) had shown that the establishment of a narrative contributed to positive change in clients (Dollinger et al., 2011; Hass-Cohen et al., 2014; Naff, 2014; Tuval-Mashiach et al., 2004). Neurological, cognitive, and developmental perspectives helped explain the positive connections between art-making and processing emotions linked to trauma and abuse, but again, further art therapy research needs to strengthen the literature (Hass-Cohen et al., 2014; Hinz, 2009;

Lusebrink, 2004, 2010; Talwar, 2007; Tuval-Mashiach et al., 2004). The aim of this study was to expand upon the base of this research by examining the change in self-esteem after implementing art therapeutic interventions with adults who have a history of trauma and/or abuse.

CHAPTER III

Methodology

This research study examined the impact of art therapy interventions on self-esteem and self-worth levels among adult, female survivors of trauma and/or abuse over the course of a four-week study. The following describes the methods in which the researcher obtained the data.

Participants

A group of three adult women, aged 18 years or older, served as the sample for this research study. The researcher implemented a purposeful sampling using the following criteria (a) the woman was of 18-years of age or older, (b) the individual had a history of trauma and/or abuse that occurred at least one year prior, and (c) the individual had been seeking treatment for trauma processing with an individual psychotherapist within the last year. The researcher distributed informative fliers that gave information to women who were seeking treatment from an individual psychotherapist office, therefore ensuring the consistency of criteria met by the sample of participants.

Consent forms were distributed to members of the group before any research was conducted. The consent forms outlined that: (a) the study examined the levels of self-esteem and self-worth pre-and-post art therapy interventions; (b) individuals were not required to participate; (c) participants would remain anonymous and identifying information would not be published; (d) information gleaned from the study was strictly used for research purposes and would be shared with participants following the data analysis and publication of the study; and (e) if individuals chose to participate, they could withdraw from the study at any time without penalty. Art images created during the art therapy sessions were under ownership of the artist participant, unless otherwise specified by the artist participant. Group members also reviewed and signed

media consent forms which explained that their artworks were going to be photographed for the purpose of thematic analysis with their written consent. To ensure the safety of the participants, a therapist was available to them should emotions or memories emerge as a result of artmaking and processing.

Research Design

A mixed-methods research design was utilized for this research study. Because there was the use of a pre-and-post instrument to measure the levels of self-esteem and self-worth in response to art therapy interventions (quantitative data) as well as self-reflection questionnaires and discussions (qualitative data), a mixed-methods design was deemed appropriate. After consenting to the research study in the first session, the participants completed the RSES (Rosenberg, 1965) and the Feelings of Self-Worth Measure (Critcher & Dunning, 2015) before continuing with the art therapy intervention. Following the intervention, participants completed the questionnaires again to serve as post-instrument measurement. Over the course of the next three weeks, participants continued to complete the RSES and Feelings of Self-Worth Measure (Critcher & Dunning, 2015; Rosenberg, 1965) before and in-response to art directives and completed Self-Reflection Questionnaires following a brief discussion of the creative experience in order for participants to fully recognize any shifts or changes elicited by the art-making process.

Research Instruments

Rosenberg self-esteem scale. The RSES was a self-rating scale that used a 4-point response format ranging from strongly agree to strongly disagree (Rosenberg, 1965). The scale consisted of 10 statements for which the participants assigned ratings of 1 (strongly agree), 2

(agree), 3 (disagree), or 4 (strongly disagree; Rosenberg, 1965). Statements in the scale involved perceptions of self-worth, respect, pride, and attitudes toward the self (Rosenberg, 1965).

The RSES was a common test that measured global self-esteem and was used by social scientists and psychologists with many different populations. The test had also been translated into several languages including English, French, and Norwegian (CompleteDissertation, 2018). The test re-test reliability had been calculated and consistently scored high (at an average coefficient of .85). The validity of the test was consistently high, as well, because the test measured global themes and perceptions of self-worth and self-acceptance (CompleteDissertation, 2018).

Feelings of self-worth measure. The Feelings of Self-Worth Measure was developed by Critcher and Dunning (2015) and consisted of 14 items that assessed feelings of self-worth. The test asked the participants to rate how well each statement related to their view of themselves currently using a 9-point Likert Scale (with 1 meaning not at all and 9 meaning extremely). There were both positive (8 items) and negative (6 items) statements/feelings of self-worth. The measure was originally created to examine affirmations as perspectives in adults, and how these self-affirmations may or may not have alleviated threats and defensiveness (Critcher & Dunning, 2015).

The Feelings of Self-Worth Measure was developed in an affirmation as perspective model of how self-affirmations alleviated threat and defensiveness which were common symptoms of PTSD (Critcher & Dunning, 2015). Consisting of 14 items using a 9-point Likert scale, the test examined both positive and negative feelings of self-worth. The measure had been tested with adult males and females in the United States, mostly college students. Studies had shown high validity but due to limited research, reliability has yet to be determined. This study

hoped to broaden and add to the reliability of the Feelings of Self-Worth Measure (Critchler & Dunning, 2015).

Art therapy interventions. Based on current literature, the art therapy interventions used for the study were administered over the course of four weeks. The first art therapy session involved meditative mandalas to release tension and stress and to identify personal symbols of inner strength and meaning (Moon, 2010). The directive was to choose a personal symbol that represents the individual's foundation and to continue building the mandala around their chosen symbol (Moon, 2010). The second intervention consisted of a narrative art therapy component in which participants wrote or created stories or poems (Naff, 2014). Participants could choose their medium and either find existing words or phrases to use in their narratives or create their own. The directive for the narratives was open-ended but encouraged participants to think of an empowering message or story that involved themselves, their emotions, and experiences (Naff, 2014; Saltzman et al., 2013). The third art therapy intervention involved inside-outside self-portraiture (Hinz, 2009; Moon, 2010). Group members were instructed to create a representation of themselves that spoke to the emotions, memories, or personas they embody internally and externally (Hinz, 2009; Moon, 2010). The final art therapy intervention included an artwork about experiences with trauma, abuse, and art therapy treatment and how it has impacted self-perceptions (DeLucia, 2016). The directive prompted participants to create a piece of art using their choice of materials, deconstruct that piece in any way they wished, and to rebuild it into a new artwork (DeLucia, 2016). Throughout the art therapy interventions, participants had free choice over materials used and were encouraged to explore different materials if they felt it appropriate.

These interventions have been used in art therapy studies to examine how individuals can benefit from these art directives (DeLucia, 2016; Hinz, 2009; Moon, 2010; Naff, 2014; Saltzman et al., 2013). Themes of self-esteem, self-worth, trauma and/or abuse, and artmaking have been explored using different methods (DeLucia, 2016; Hinz, 2009; Moon, 2010; Naff, 2014; Pifalo, 2009; Saltzman et al., 2013). However, because of the subjective nature of each artwork created, the validity and reliability of these interventions has not been thoroughly measured, and further research in the art therapy field will continue to contribute to such findings.

Self-Reflection Questionnaire. The Self-Reflection Questionnaires were unstructured, open-ended questionnaires. The purpose of these were to provide a broader perspective about each participant's experiences in conjunction with the quantitative data gleaned from the pre-and-post measurements (Zohrabi, 2013). This particular questionnaire was created by the researcher to address specific areas of interest to the study (i.e. self-esteem, self-worth, and art therapy processes). The questionnaire consisted of three questions. These questions inquired about any feelings that surfaced during the art-making process, any thoughts they had about the overall session or art therapy directive, and how participants felt their level of self-esteem/self-worth maybe have changed (if at all) after participating in the art intervention.

Though this specific Self-Reflection Questionnaire has not been used in other qualitative or mixed-methods studies, it has been noted that the use of unstructured questionnaires in addition to quantitative data measures allowed for participants to give more detailed and subjective data otherwise not available to the researcher. By sharing data gathered with participants and reflecting back their responses to the questionnaire, the researcher then increased internal validity (Zohrabi, 2013). The reliability has yet to be tested.

Data Collection

The RSES and Feelings of Self-Worth Measure (Critcher & Dunning, 2015; Rosenberg, 1965) were collected and each participant was assigned a participant code. This code was used to link instrument and questionnaire data with a specific participant while still maintaining confidentiality. The pre-and post-instruments were kept in a locked filing cabinet to which the principal and co-researchers only had access. Because the study was based on participant perspectives and subjective experiences with various art therapy interventions and personal traumas, the scales and self-reflection questionnaires served as the primary data collected. As mentioned previously, the artworks created were property of the artist participants and they had sole autonomy over the work made in the session. No interpretations of the artworks were given by the art therapist facilitator. The group processed experiences with one another after artmaking if they wished to do so and filled out a Self-Reflection Questionnaire in order to record any realizations or experiences gleaned from the directives. These Self-Reflection Questionnaires were also kept along with the pre-and-post instruments as research data and were protected by a locked filing cabinet system.

Data Analysis

Thematic analysis served as the primary method when examining participant behaviors, comments, questions, artworks, and recording self-reflection questionnaires. To begin the process of thematic analysis, the researcher highlighted patterns and themes written in each participant's self-reflection questionnaires as well as the researcher's corresponding notes to the sessions. By categorizing highlighted common words or phrases, themes began to emerge which were then coded and recorded on notecards. These notecards were then organized into themes across the span of each intervention and themes that were specific to either material choice or art

directive. The researcher was cognizant that results of the questionnaires, artworks, or group behaviors and verbal comments may have been influenced by outside factors not in control of the researcher. Therefore, these factors were not accounted for in the results of the study.

Comparisons of pre-and-post test instruments were examined to determine any trends, patterns, or shifts in self-esteem and self-worth. Quantitative data regarding the pre-and-post instruments helped in the understanding of shifts in levels of self-esteem and self-worth as a result of art therapy interventions both for each participant individually and as a collective. The following chart (Figure 1) indicated the thematic analysis that took place and the resulting overarching themes.

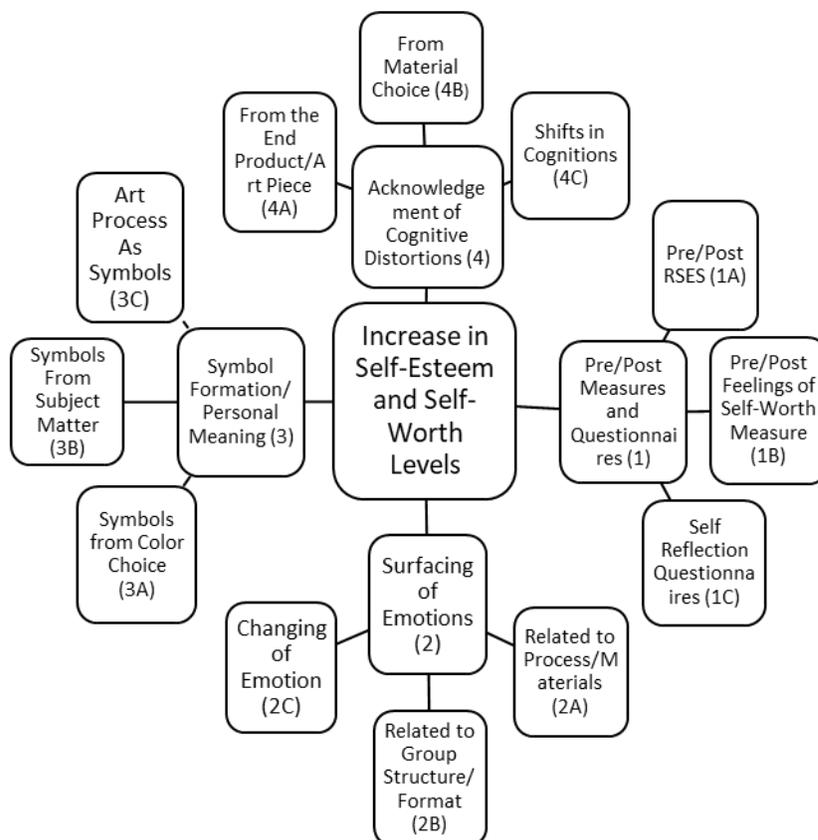


Figure 1. Thematic analysis chart.

Validity and Reliability

Mixed-methods research involved closed-end information and results represented by numerical values as well as more subjective, open-ended, qualitative data that provided the researcher greater depth about self-esteem, self-worth, trauma, and art therapy. This type of research has become more widely used in the social sciences for this very reason (Center for Innovation in Research and Teaching [CIRT], n.d.; Leavy, 2015). By using both valid and reliable quantitative measures in addition to qualitative questionnaires and discussions, this researcher was able to utilize a more comprehensive approach to gathering data (Creswell & Creswell, 2018). Observational and statistical analysis were used in this study, and therefore, the validity of the study increased (Creswell & Creswell, 2018; CIRT, n.d.). In order for reliability of this particular study to be confirmed, it was hoped that future research would replicate the data collection and analysis used.

Ethical Implications

Ethical implications for this research study involved issues of confidentiality and anonymity. The researcher had completed a required course on ethics and understood the ethical implications for research as stated in the AATA's Ethical Principles for Art Therapists (2011). Consent forms were issued prior to conducting the research, however limitations to this confidentiality by participants required emphasis. This meant that though the researcher did not reveal the identities of participants in the study, other members of the group were responsible for upholding the consent contract outside of the art therapy research context. Other ethical implications involved working with those who had experienced trauma or abuse. Sensitive topics such as these may have been difficult to process during the course of art therapy sessions. It was hard to predict the emotions that may emerge from the artworks. Because of this, it was

imperative that a licensed professional counselor be available to participants to further process any intense emotions or memories that arose as a result of the art therapy interventions outlined in the informed consent forms.

Researcher Bias

Bias on the part of the researcher may have been present because the researcher was an art therapy student. The aim of the study was to measure the levels of self-esteem and self-worth pre and post art therapy interventions. The researcher also had personal experiences with psychological and emotional abuse. Because of this, the researcher took an interest in studying the topic and conducting research to further the literature, which may have served as a bias to the outcome of the study. It should be noted that participants may have had outside circumstances that may have affected their level of self-esteem and self-worth at the start and conclusion of the research study.

CHAPTER IV

Results

An analysis of the data indicated four overarching themes. These included (a) an increase in self-esteem and self-worth levels, (b) the surfacing of emotions, (c) symbol formation and the development of personal meaning, and (d) the acknowledgement of cognitive distortions. All of these themes contributed to the understanding of how art therapy interventions impacted the self-esteem and self-worth levels among adult female victims of trauma and/or abuse.

Increase in Self-Esteem and Self-Worth Levels

Increase in self-esteem. The pre-and-post RSES results indicated that art therapy interventions had an impact on increasing self-esteem and self-worth levels (see Tables 1 and 2).

Table 1

RSES and FSWM Pre-and-Post Results for Session 1: Reflective Mandalas

Participant	RSES		FSWM Pos.		FSWM Neg.	
	Pre	Post	Pre	Post	Pre	Post
P.A.	28	24	26	57	23	9
P.B.	32	31	23	42	38	24
P.C.	28	27	16	19	18	12
Average	29.33	27.33	21.67	39.33	26.33	15.00

Note. RSES scores were measured based off of 40 possible points. Positive FSWM Scores were measured based off of 72 possible points; while, Negative FSWM Scores were measured based off of 54 possible points. Session 1 was the only session in which all three participants were present.

Table 2

Participant A (P.A.) Pre-and-Post Results for Sessions 2, 3, and 4

Session	RSES		FSWM Pos.		FSWM Neg.	
	Pre	Post	Pre	Post	Pre	Post
2: Narrative Art Directive	25	24	41	51	18	6
3: Inner-Outer Portraits	30	24	27	54	24	6
4: Rebuilding Directive	27	21	31	47	13	6
Average	27.33	23.00	33.00	50.66	18.33	6.00

Note. RSES scores are measured based off of 40 possible points. Positive FSWM Scores were measured based off of 72 possible points; while, Negative FSWM Scores were measured based off of 54 possible points. These scores pertained to the single participant that continued through the remaining three sessions of the study.

Throughout all four sessions, RSES scores decreased indicating that self-esteem was slightly increased. The interventions that appeared to have the largest impact on the scores of the RSES were inner-outer self-portraits (session three) and creative restructuring and rebuilding (session four). Both interventions yielded a six-point decrease in negative evaluations of self-esteem; however, it should be noted that the pre-test rating for session four started at a lower score than session three. The number of participants throughout the study also makes generalizations about the impact of art therapy on these pre-and-posttests difficult, as three participants attended the first session, while only one of those participants continued throughout the following three sessions. Despite this, the scores indicated a raise in self-esteem levels among participants throughout the study.

Increase in self-worth. The pre-and-post Feelings of Self-Worth Measure results also indicated that art therapy interventions had an impact on self-esteem and self-worth (see Tables 1 and 2). The Feelings of Self-Worth Measure consisted of both positive and negative statements of self-worth to which participants were to rate themselves on a Likert scale ranging from '1' (meaning they did not relate to the statement at all) to '9' (meaning they related to the statement extremely). Across all four sessions, scores for positive self-worth increased while scores for negative self-worth decreased. The largest increase in positive self-worth scores occurred during the reflective mandala session (session one), followed closely by the inner/outer self-portrait session (session three). The largest decrease in negative self-worth ratings occurred during session three. Just as with the pre-and-post RSES results, generalizability cannot be applied because of the variation in participant numbers.

Self-reflection questionnaires. The self-reflection questionnaire used in the study allowed for the researcher to gain more knowledge into the participants' thoughts and experiences during the research. Participants were able to further narrate their experiences and feelings throughout all four sessions of the study. In general, these questionnaires and discussions yielded insights into the emotions, memories, and experiences of each participant in relation to their own art-making processes as well as their trauma and/or abuse. Increases in self-esteem and self-worth levels were specifically indicated through the final request of the self-reflection questionnaire: "Please express how your feelings of self-esteem have changed (if at all) after this art therapy intervention." Several participants reported changes in self-esteem and self-worth. During session one, Participant A (P.A) stated, "I feel more confident with my overall piece than I had expected. Even the mistakes look like they belong. I'm much more calm." In that same session, Participant B (P.B) wrote, "I realize my design is unique and truly it doesn't matter what others think. I can say I did this proudly." Both P.A. and P.B. related these written statements to feelings of pride and accomplishment both in themselves and their artworks.

Responses to the last item of the questionnaire differed in length and specificity while still indicating an increase in self-esteem and/or self-worth. For example, after session three and four, P.A. indicated they felt, "much more positive after," and, "I feel able to accept the positive." These statements indicate a positive change in comparison to previous feelings of low self-esteem and self-worth (as scored on the pre-RSES and pre-Feelings of Self-Worth Measure). During session two, there was not as much of a change indicated in the self-reflection questionnaire, but P.A. was able to identify an aspect of the process that was indicative of change by responding, "still pretty unsuccessful but at least I can translate that into something

interesting, so...better.” All four art therapy interventions yielded different responses on the part of the participant, but it is important to note that there were increases in these levels, no matter how slight indicated in the questionnaires and the quantitative data. Further themes were then developed using the self-reflections, artwork, and field notes taken after each session.

Surfacing of Emotions

During artmaking, participants were able to identify a surfacing of emotions. These instances were in response to process and materials, the group structure and working with others, as well as noticing a change in emotions during or after the session. This theme was identified throughout the study, as indicated through written language and verbal statements by participants.

Related to art process /materials. As discussed previously in the literature review, different materials and ways of creating imagery evoked different emotions and responses. It was indicated by Participant C (P.C.) during session one that they were not used to such structure while creating. She was typically used to working with fluid paints, and though they were available, she chose to utilize drawing materials. The mandala work offered a structured directive in which to create symbols, lines, shapes, and colors. During the process, P.C. mentioned she was, “feeling emotional and the feelings started to surface during it.” She then proceeded to explain that, “the longer I colored, the calmer I became.” P.C. was able to identify feelings of nervousness, anxiety, calm, and relaxation throughout the session because of material choice, and the repetitive process of making a mandala.

P.A. used markers and pencils primarily as her source of comfort with making; it was a familiar media for her. Using different materials was anxiety provoking and presented different challenges for this participant, as well as others. There were several times throughout the study

where P.A. mentioned that she reverted to her “comfort,” by using pencil, pens, or drawing materials. However, during the narrative art directive using an altered book and the final art directive using collage, P.A. was able to experience different emotions through different materials. The process of changing perspectives using collage in session four provided a feeling of empowerment through creation. The use of altered books in session three with this participant also conjured feelings of uncertainty and anxiousness due to the medium used. During different points in these directives, P.A. would attempt to find comfort through the exploration of materials and process.

Related to group structure and format. This theme became particularly apparent during session one when there was more than one participant in the group. There was a consensus amongst group members that coming to the research study was a hurdle they overcame by having outside supports hold them accountable for their attendance. They stated that they relied upon friends and significant others to not let them talk themselves out of attending the group. Their emotions of anxiety and nervousness were barriers to their participation, but the group members later identified through discussion that they felt relief, gratefulness, and pride for coming despite their challenging feelings.

Making art in front of others proved difficult, as evidenced through group discussion and the self-reflection questionnaires. In particular, P.B. wrote, “I was concerned that I couldn’t produce a piece that was very good or even comparable to the other group members. I caught myself comparing and side-eyeing...” When discussed further, group members agreed that comparison played a major factor in how they felt about the art process. Making around others caused feelings of self-consciousness related to aesthetics and personal artistic/creative abilities.

However, these feelings changed once they settled in to creating their mandalas and the relaxing nature of the work became apparent to the participants.

Change in emotions. As mentioned during the mandala-making session, feelings of anxiety changed to relaxation, calmness, and clarity. This was a common theme that emerged throughout the directives. P.B. was able to change her perspective about the mandala-making by writing, “I realize my design is unique and truly it doesn’t matter what others think. I can say I did this proudly.” During the same session, P.C. identified that she felt, “more calm and relaxed” than when the mandala-making process started because she felt uncertain, anxious, nervous, and awkward. P.A. was able to identify that she felt much more positive after creating her inner-outer self-portrait. A change in emotion was also identified through the researcher’s field notes during session two when P.A. expressed her hesitation towards the altered-book medium, but pushed herself to try something different. This hesitation then turned to pride despite her feelings of anxiety and lack of confidence in her creative ability.

Symbol Formation and Development of Personal Meaning

Throughout the study, participants were able to create and form different symbols through art-making that spoke to their experiences and emotions. Through color, subject matter, and art process, symbols and meaning were made that helped participants to better identify their own negative cognitive distortions and increase their self-esteem.

Symbols from color choice. During session two, P.A. wrote in her self-reflection questionnaire that she had felt unsuccessful lately. P.A. then chose to embody this feeling through the colors that she used and how she used them. She wanted to fuse the colors together to make them “murky,” which was a symbol of her perceived lack of success. It was also expressed during the session that she typically found comfort in the purple, pink, and yellow

colors, but that she felt it would be best to create a murky background using these in order to successfully complete the directive. P.A. specifically arranged the colors to go from dark around the outside to lighter in the middle of the page to represent her emotion. She verbally expressed this during the session, as well as physically recorded it on the questionnaire and through her altered book (see Figure 2).

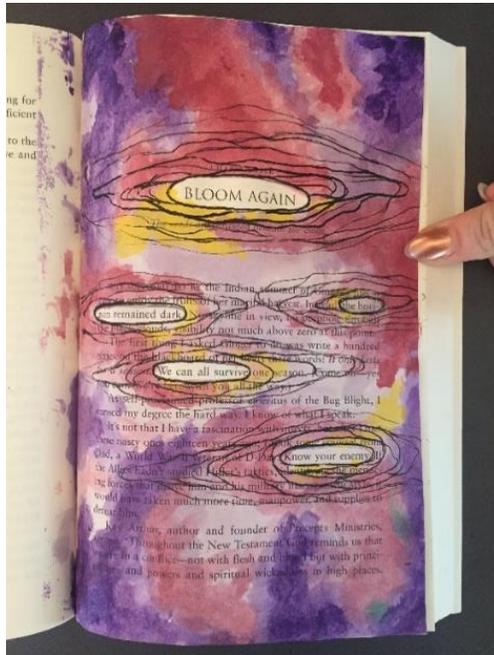


Figure 2. P.A.'s altered book made (Write, Draw, or Create Your Story).

P.C. also identified that neutral/natural colors represented her connection to nature. She was unsure of what to use for her personal symbol in the mandala-making session one, so she chose to represent something that she found comfort in. P.C. identified these colors as her safe space and represented nature as her foundational symbol. Later, this use of color developed into a representational symbol, but she reported the color still embodied her love of nature and the outdoors.

Symbols from subject matter. P.A. was also able to identify personal symbols through subject matter during session three (inner/outer self-portraits; see Figure 3). She remarked that she used to make portraits in her own personal art practice, and that this directive was most



Figure 3. P.A.'s inner-outer self-portrait made using pencil and ink pen.

calming and comforting to her due to the familiarity. The symbols that emerged during this directive were her connection to and safety in nature through a drawn crown of flowers, as well as the representation of empty eyes. P.A. explained that she felt it represented the things in life that she did not want to see (either internally or externally). She also informed the researcher that the blank background was a symbol for her preference to be alone, independent, and introverted. P.A. also identified that many of her portraits were not a physical representation of her appearance, but rather a symbolic representation of who she identified with or wanted to portray.

In her altered book, P.A. also identified the words of the page to be symbols of personal meaning. She specifically chose the page with the title, "Bloom Again," because she felt a connection with the words. Through verbal processing, P.A. felt that the words meant change,

growth, and encouragement. She related this to her own personal changes that have happened in her life both in the past and more recently. P.A. identified that the bloom was representative of her continuous blooming in herself, her work, and her relationships. The other words on the page were, “the horizon remained dark; we can all survive; and, know your enemy.” These phrases were representative of recent events for P.A. She informed the researcher that this specific page of the book served as reminders and affirmations for herself.

Another instance where a personal symbol was formed and identified was in session one with P.C. She explained that at first, the symbol that acted as her foundation was through the use of neutral or natural earth tones (symbolizing her connection with nature). However, as she kept working, she realized that she wanted to draw an eye to represent her openness she exhibits through her personal therapy (see Figure 4). As she continued the process of making the mandala, P.C. identified that the process was calming and that everything emanated out of her own personal symbol of nature and openness.



Figure 4. P.C.’s reflective mandala made from pen and marker on Bristol wood.

P.B. was able to identify a personal symbol when she created her mandala. In P. B's self-reflection questionnaire, she wrote that she chose her personal symbol as a heart (see Figure 5). She clarified by saying, "Everything I do comes from the heart. It is the foundation of my work." Through the drawing of the heart in the center of the mandala, P.B. was able to identify a strength and reinforce it through creating a mandala around the symbol.



Figure 5. P.B.'s reflective mandala.

P.A. also identified a symbol of personal meaning during the final session, where she represented herself walking and other voices/entities spewing black towards her figure. She created a symbol of a light that reflected guidance and her path through negativity that others bring into her life, as well as the negativity stemming from her own personal experiences and cognitions. P.A. was able to alter this symbol by creating "wings" out of flower images (a symbol of her safe place/connection to nature), to represent her ability to come out of the negativity and fly to a better place (see Figure 6).



Figure 6. P. A's representation of personal rebuilding and recreating.

Art process as symbol. At times, the art therapy directive acted as a symbol for change or an expression of emotion. During session four, P.A. represented hurtful statements that she has experienced and heard both internally from herself and verbally from others. She then covered up the sources of these hurtful statements and symbolically covered them up with flower imagery to represent her ability to escape these cognitions and find peace. P.A. expressed both verbally and in her self-reflection questionnaire that she recognized the physical reconstruction of the image as a way to restructure her own cognitive distortions in her daily life. P.A. also identified that the process of altering a book in session two was symbolic. At first, altering the book was difficult for the participant. However, she identified that she was able to give the book a new identity and purpose. Therefore, these art processes were symbolic of the processes that she could utilize to increase her self-esteem and develop a new sense of self-worth outside of the group.

P.B. was also able to identify the process of mandala-making as a symbol of taking time for herself. She verbally expressed that she often cares for others before she cares for herself and puts her needs first. P.B. noted that the way the mandala making encouraged her to slow down

and think about her personal foundation further reinforced the need for her to take time for herself and put her needs first.

Acknowledgement of Cognitive Distortions

During the course of the study, participants identified and acknowledged cognitive distortions that were developed as a result of their personal trauma and/or abuse. They did this through their interactions with art media, how they spoke about their artwork at the end of the sessions, and expressed a change in those cognitions. Negative and dysfunctional cognitive distortions were identified as some of the hurdles to overcome when developing self-esteem and self-worth, and therefore, the recognition, acknowledgement, expression, and shift in such patterns was an indicator of an increase in self-esteem and self-worth levels.

Related to the art piece and end product. It was not uncommon for participants to be cognizant of how their art looked aesthetically. Many evaluations were made regarding the end-product of the session. These evaluations often were reflective of how participants thought inwardly about themselves as evidenced by through the artwork, discussion, self-reflection questionnaires, and the researcher's field notes. In the first session, P.B. wrote and reflected that she was comparing her mandala to the other group members and was nervous that she was not going to make a piece that was "good enough," or comparable to others' artworks. This was a negative self-evaluation about her own capabilities in relation to others.

P.A. experienced acknowledgements of her own cognitive distortions during sessions three and four. P.A. commented how she usually created drawings and portraits in a "messy or sketchy," style in order to leave room to continue working. In this way, she allowed herself more room to make mistakes. She also kept flipping over her paper so the researcher could not see the final product when the post-directive discussion was occurring. However, she did eventually flip

the piece over for viewing when identifying personal symbolism within the work. P.A. was self-conscious about the product due to her own personal standards for aesthetics when creating something representational of the self. She claimed that she often held herself to the same standard as her work and engaged in similar self-talk to her statements regarding her artwork.

Related to material choice. Participants' decisions regarding material choice was an opportunity to address dysfunctional cognitions that existed in relation to their own personal creative ability and self-esteem or self-worth. During session one, both P.B. and P.A. commented that they originally thought of using paints for their medium but changed to more controllable materials of marker and ink pen. P.B., specifically, noted that by using marker and ink pen, she could easily fix any mistakes whereas with paints the mistakes would be more "permanent." P.A. verbalized that she had not painted in a long time due to the pressures she puts on herself when painting and felt more in control with marker and ink pen. P.A. did experience frustration with the bleeding of the marker on the Bristol wood, but managed this by outlining the colors with pen.

During the narrative art therapy directive, P.A. also acknowledged a cognitive distortion through her material choice. Originally, she was going to use oil pastels but verbalized that she changed her mind. She claimed she was not good at using the oil pastels so she did not like them. Her perception of her ability with the oil pastel influenced the decision she made to use pen and watercolor instead. In addition to this, P.A. also decided to exclude materials that could allow color in the third session (inner-outer self-portraits). She claimed that she never added color to her portraits because of her fear of ruining the piece. Again, her cognition of how she perceived her ability to use color influenced her decision to exclude it in the portrait directive.

Shifts in cognitions. The data collected also indicated that these negative cognitive distortions shifted in ways that positively influenced self-esteem and self-worth levels. All participants during the first session claimed that comparison played a large factor in their anxiety about their mandalas; however, these thoughts shifted through process and participants no longer were concerned about how the other participants' mandalas looked in comparison to their own.

In the second session, P.A. noted that it was difficult to work with the medium of an altered book because she felt a deep connection with books. However, she noted and verbalized that this difficulty dissipated when she was able to tell herself that the books were once discarded, and she would be giving them a new identity and purpose. P.A. was able to shift a cognition that inhibited her from working with a new medium to branching out and exploring different ways of artmaking.

Through further discussion, P.A. was also able to recognize that her style of "messy or sketchy," drawing was conversely a positive aspect of her portraiture. At first, she commented how this style was meant to allow her room for mistakes (assuming that she would make mistakes and would need to cover them up). She identified a personal distaste for the crown of flowers she drew on her figure; however, through reflection, P.A. was able to shift this cognition and noticed how the style of her drawing was forgiving. P.A. was able to recognize the subjectivity of art and her personal style spoke to her own openness and room for growth. There was a shift from a negative self-evaluation of personal style to a positive outlook on the nuances of her work.

Shifts and changes from dysfunctional cognitions and emotions to more positive outlooks on the self and artworks were indicated additionally through the quantitative pre-and-post measurements (see Tables 1 and 2). The increase in self-esteem levels post-art intervention and

decrease in negative evaluations of self-worth contributed to the overall theme of increasing self-esteem and self-worth levels among participants. Reinforcing the quantitative data were the verbalization of these increases through discussion, written self-reflections, and the researcher's analysis of field notes taken during the study. The increase in self-esteem and self-worth examined in this study were anticipated and the researcher was encouraged by these findings. Thus, the study contributed to the broader body of research on art therapy and trauma.

CHAPTER V

Discussion

The aim of this study was to examine how art therapy interventions effected self-esteem and self-worth within an adult female population who had a history of trauma and/or abuse. Pre-and-post-testing instruments were implemented to measure such an effect (Critcher & Dunning, 2015; Rosenberg, 1965). This study looked at the current literature, and explored how self-esteem, art therapy, and trauma and/or abuse could be linked together to benefit adults who were suffering from traumatic symptoms (such as low self-esteem and self-worth) of PTSD, depression, anxiety, and other related disorders and diagnoses.

Increase in Self-Esteem and Self-Worth Levels

Research done in the area of trauma and abuse reported that self-esteem and self-worth were significantly lowered as a result of the harmful events. Whether this was through intimate partner violence, sexual, physical, or emotional/psychological abuse, or a traumatic event such as a natural disaster, victims tended to blame themselves (Lammers et al., 2005; Parrua-Garcia et al., 2016; Rodriguez-Carballeira et al., 2014; Rogers & Follingstad, 2014; Tinnin & Gantt, 2013). This study was able to examine an increase in these levels after art therapy interventions through data gleaned from pre-and-post measures and questionnaires, surfacing of emotions, symbol formation and the development of personal meaning, and acknowledgement of cognitive distortions.

Pre-and-Post measures and questionnaires. Art therapy was used in this study to examine how levels of self-esteem could be measured upon intake, and subsequently measured after interventions. The results of this study presented levels of self-esteem and self-worth increasing after utilizing art therapy directives, which was similar to a study that aimed to show

changes in self-image through the use of tree-paintings (Isaksson, Norlen, Englund, & Lindqvist, 2009). Pre-and-post questionnaires in Isaksson et al.'s study indicated that only some participants had a significant change in self-image. Not all participants in the study developed a more positive sense of self from their tree drawings (Isaksson et al., 2009). For P.A, P.B., and P.C., there were varying levels of change in self-esteem and self-worth depending on which art directive was used. Other studies also showed varied results in pre-and-post measurements of both self-esteem and self-worth (Becker, 2015; Hass-Cohen et al., 2014; Horberg & Chen, 2010; Kopytin & Lebedev, 2013). Due to larger sample sizes, greater differences in pre-and-post measurements were identified and deduced as significant or non-significant. Differences were more easily identified through the use of pre-and-post measurements via questionnaires in this study and those within the literature of trauma, art therapy, and self-esteem and/or self-worth.

Surfacing of emotions. The surfacing of emotions emerged as a theme throughout the study's data collection, and one of the first ways it became apparent was through the structure and format of art therapy groups. Group members during the first session expressed feelings of initial anxiety turned to gratitude, support, and understanding via the participation in the group art therapy setting. Similarly, Saltzman et al. (2013) noticed in a case study that a participant was guarded and nonverbal in the group setting at first, but those feelings changed after careful and cautious participation in the art therapy group. DeLucia (2016) noticed that veterans were able to feel supported and connected to participants in the open studio format. The group structure in that study fostered a sense of belonging and understanding for group members (DeLucia, 2016). Hogan (2013) also found that the group art therapy model provided the opportunity for the development of validation and group acceptance. These components were key in supporting the healthy recovery of women who had experienced trauma and/or abuse (Hogan, 2013; Schneider-

Corey et al., 2018). In work with refugee children who had experienced trauma from displacement and witnessing extreme violence, the group was able to provide a sense of nourishment and support when artworks were seen in conjunction with one another (Grette, 2018). This researcher's study of art therapy's impact on self-esteem and self-worth amongst women with a history of trauma and/or abuse saw glimpses of a supportive group structure and its benefits during its first session with three participants present.

Art processes and various materials also contributed to the surfacing of emotions during the study. Feelings of anxiety and frustration came when a participant experienced the bleeding of the marker into the Bristol wood of her mandala. Similar emotions were found in a case study when a participant became so frustrated with her paintbrush, that she would constantly change paints and utensils to gain her desired effect (Talwar, 2007). Material decisions were impacted by participant emotions. Different media were able to provide comfort and familiarity for participants in order to address sensitive topics (Franklin, 1992; Hinz, 2009, 2015; Lusebrink, 2004, 2010). Once comfortable with their own abilities and the nature of the materials, participants were able to gain confidence and felt proud of their works (Franklin, 1992; Hinz, 2009, 2015; Lusebrink, 2004, 2010). One case study within the literature suggested that a participant may find comfort through the regressive nature of finger-painting and therefore, the participant's feelings of anxiety, fear, and hypervigilance turned to fulfillment and a sense of belonging (Saltzman et al., 2013). This example of emotions related to material was similar to when P.A. found comfort and confidence through her use of pencils and ink pens to create her self-portrait. It was also present when P.A. felt anxiety about using collage, but then she developed confidence in herself when she began with familiar materials and transitioned to more experimental methods (Hinz, 2009, 2015; Lusebrink, 2004, 2010).

Other frustrations and anxieties may not have originated from materials, but from the presence of trauma itself. Emotions related to the symptoms of trauma were shown and acknowledged to change in the study, if just for a moment, as a result of different art processes. Participants in the researcher's study experienced shifts in emotions when they became relaxed through making mandalas, or when P.A. felt accomplished after finishing her recreated collage. These same feelings of relaxation, relief, reflection, calm, self-awareness, and confidence were also identified in studies that examined trauma, art therapy, the sensation of flow experiences (Csikszentmihalyi, 2008; Lee, 2013; Ugurlu et al., 2016). When participants made mandalas, poems/stories, self-portraits, and creative restructurings, they were able to experience different insights in to their emotions before and after art-making that contributed to their overall sense of self-esteem (Bird, 2018; Brillantes-Evangelista, 2013; Elbrecht, 2013; Gerteisen, 2008; Hass-Cohen et al., 2014; Talwar, 2007; Ugurlu et al., 2016).

Symbol formation and the development of personal meaning. Symbols of personal meaning, safe places, strengths, foundations, and articulations of the self, all emerged throughout each directive. Symbols of nature came through via P.C.'s use of natural color in the center of her mandala that later turned into an eye to represent her openness and dedication to therapy. P.B. created a heart to symbolize the source of her inspiration and hard-work in her daily life. P.A. illustrated her guiding light through the restructuring of imagery related to negative self-talk, created symbols of nature using flowers and leaves, and symbolized lightness and darkness through color. She also used words and phrases in her altered book to symbolize growth, hardship, and encouragement. All of these were instances of the development of personal meaning which contributed to the increase of self-esteem and self-worth. Similar studies of trauma and art therapy have exemplified this occurrence when participants created symbols and

metaphors of memories, the self, or experiences through the subject matter of their artwork. Individuals have represented themselves and/or experiences through animal imagery, masks, fabric collage, mandalas, stories, poems, or other creative means (Dollinger et al., 2011; Good, 2016; Hass-Cohen et al., 2014; Hinz, 2009, 2015; Lusebrink, 2004, 2010; Muri, 2007; Naff, 2014; Pifalo, 2009; Saltzman et al., 2013; Stace, 2014; Talwar, 2007).

Color also provided opportunities for participants to symbolize their emotions, thoughts, or feelings either consciously or subconsciously. P.C. represented their connection with nature through color. P.A. symbolized her preference for introversion through her lack of color in her self-portrait, while also symbolizing comfort and the murkiness of her feelings by using yellows, pinks, and purples in her altered book. These symbols emerged as representations of thoughts about the self, art process, places, relationships, and life events. Hinz (2015) found that high arousal colors were used by a client to express hidden emotions. Light and dark uses of color were also noted to symbolize emotional states in depictions of trauma events (Hass-Cohen et al., 2014; Hinz, 2015; Steele & Malchiodi, 2012). Both subject matter and color were important to examine when data collection took place in this researcher's study.

At times, the art-making process or art therapy directive in the study served as a metaphor for different things. For example, P.B. identified that the process of making a mandala was relaxing and healing for her and symbolized a way to care for herself. Likewise, P.A used the creative restructuring directive to symbolize how she could overcome negative cognitive distortions and develop a sense of safety and well-being. In a case study of a woman utilizing collage to address her own past trauma, it was shown how the technique of organizing images mimicked the sorting of feelings and memories—going from scattered to organized (Homer, 2015). The participant was able to further identify patterned behavior through the way she

collaged her imagery together and told her story through what was on the material. She later likened this to putting her life back together (Homer, 2015). Other creative means, such as narrative storytelling, served as an example for how clients could re-tell their story or mimicked the way a client could put together linear events in history to make sense of past traumas (Tuval-Maschiach et al., 2004). Art therapy directives and creative processes have been noted in the literature, as well as this study, for how they have symbolized the process of self-reflection, awareness, social interaction, change, and healing (Becker, 2015; Franklin, 1992; Gerteisen, 2008; Hinz, 2009, 2014; Homer, 2015; Lusebrink, 2004, 2010; Naff, 2014; Saltzman et al., 2013; Tuval-Maschiach et al., 2004).

Acknowledgment of cognitive distortions. Cognitive distortions related to the self and artwork emerged from the data. Feelings regarding the self were reflected through visual representations, discussions, and written disclosures. P.A. recalled that she talked to her artwork in similar ways to how she talked to herself. She often felt unsuccessful or did not attempt certain processes or media due to cognitive distortions that were occurring as a result of past trauma. P.B. and P.C. also verbalized uncertainties about the aesthetics of their mandalas that related to how they viewed their overall skill and ability. The acknowledgement of cognitive distortions offered an opportunity for participants to challenge themselves through the process of making. This was where the potential for growth and change in self-esteem and self-worth existed within the study.

The presence, identification, effects, and overcoming of cognitive distortions was not uncommon throughout studies examining low self-esteem and self-worth levels amongst various populations who had experienced trauma and/or abuse. Women felt they were not worthy of love, had a diminished sense of esteem and identity, and felt pressures to live up to societal

standards as a result of their relationships in a study about emotional abuse from Lammers et al. (2005). Comparably, a participant in Hogan's (2013) study identified self-depreciating language in her artwork that was internalized from her own traumatic experiences. Other cognitive distortions that emerged from art therapy studies on trauma involved individuals feeling trapped, having a distaste for their physical appearance, feelings of unacceptance or isolation, negative self-evaluations of skill and ability, shame, guilt, and blame (Beck et al., 2013; Becker 2015; Bird, 2018; Dollinger et al., 2011; Franklin, 1992; Howie, 2016; Hartz et al., 2005; Lammers et al., 2005; Saltzman et al., 2013).

Not all studies had the desired change in cognitions, however. Isaksson et al. (2009) recognized that not all participants were able to have a positive change in self-image when creating tree imagery. Brillantes-Evangelista (2013) also noted that certain symptoms of PTSD were not significantly impacted by the use of poetry and art. Dollinger et al. (2011) also examined participants who did not feel an overall change in self-confidence and emotional intelligence as a result of inside-outside self-portraiture directives. Studies where the results did not favor the development of positive protective factors against the effects of trauma and/or abuse further spoke to the subjectivity of trauma, and how art therapy may not benefit every victim or survivor.

However, there were shifts in distorted cognitions demonstrated in this researcher's study, as well as others examining art therapy's impact on trauma survivors. These shifts indicated improved levels of self-esteem and self-worth. Desired change from feeling trapped and isolated to feeling whole and free again were discussed in a study done by Talwar (2007). A witness to the tragedy of September 11, 2001 expressed that she could now accept the traumatic event and felt more in control of her life as a result of art therapy techniques (Hass-Cohen et al.,

2014). Individuals were better able to stimulate resiliency, identify personal growth, and heal from problematic situations as a result of engaging in visually creative techniques and symbol formation (Good, 2016; Hartz et al., 2005; Howie, 2016). Through material choices, symbolizing growth, and trying new processes, participants in this study identified their personal cognitive distortions and engaged in methods to attempt to change those distortions. By attempting to change cognitive distortions, survivors of trauma were actively working to increase levels of self-esteem and self-worth.

Limitations

Limitations in this study are related to sample size and generalizability, as well as causation. The sample size for this study was (at most) three participants during the first session. However, the study proceeded with one of those participants continuing throughout the remaining art therapy sessions. Though insights were able to be gained from thematic analysis, questionnaires, and artworks, the sample size was a limitation. Generalizations should not be made based on the study due to the small sample size, and it should also be noted that each participant had a different trauma background and history. This created different experiences for each participant, and therefore, the results of the study were subjective to those who participated. The sample was also taken from women who were already seeking treatment individually for their trauma and/or abuse, and it should be noted that this study was limited to the population that the site served, specifically.

Other aspects to note are the participants' reasons for an increase in self-esteem and self-worth. Though art therapy interventions were used in the study, it is unknown to the researcher whether external factors contributed to work done artistically and/or to the scoring of the pre-and-post RSES and Feelings of Self-Worth Measure (Cricher & Dunning, 2015; Rosenberg,

1965). Had one participant had a particularly great event happen (such as a raise, or sudden good news) this could have an impact on how they scored the pre-and-post tests and thus affect the validity of the study. Therefore, the results should be taken into account within the context of this specific group and not to the general population.

Another limitation the researcher identified was the use of multiple art therapy interventions. The reasoning for providing a range of art therapy interventions was to give a spectrum of possibilities to the sample. This study exemplified how artmaking can have a positive impact on self-esteem and self-worth, but because of the variants in art methods, the researcher found it difficult to identify which specific intervention held the greatest impact. Each art therapy directive in this study had its strengths and areas of improvement in regard to how they impacted the self-esteem and self-worth of the participants.

Recommendations and Future Studies

It is hoped that this study contributes to the literature on self-esteem, art therapy, and research on trauma and/or abuse. Future studies should examine specific art therapy interventions with a population, rather than multiple directives in one study. This may help to pinpoint which specific art directives are most effective with a trauma/abuse population. Also, the researcher recommends the sample size be increased significantly in order to gain a broader insight as to the effects of art therapy on self-esteem and self-worth. Having a control group to compare data against may also prove to be beneficial to future researchers. Professionals may also benefit from different age ranges in a larger population study. For example, groups of children, adolescents, and older adults could all be examined and studied separately to see how art therapy interventions may be utilized. From there, results can be compared and studies

improved upon. Future researchers can also focus their studies on multiple groups and cultures to see how results translate across a global context.

This researcher also believes that it may be beneficial to closely examine art therapy in the context of self-esteem, self-worth, and the concept of visual aesthetics. There were many times where participants gave a negative self-evaluation in regard to personal artwork. It is worth examining the source of these negative evaluations and how they have grown or expanded to impact the participants sense of self and other areas of functioning. Exploring deeper how these negative assessments in the artwork translate to feelings within and towards significant relationships can be an area of study that sheds light upon the pressures of visual creation on both professionals and novices.

Further recommendations for future studies similar to the one presented here include the use of more comprehensive instruments and questionnaires. Using more quantitative data could help future researchers more specifically identify which aspects of self-esteem and self-worth were increased or decreased. More quantitative instruments could also pinpoint which emotions were changed more significantly in relation to others—as seen in studies by Becker (2015), Dollinger et al. (2013), Gayle-Beck et al. (2013), Hass-Cohen et al. (2014), and Kopytin and Lebedev (2013). Horberg and Chen (2010) were able to examine which contingencies of self-worth specifically were tied to relationship-specific criteria based on the instruments they used in their study. This method could be used as a model for identifying which facets of self-esteem and self-worth were dependent upon trauma experiences. Becker (2015) was able to conduct a one-month follow-up after the study to gather more data about participants' PTSD symptoms. A process similar to this could give future researchers a better perspective into the longevity of art therapy's impact.

Conclusion

The researcher asked participants in the study to engage in group art therapy interventions in hopes of examining the changes in self-esteem and self-worth as a result of such interventions. Because of the exploratory nature of the study, it cannot be concluded that the art therapy interventions had any causation on the overall increase in self-esteem and self-worth levels as indicated on the RSES and Feelings of Self-Worth Measure. However, there were promising observations made in regard to how participants responded to specific directives (reflective mandalas, writing/drawing/creating your story, inside/outside self-portraits, and creative rebuilding/restructuring) and insights made about their own personal creativity, self-esteem, and relationship to artmaking and art therapy.

Though generalizations cannot be made, this researcher was both empowered and inspired by the experience of working with the participants of this study. The discussions regarding art making and trauma, the range of creative expression displayed during sessions, and the information gleaned from both quantitative and qualitative data all contributed to the greater knowledge that art therapy could be used to help those who have experienced trauma in their lives. It is hoped that this study shined a light upon the effects of trauma on various areas of life functioning, and how art therapy may address some of the many specific needs that victims and survivors of trauma may have.

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