Bibliography

This bibliography has been compiled for researchers and practitioners interested in Creative Arts Therapies and combat-related PTSD. It is in five sections:

- Creative Arts Therapies and PTSD;
- Creativity and wellbeing;
- PTSD and Moral Injury;
- Posttraumatic Growth; and
- eHealth and PTSD.

At a later date, it may be expanded to include PTSD in the emergency services, domestic violence, civilian victims of war, refugees and natural disasters.

Creative Arts Therapies and PTSD


The author argues that ours has been called an age of trauma. Yet, neither trauma nor PTSD are scientific concepts. Trauma has been around forever, even if it was not called that. PTSD is the creation of a group of Vietnam veterans and psychiatrists, designed to help explain veterans’ suffering. This does not detract from the value of PTSD, but sets its historical and social context. The author confronts the attempt to study trauma scientifically, exploring the use of technologies such as magnetic resonance imaging (MRI). He concludes that the scientific study of trauma often reflects a willed ignorance of traumatic experience: in the end, trauma is about suffering.


This paper describes a method for using art therapy with adolescents in crisis. A model developed for the study defines four trauma stages and associated art therapy goals. They are: impact (creating continuity); retreat (building therapeutic alliance); acknowledgment (overcoming social stigma and isolation through mastery); and reconstruction (fostering meaning). Application of the paradigm is presented through a case study. It is found that hope is experienced through art and generative processes. The author draws on research conducted on an intensive care burn unit to develop a new paradigm for understanding crisis and trauma through art therapy.


This paper describes visual art therapy as an integrative and unique approach, which is most appropriate for the multidimensional treatment of PTSD. The contribution of visual art therapy in the treatment of PTSD is expressed in three major areas: working on traumatic memories; the process of symbolisation-integration; and containment, transference and countertransference. It offers two case studies of traumatised patients treated in visual art therapy.


Mental health clinics can use creative art therapies as a means of reaching out to war refugees in their communities who may not respond to talking therapies. In this case, the use of quilting and other
artwork was utilised by the staff at Chicago Health Outreach to assist displaced Bosnians to cope with their war-related trauma and integration into their new environment in the US. Finding other means of communicating can make an important difference for these individuals as they find safety and understanding by working on and sharing creative projects.


While recovery from PTSD can be expected in the majority of cases, the paper claims, early identification, diagnosis, and timely treatment have been found to reduce the length of treatment and disruption to the individual’s social and occupational functioning. One significant determinant of whether people receive early diagnosis and treatment is fear of stigma. A 2000 ADF report found that stigma surrounding mental health issues is a considerable and consistent barrier to care in the ADF. De-stigmatising is not only important for the individual, but also critical for the Australian Army.


The social imperative of arts work in this area is founded on current statistics that between 18% and 30% of those returning from war zones can be expected to suffer mental health issues, which can lead to family breakdown, homelessness and other social problems. In the US, there have been 103,792 cases of post-traumatic stress diagnosed in returned service personnel (2000-2012). This paper provides a brief overview of this history and ways in which arts-based strategies have been utilised. It argues that considerable work has grown out of alliances with small veteran support organisations interested in finding new approaches to supporting ex-service personnel.


This study describes music therapy group work with six soldiers diagnosed as suffering from PTSD. Data were collected from digital cameras which filmed the sessions, open-ended in-depth interviews, and a self-report from the therapist. Reduction in PTSD symptoms was observed, with an increased sense of openness, togetherness, belonging, sharing, closeness, connectedness and intimacy, as well as achieving a non-intimidating access to traumatic memories, facilitating an outlet for rage and regaining a sense of self-control.


Six soldiers diagnosed as suffering from PTSD participated in a series of 90-min weekly sessions of music therapy. Data were gathered by filming the sessions with digital cameras and by means of open-ended in-depth interviews. A mixed method analysis of musical and verbal contents revealed two waves of group engagement in trauma and non-trauma matters. As a whole, this process decreased reflections of traumatic emotions and increased expressions of non-traumatic feelings. The findings are discussed in light of Levine’s (1997) ‘pendulation’ therapy model. Practical implications for music therapy are suggested.


This article describes the progress made through art therapy with a Vietnam War veteran who has PTSD. The veteran had been misdiagnosed as schizophrenic and been rejected for a VA hospital.
group program because of his avoidance of people. The participant did not trust the verbal mode of communication, and drawing was used as a form of externalised thinking.


The author describes ways teachers can encourage college students to write safely on a wide range of subjects often deemed too personal or dangerous for the classroom: grieving the loss of a beloved relative or friend, falling into depression, coping with the breakup of family, confronting sexual abuse, depicting drug or alcohol problems, and encountering racial prejudice. Almost everyone has difficulty talking or writing about such issues because they arouse shame and tend to be enshrouded in secrecy and silence. Berman confronts academic opposition to personal writing, and discusses the similarities between the ‘writing cure’ and the ‘talking cure’, and the pedagogical strategies necessary to minimise risk, including the importance of empathy.


Suitable both for health-care professionals who wish to implement therapeutic writing with their patients, and for those wishing to start writing creatively in order to help themselves, the text provides practical, tried and tested suggestions for beginning to write and for developing writing further.


The use of creative writing as a route to personal development is a powerful therapeutic tool – a fact recognised by the growing numbers of workshops and writing groups within professional contexts, including clinical, health and criminal justice settings.

This volume is a guide for writers or therapists working with groups or individuals. Its practical advice ranges from the equipment needed to run a session to ideas for themes, backed up by the theory that underpins the methods explained. Experienced practitioners in the field contribute detailed accounts of organising writing workshops for a wide range of clients, together with examples of their outcomes.

**Bowles, S.V., Bates, M.J. (2010). Military organizations and programs contributing to resilience building. Military Medicine, 175 (6), 382-385.**

The article presents information on U.S. organisations and programs that focus on resilience building for military members, providers, units, families and communities. The responsibilities of the Technical Cooperation Program include improving and evaluating deployment mental health support and designing psychological resilience for use in research. The Deployment Health Clinical Center aims to provide improved deployment-related health resources for service members and families to contribute to their resilience.


Tracing the uses of writing in psychotherapy reveals that the earliest systematic practices were governed largely by a psychoanalytic medical model. Newer schools challenged the deficiency-oriented Freudian perspective and view writing as an expressive art, integral to healthy and creative
human development. The humanistic psychologies used writing as a potent instrument of growth and a vehicle for total life development. Practices such as correspondence, diary and journal keeping, and cognitive writing activities have also been fostered. The literature documents writing as an ancillary technique enhancing conventional therapies, but its capacity to uncover new levels of self-awareness and its promise in terms of self-help offer wider potential.


A review of theories of traumatic neurosis or PTSD reveals a relative neglect of the role of posttraumatic imagery. The broad range of imagery has not been recognised, nor its role in the disorder adequately formulated. A two-dimensional framework for understanding posttraumatic stress disorder, based on repetitions of trauma-related images, affects, somatic states and actions; and defensive functioning, puts into perspective the centrality of traumatic imagery, points to new directions for research, and clarifies diagnostic and clinical confusion.


The study investigates the effectiveness of visual arts and poetry as interventions in alleviating symptoms of depression and PTSD among adolescents with history of abuse. They were divided into three groups: visual arts, poetry, and control groups, going through eight sessions of art work or poetry. Participants in the intervention groups had a general decrease of scores from pretest to posttest on depression and PTSD scales; many participants in the control group obtained higher scores. The visual arts intervention was significantly effective in alleviating symptoms of PTSD but not of depression; while poetry was significantly effective in alleviating symptoms of depression it was less so in treating PTSD. Analysis suggests that the sessions helped participants create positive alternative stories for themselves.


This study examines psychosocial issues within Army families, the contribution of support networks to spouses’ wellbeing and to their desire that their spouses remain in the Army. Data from a self-administered questionnaire for 137 spouses from the active duty component, 410 from the National Guard, and 174 from the reserve were analysed. Differences among the three groups were found with regard to both the composition of their social support networks as well as their use of such networks. Use of support was associated with wellbeing, but not with retention.


Art therapy is an established therapeutic modality used by many mental health practitioners, and yet despite its growing popularity, concern has often been raised in response to the lack of empirically supported research regarding its effectiveness. In this study a meta-analysis was performed on both published and unpublished art-based intervention studies in order to find both an overall effect size (ES) and moderating factors that impact the outcome of art therapy on anxiety-related symptoms in clients. This meta-analysis included 24 studies and found art therapy to have a moderate overall ES for reducing anxiety symptoms. The ES is within the range of other recent meta-analytic reviews of psychotherapeutic interventions for anxiety.

Many of the army’s resiliency programs were developed during the conflicts in Iraq and Afghanistan. This thesis reviews the existing programs, which often stress the role of families, and recommends continued support to the programs that have proven successful. It notes the prevalence of suicide and in PTSD sufferers in the military. It argues that Army leaders must consider future resiliency programs as we rebuild informal resiliency programs if and when formal programs are discontinued with future fiscal constraints.


Although PTSD in children has been extensively studied during the past 15 years, little research exists regarding the efficacy of treatment interventions. This report describes an outcome-based art therapy research project currently conducted at a large urban hospital trauma centre. Included are the theoretical rationale and overview of an art therapy treatment intervention called the Chapman Art Therapy Treatment Intervention (CATTI) designed to reduce PTSD symptoms in pediatric trauma patients. Used in this study, the CATTI was evaluated for efficacy in measuring the reduction of PTSD symptoms at intervals of one week, one month and six months after discharge from hospital.


Since leaving the corps in 2012, Siatta, a celebrated Marine Corps marksman, had been unable to switch off the habits of war. He was hypervigilant and struggled to relax. He watched people, sizing them up and scanning for threats. In the varying situations of everyday life, he constantly repositioned himself so no one got behind him. Much of this was appropriate for combat patrols. Some of it drew from his training. All of it was mentally and emotionally exhausting, unsuited for a peaceful life. One night, in a drunken haze he invaded a home in Illinois and got into a terrible fight with another young former marine. The author recounts his story, compiled during ensuing prison visits.


Three art therapists have collaborated to produce this workbook, designed especially for trauma survivors. It introduces inventive ways to understand, manage and transform the after-effects of trauma. It consists of structured step-by-step art projects, and writing experiences. The book’s first section, ‘Developing basic tools for managing stress’, is devoted to establishing a safe framework for trauma resolution. The second section, ‘Acknowledging and regulating your emotions’, helps the trauma survivor to make sense of overwhelming emotional experiences. The final section, ‘Being and functioning in the world’, focuses on self and relational development.

Art therapy shows promise as a means of treating hard-to-treat symptoms of combat-related PTSD, such as avoidance and emotional numbing, while also addressing the underlying psychological situation that gives rise to these symptoms. In this paper, the authors establish a conceptual foundation for research about art therapy as a treatment for combat-related PTSD by situating art therapy within the context of other PTSD treatments, outlining a theoretical rationale for using art therapy as a treatment, and clarifying ‘best practices’. They recommend group treatment in three stages and suggest that art therapists who treat combat-related PTSD receive specialised training in trauma intervention and PTSD theory.


Many combat veterans are subject to terrorising recurrent nightmares, a symptom of PTSD. This seven-month project follows the development of a Veterans Administration hospital dream group, which fluctuated from 6 to 14 veterans. Participants log their dreams, draw them and discuss nightmares. The thesis includes dialogue from the group, therapists’ comments, examples of drawings, follow-up interviews and two case studies. Nightmares from the current group and from earlier veterans’ dream groups are examined for their sequential healing aspects: the nightmare; the variation of the nightmare; and the spiritual dream. Findings include that, once the traumatised combat veteran addresses his nightmares through logging, drawing, and discussion, the nightmares transform, and a resolution, or spiritual, dream is experienced.


This paper focuses on the concept of alexithymia – introduced by Sifneos to describe the apparent incapacity of some patients to discern and verbally express their emotions following trauma. A concise review of literature on the concept is included, together with an illustration of the use of art therapy via a case study of alexithymia in a patient, Rita, with severe self-pathology, who had grown up in a traumatising environment. The patient was able to recognise and name emotional reactions after the treatment with art therapy, which suggests that art therapy is a promising form of treatment for traumatised patients suffering from this condition, even in cases of severe self-pathology.


Among mental health professionals, there is increasing recognition that many patients view spirituality as a primary human dimension. Current concepts of coping strategies are evolving to include spiritual beliefs and practices as important coping resources. The military has a long tradition of providing for the spiritual needs of its troops through Chaplains representing Jewish, Catholic and Protestant religious traditions. Studies show generally positive relationships between religion and mental and physical health. In particular, regular religious practices (as opposed to specific beliefs) such as church or synagogue attendance, prayer and scripture reading, have been shown to be related to positive mental and physical health.

This book argues that autobiographical truth is not a fixed but an evolving content in a process of self-creation. The author contends that the self at the centre of all autobiography is necessarily fictive. Eakin shows that the autobiographical impulse is simply a special form of reflexive consciousness: from a developmental viewpoint, the autobiographical act is a mode of self-invention always practiced first in living and only eventually, and occasionally, in writing.


Informed by literary, scientific, and experiential concerns, this text enhances knowledge of the complex forces that shape identity, and confronts the equally complex problems that arise when we write about who we think we are. Using life writings as examples, Eakin draws on the latest research in neurology, cognitive science, memory studies, developmental psychology, and related fields to rethink the nature of self-representation. He emphasizes social sources of identity, and demonstrates that the self and the story of the self are constantly evolving in relation to others.


Some researchers consider emotional numbing a cardinal feature of PTSD. Others view numbing symptoms as representing an overlap between PTSD, depression, and dissociation. This study examines the ability of early emotional numbing, depression, and dissociation symptoms to predict PTSD. One hundred and sixty-one women who were recent victims of sexual or nonsexual assault were assessed for twelve weeks, via structured interviews and self-report questionnaires. Emotional numbing, depression, and dissociation were each associated with initial PTSD severity. Regression analyses revealed that after depression and dissociation were accounted for, early numbing contributed to the prediction of later PTSD.


Clinical studies have shown that programs of cognitive-behavioral therapy (CBT) can be effective in the management of patients with PTSD. Prolonged exposure (PE) therapy can provide benefits, as can stress inoculation training (SIT) and cognitive therapy (CT). PE is not enhanced by the addition of SIT or CT. PE therapy is a safe treatment that is accepted by patients, and benefits remain apparent after treatment programs have finished. Nonspecialists can be taught to practice effective CBT.


The authors describe a three-phase sequential integrative model for the psychotherapy of complex posttraumatic self-dysregulation: alliance formation and stabilisation; trauma processing; and functional reintegration. The technical precautions designed to maximise safety, trauma processing and reintegration regardless of the specific treatment approach are discussed. Existing and emerging treatment models that address posttraumatic dysregulation of consciousness, bodily functioning, emotion, and interpersonal attachments are also described. The authors conclude with suggestions for further clinical innovation and research evaluation of therapeutic models that can enhance the treatment of PTSD by addressing complex posttraumatic self-dysregulation.

Writing is the integral part of research when a story is crafted. The story makes whatever claim the research will have on readers, and social scientists have increasingly recognised the need to take their storytelling seriously. Discussion of several contemporary ethnographies offers practical advice on writing by asking how the authors tell such good stories. Advice begins with how to catch readers’ attention and moves to issues of telling the truth in postmodern times.


Frank recounts a stirring collection of illness stories, ranging from the well-known to the private testimonials of people with cancer, chronic fatigue syndrome, and disabilities. Their stories are more than accounts of personal suffering: they abound with moral choices and point to a social ethic. In this new edition Frank adds a preface describing the personal and cultural times when the first edition was written [1995]. His new afterword extends the book’s argument, writing about storytelling and experience, other modes of illness narration, and a version of hope that is realistic and aspirational.


Disclosing information, thoughts, and feelings about personal and meaningful topics (experimental disclosure) is purported to have various health and psychological consequences (Pennebaker, 1993). Although the results of two small meta-analyses (Frisina, et al., 2004; Smyth, 1998) suggest that experimental disclosure has a positive and significant effect, both used a fixed effects approach, limiting generalisability. Also, a plethora of studies on experimental disclosure have been completed that were not included in the previous analyses. 146 randomised studies of experimental disclosure were collected and included in the present meta-analysis. Results of random effects analyses indicate that experimental disclosure is effective.


The author describes a new theoretical perspective on positive emotions and situates this perspective within the emerging field of positive psychology. The broaden-and-build theory posits that experiences of positive emotions broaden an individual’s momentary thought-action repertoires, which in turn serves to build their personal resources, ranging from physical and intellectual to social and psychological resources. Preliminary empirical evidence supporting the broaden-and-build theory is reviewed, and empirical questions that remain to be tested are identified. Theory and findings suggest that the capacity to experience positive emotions may be a fundamental human strength central to the study of human flourishing.


This volume is an exploration of the process by which people re-interpret the meaning and significance of past experience. Drawing on autobiographical writings, as well as on the combined insights of psychology, philosophy and literary theory, Freeman aims to shed light on the intricacies and dilemmas of self interpretation in particular, and interpretive psychological inquiry more generally. Issues addressed include the relationship of rewriting the self to the concept of development, the place of language in the construction of selfhood, the difference between living and telling about it, the problem of facts in life history narrative, the significance of the unconscious in interpreting the personal past, and the freedom of the narrative imagination.

Three lines of research support the concept that trauma is primarily a nonverbal problem: evolutionary survival responses; brain imagery studies of human responses to trauma cues; and the relation of alexithymia to posttraumatic dissociation. Based on these research findings the authors offer a neurobiological view of psychological trauma that points the way to art therapy as a primary means of treating posttraumatic symptoms.


This text examines alternative approaches to talking therapies that help relieve stress in trauma survivors. Experts from a range of practices present mental health providers with methods that augment or go beyond traditional techniques, including art therapy, virtual reality, humour, residential programs, emotional freedom techniques (EFT), traumatic incident reduction (TIR), and thought field therapy (TFT). The book serves as a primer on new and creative means of working with combat veterans, survivors of child abuse, victims of rape and other violent crimes, refugees, victims of terrorism, and disaster survivors. This collection represents a significant addition to the available literature on PTSD and acute distress.


Music can also play a role in helping individuals and communities to cope with trauma, whether it be through the intervention of music therapists, community music making programs or individual music listening. However, despite the abundance of positive examples of the value of the arts in trauma recovery, music and the arts receives little recognition by leaders in global health issues (Clift et al., 2010). This paper argues the need for a solid empirical evidence base that can illuminate the mechanisms by which music and arts therapies are effective, as well as consideration of how individual differences in personality and coping style can moderate participant responses.


This paper describes an art therapy program designed by the author as an alternative treatment modality for Vietnam veterans who were dealing fifteen years later with the psychological sequelae of combat. It presents five ways in which their dualistic approach to self-representation manifested itself artistically, and describes conscious and unconscious attempts by the veterans to integrate these polarities symbolically.


Health benefits derived from personal trauma disclosure are well established. This study examines whether disclosing emotions generated by imaginative immersion in a traumatic event would similarly enhance health and adjustment. College women, preselected for trauma presence, were randomly assigned to write about real traumas, imaginary traumas, or trivial events. Real-trauma and imaginary-trauma participants wrote about real-trauma participants’ experiences. Imaginary-trauma
participants were significantly less depressed than real-trauma participants at immediate post-test, but similarly angry, fearful or happy. Compared with the control group, both trauma groups made significantly fewer illness visits at one-month follow-up; however, real-trauma participants reported more fatigue and avoidance than the other groups.


This book applies the principles of therapeutic writing to such painful life experiences as mental illness, suicide, racism, domestic abuse, and even genocide. Probing deep into the bedrock of literary imagination, Judith Harris traces the odyssey of a diverse group of writers – John Keats, Derek Walcott, Jane Kenyon, Michael S. Harper, Robert Lowell, and Ai, as well as student writers – who have used their writing to work through and past such personal traumas. Drawing on her experience as a poet and teacher, Harris shows how the process can be long and arduous, but that when exercised within the spirit of one’s own personal compassion, the results can be limitless.


Western treatment for psychological trauma often prescribes recitation of narratives, despite evidence that the human brain’s storage of traumatic memories undermines verbalisation. Creative arts therapists overcome this paradox in trauma recovery through nonlinguistic communication. Ethnographic research among holistic groups that rely on cultural rites, rather than words, as instruments of healing in the wake of massive violence can enrich creative arts approaches. Case material, analysed with reference to theories of ritual structure, is used to illustrate the interplay of symbolisation, ceremony and the verbal and nonverbal among war-affected children from the developing world. Here, the fusion of locally inspired expression with dance/movement therapy improvisation facilitated recovery in a group of boy combatants.


Herman draws on her own research in domestic violence as well as on the vast literature of combat veterans and victims of political terror, to show the parallels between private terrors such as rape and public traumas such as terrorism. The book puts individual experience in a broader political frame, arguing that psychological trauma can be understood only in a social context. The text uses victims’ own words as well as those from literary works and prison diaries.


This quantitative study attempts to determine the relationship between combat deployment and mental health care use during the first year after return. The prevalence of reporting a mental health problem was 19.1% among service members returning from Iraq compared with 11.3% after returning from Afghanistan and 8.5% after returning from other locations. Thirty-five percent of Iraq war veterans accessed mental health services in the year after returning home; 12% per year were diagnosed with a mental health problem. More than 50% of those referred for a mental health reason were documented
to receive follow-up care although less than 10% of all service members who received mental health treatment were referred through the screening program.


Psychiatry is perhaps the most “narrative” of all medical specialties, but here as elsewhere clinical skills are in danger of being lost as evidence-based medicine becomes the dominant paradigm in medical culture. Psychotherapy is a quintessentially narrative discipline. Starting from an “attachment” perspective, the uses of narrative in psychotherapy are outlined. These include the importance of metaphor, story-telling, the search for event-scripts, and the role of “narrative competence” as a mark of psychological health. Life history research, the “adult attachment interview” and other research approaches to narrative in psychiatry and psychotherapy are described. The paper calls for an integration of narrative and evidence-based medicine.


The author presents the Therapeutic Spiral Model (TSM), a systematic modification of Psychodrama, for therapists working with people who are suffering from severe trauma and PTSD. A step-by-step guide for using experiential methods safely, the author first explains the theoretical foundations of TSM, research and theories on trauma, and experiential psychotherapy as a basis for understanding its development. Clinical action structures and advanced intervention modules for using experiential methods are presented. Each chapter contains active vignettes and case examples to demonstrate the process and progress of the spiral technique.


The article provides useful and succinct background on PTSD and the aim of therapies to access the ‘split-off self’ that is a result of dissociation with traumatic memories. It introduces the technique of Developmental Transformations with its emphasis on acceptance and tolerance of the self, rather than on intended catharsis. The capacity to open oneself up to others is the main goal. The article charts the specific exercises used by the therapist to move through the rage phase into the shame and empathy phases, using techniques which contain emotions in a play space. The trauma of unmet childhood needs is often as violent or more so as that of combat.


This book investigates the psychology of victimisation. It shows how fundamental assumptions about the world’s meaningfulness and benevolence are shattered by traumatic events, and how victims become subject to self-blame in an attempt to accommodate brutality. The book is aimed at all those who for personal or professional reasons seek to understand what psychological trauma is and how recovery is possible.

**Johnson, D.R. (1982). Developmental approaches in drama therapy. The Arts in Psychotherapy, 9, 183-190.**
The author outlines the developmental paradigm as used in his therapeutic process, one which mirrors the development of personhood, an ever-changing temporal sequence. The developmental processes relevant to drama therapy are: the degree of structure or organisation; the medium of expression; the degree of complexity managed; the intensity of affect one can tolerate; the interpersonal demand one can expect of others. It also makes use of the developmental stages of thought: the sensorimotor or enactive stage; the symbolic or iconic stage; and the reflective or lexical stage. The aim of this therapy is that the self gradually becomes more organised and affect more integrated.


The technique of Transformations extends the developmental method into an advanced form of unstructured role-playing. It facilitates and responds to a spontaneous flow of images within the client. Stages of free play, confrontation, impasse, remembering and integration are noted and described. An annotated transcription of a therapy session illustrates the method, in which the therapist maintains ambiguity in the transformation of ‘scenes’ by offering multiple alternatives which the client can develop in any way.


This book is a compilation of the author’s essays concerning the integration of the creative arts therapy disciplines (art, dance, drama, music, and poetry) into one larger organisation representing their clinical, scholarly and public policy activities. The author takes the position that joining together clinically, academically, and organisationally will be beneficial to the health of the field as well as that of its clients: that the various disciplines are divided only by the nature of the different artistic media, and not by fundamental theoretical or political agendas.


This overview of a special issue of the journal contrasts CAT and CBT, noting the relative lack of support for the former. It discusses Stepakoff’s article on poetry and bibliotherapy and the ‘breaking the silence’ element of creative-expressive work, and proceeds to contextualise this paradigm in terms of psychoanalytic and sociocultural paradigms, and the rise of neuroscience. The author concludes with a discussion of Sutton and De Backer’s therapeutic model, which he calls the ‘Aesthetic paradigm’, one which attempts to develop concepts that arise directly from musical experience, including, for example, types of silences and what they might mean in the context of trauma.


This book combines theory, research, and practice with traumatised populations in a neuroscience framework. Recognising the importance of understanding both art therapy and trauma studies as brain-based interventions, some of the most renowned figures in art therapy and trauma use translational and integrative neuroscience to provide theoretical and applied techniques.

This book of short stories takes readers to the frontlines of the wars in Iraq and Afghanistan, asking us to understand what happened there, and what happened to the soldiers who returned. Interwoven with themes of brutality and faith, guilt and fear, helplessness and survival, the characters in these stories struggle to make meaning out of chaos. The stories reveal the intricate combination of monotony, bureaucracy, comradeship and violence that make up a soldier’s daily life at war, and the isolation, remorse, and despair that accompanies a soldier’s homecoming.


Trauma is a fact of life. Veterans and their families deal with the painful aftermath of combat; one in five Americans has been molested; one in four grew up with alcoholics; one in three couples have engaged in physical violence. Such experiences leave traces on minds, emotions and biology. Trauma sufferers frequently pass on their stress to their partners and children. In this book, the author reveals how the body rearranges the brain’s wiring – specifically areas dedicated to pleasure, engagement, control and trust. He shows how these areas can be reactivated through treatments including neurofeedback, mindfulness techniques, play, yoga and other therapies.


It is uncertain to what degree the results of laboratory studies of ordinary events are relevant to the understanding of traumatic memories. This paper reviews the literature on differences between recollections of stressful and of traumatic events. It then reviews the evidence implicating dissociation as the central mechanism that gives rise to PTSD. A systematic exploratory study of 46 subjects with PTSD indicated that traumatic memories were retrieved, at least initially, in the form of dissociated mental imprints of sensory and affective elements of the traumatic experience. Over time, subjects reported the emergence of a personal narrative that can be properly referred to as ‘explicit memory’.


This quantitative study correlated an art therapy descriptive technique originally applied to adolescent burn victims with adult combat-related victims in an effort to identify art themes and graphic elements associated with PTSD. The designed rating instrument, referred to as the Combat Trauma Art Therapy Scale (CTATS), consisted of 62 items aimed to detect common themes associated with war time experiences. Using the CTAS, raters examined 158 pictures, with depictions of women, violence, and combat interwoven, suggesting an ongoing struggle to cope with the emotional aftermath of recent traumatic experiences.


SEE FAR CBT is a suggested new protocol for the treatment of anxiety disorders and PTSD, using creative form treatment based on empowerment through fantastic reality. The model emphasises the role of fantastic reality and the use of imaginal re-narration of the traumatic event with the use of cards as a means of externalisation or distancing. The treatment protocol incorporates methods of
somatic memory reduction as well as CBT elements. The main objective of this quantitative study was to introduce the model and test the therapeutic efficacy of this new integrative therapeutic approach by comparing it to a well-established treatment approach.


This text presents research on the cognitive, emotional, and biological pathways through which disclosure and expressive writing influences mental and physical health. Although writing has been a popular therapeutic technique for years, only recently have researchers subjected it to rigorous scientific scrutiny and applied it to persons suffering from physical illnesses such as cancer and hypertension. The volume presents examples of how expressive writing can improve the immune system and lung function, diminish psychological distress, and enhance relationships and social-role functioning. It also includes discussions of alternative writing intervention formats, including workbooks and the Internet.


On Armistice Day 2011, BBC2 broadcast a Culture Show special, entitled “Art for Heroes,” about art therapy with veterans who have PTSD. It involved the filming of an art therapy group at a Surrey treatment centre for veterans. This article is based on the transcript of that group and takes a thematic analysis approach towards understanding the benefits of art therapy for veterans. It also explores the neurobiological processes involved in PTSD and in art therapy, examining how the latter might assist recovery on a structural level.


Current research with veterans in the US is providing evidence of better outcomes from a combination of cognitive processing therapy and art therapy than from cognitive processing therapy alone. The author spent six weeks visiting sites across the US, gathering evidence of the benefits of art therapy within military mental health provision with the aim of informing development in the UK. Findings reveal that policy recommendations have promoted the inclusion of creative arts therapies within healthcare teams across the military continuum, and that art therapists have been able to devise innovative programmes to treat a range of mental health problems including PTSD. Outcomes include: symptom reduction; resilience building; increased insight; reduction of social isolation; enhanced coping; stimulation of positive emotions.


This paper reviews some of the main research exploring links between expressive writing and aspects of health, including two new experimental studies showing effects of poetry on mood and immune system indices. Research studies have involved standard writing tasks and shown a good range of physiological and behavioural benefits, including improvements in health and well-being and
enhanced levels of host defences in immune system functioning. However, writing disclosure may also have negative effects on clients with PTSD. The paper provides an overview of research into health-related effects of creative and expressive writing, and encourages sensitive approaches which include writing therapy.


The post-traumatic stress disordered veteran client may exhibit a cluster of problematic behaviours that are integral to current maladaptive coping patterns. These coping patterns can be successfully addressed through a multidisciplinary therapeutic approach that emphasises client-controlled expression of emotions and client-focused step-by-step behaviour modification. Art therapy and nursing, in a collaborative approach, can facilitate individual and group interventions that promote expression of feelings, congruency between experience and self-concept, and feelings of effectiveness in behavioural change.


This book addresses the therapeutic aspects and clinical use of metaphor, narrative, journal writing, storytelling, bibliotherapy, poetry, and the related arts. Based on clinical theory and romantic philosophy, a unified poetry therapy practice model is presented that combines the use of literature in therapy, creative expression, and symbols/rituals. Poetry therapy has been formally recognised for about thirty years and practiced worldwide with a wide range of clients and in numerous settings including hospitals, hospices, mental health centres, family service agencies, addiction centres, schools, nursing homes, and correctional settings.


The 2010 ADF Mental Health Prevalence and Wellbeing Study was conducted at a time when Australia had been involved in warlike service for more than a decade and currently had soldiers deployed in combat. Its findings are directly applicable not only to current ADF policy and programs but also to the service planning required to meet the future needs of currently serving ADF members after their military service ends. The study had three goals – to establish the baseline prevalence of mental disorder, to refine current mental health detection methods and to investigate the specific occupational stressors that influence mental health.


This study looks at the implementation of a group art therapy approach as part of an interdisciplinairy inpatient treatment program for Canadian veterans diagnosed with PTSD. It presents a review of the existing literature on the use of art therapy in the treatment of PTSD, including studies with a specific focus on war veterans, and assesses the applicability of an art therapy intervention with this...
population. It describes group art therapy offered twice a week and qualitative data collected over a ten week period. Data includes images of the art works created in therapy, therapist observations, and observations by other staff members.


Treatment of nightmares in two Vietnam veterans with PTSD was conducted comparing a drawing task with a writing task. In a 12-week intervention in which drawing and writing were alternated, both subjects reported reduction in frequency and intensity of their nightmares in the drawing condition.


Post-traumatic stress disorder haunts America today, its reach extending far beyond the armed forces to touch the lives of millions of us. In this book, Morris shares stories of people living with PTSD – including himself – and investigates the rich scientific, literary, and cultural history of the condition. The result is a humane book that has been hailed as a literary triumph, and an indispensable account of an illness.


Writing therapy draws upon multiple theories of language, memory, pain, subjectivity, identity, creativity, and the unconscious. The concerns of literary studies, psychoanalysis, narrative therapy, narrative medicine, trauma studies, human rights, life-writing and testimony studies intersect here. This article indicates the breadth and potential of writing therapy as well as its risks and difficulties. Research suggests that writing may be most beneficial to health if it moves through developmental stages typical of writing designed for a readership. Transformation in writing over time is relevant to both literary and health assessments. The article concludes that writing therapy presents a fascinating challenge for the discipline of creative writing and that there is potential for university writer-teachers to investigate writing therapy in academic, health science and community settings.


Little is known about the restorative impact of visual art on war veterans diagnosable with PTSD. A literature review was conducted to identify existing theories and guidelines that address the use of visual art in general acute-care health care settings. Case studies of visual imagery’s impact on war veterans’ trauma-related symptoms are examined. The case studies include the use of visual imagery during art therapy sessions and therapeutic visits to war memorials. Finally, the authors suggest hypotheses that may guide future research on evidence-based guidelines for visual art for war veterans.

The relationship between expression and non-expression of emotions (E/NE) and health is critically reviewed. It is concluded that research in this field still lacks conceptual lucidity with regard to the many existing E/NE concepts. Despite the fact that few studies adopt appropriate designs for examining causal relationships some intriguing results have been reported, showing promise for the future. These results involve associations between E/NE and chronic disease, such as cardio-vascular disease and HIV infection related outcomes. Future studies have to better discriminate between: various forms of E/NE; different (social) contexts of E/NE as well as different cognitive decision processes underlying E/NE; and individuals for whom different forms of E/NE may be adaptive.


Nineteen empirical studies providing evidence about the nature of trauma narratives in PTSD were reviewed. The studies used either linguistic indices or participants’ rating of narrative quality. There was evidence of a relationship between PTSD specific pathology and the occurrence of sensory/perceptual references and disturbed temporal aspects. The discussion problematises the accepted view of trauma narratives as fragmented, and recommends the disentangling of syntactic and semantic evaluative tools. The paper outlines approaches that address some of these limitations and allow narrative-based evaluation of memory.


When individuals are asked to write or talk about personally upsetting experiences, significant improvements in physical health are discovered. Analysis of writing about traumas indicates that those whose health improves most tend to use a higher proportion of negative emotion words than positive emotion words. Independent of verbal emotion expression, the increasing use of insight, causal, and associated cognitive words over several days of writing is linked to health improvement. The construction of a coherent story together with the expression of negative emotions work together in therapeutic writing. Evidence of these processes are also seen in specific links between word production and immediate autonomic nervous system activity.


Investigators have verified that talking or writing about traumatic events can alleviate distress, improve immune function, and lead to a healthier experience of life. But the links among trauma, emotional expression and health have proven difficult to confirm. In this text, influential researchers in psychology and anthropology present a cross-disciplinary and cross-cultural examination of the disclosure–health relationship. They address questions such as, ‘Why does translating upsetting events into words promote mental and physical health?’ and ‘How can our understanding of this process lead to clinically useful and cost-effective applications?’ – illuminating the path from secrecy to psychopathology.

This book presents evidence that personal self-disclosure is not only good for our emotional health, but boosts our physical health as well. Pennebaker has conducted controlled clinical research that sheds new light on the powerful mind body connection and the book interweaves his findings with case studies on secret-keeping, confession, and the hidden price of silence. The book explains issues such as: why suppressing inner problems takes a devastating toll on health; how long-buried trauma affects the immune system; how writing about personal problems can improve health; why it’s never too late to heal old emotional wounds; when self-disclosure may be risky; and how to know who to trust.


The simple act of expressing thoughts and feelings about emotionally challenging experiences on paper is proven to speed recovery and improve mental and physical health. This book provides a guide through a brief, powerful series of directed writing exercises. Each is designed to leave the user with a stronger sense of value in the world and the ability to accept that life can be good.


This study served as a preliminary investigation to learn if writing about traumatic events would influence long-term measures of health as well as short-term indicators of physiological arousal and reports of negative moods. It examines aspects of writing about traumatic events (cognitive, affective, or both) that are most related to physiological and self-report variables. 46 healthy undergraduates wrote about either personally traumatic life events or trivial topics on four consecutive days. Overall, writing about both the emotions and facts surrounding a traumatic event was associated with higher blood pressure and negative moods following the essays, but fewer health centre visits in the six months following the experiment.


Previous studies have found that writing about upsetting experiences can improve physical health. In an attempt to explain this phenomenon, 72 first-year college students were randomly assigned to write about their thoughts and feelings about coming to college, or about superficial topics for three consecutive days. As in previous studies, writing about college was found to reduce health centre visits and to improve subjects’ grade point average. Text analyses indicated that the use of positive emotion words and changes in words suggestive of causal and insightful thinking were linked to health change. Improved grades correlated with measures of schematic organisation of college-relevant themes.

Can psychotherapy reduce the incidence of health problems? A general model of psychosomatics assumes that inhibiting or holding back one’s thoughts, feelings, and behaviours is associated with long-term stress and disease. Actively confronting upsetting experiences – through writing or talking – is hypothesised to reduce the negative effects of inhibition. Fifty healthy undergraduates were assigned to write about either traumatic experiences or superficial topics on four consecutive days. Two measures of immune-system function and health centre visits suggested that confronting traumatic experiences was physically beneficial.


The words people use in disclosing a trauma were hypothesised to predict improvements in mental and physical health in two studies. The first study re-analysed data from six previous experiments in which language variables served as predictors of health. Results from 177 participants in previous writing studies showed that increased use of words associated with insightful and causal thinking was linked to improved physical but not mental health. Higher use of positive relative to negative emotion words was also associated with better health. An empirical measure derived from these data correlated with subsequent distress ratings. The second study tested these models on interview transcripts of 30 men who had lost their partners to AIDS.


Writing about important personal experiences in an emotional way for as little as fifteen minutes over the course of three days brings about improvements in mental and physical health. This finding has been replicated across age, gender, culture, social class, and personality type. Using a text-analysis computer program, it was discovered that those who benefit maximally from writing tend to use a high number of positive-emotion words, a moderate amount of negative-emotion words, and increase their use of cognitive words over the days of writing. These findings suggest that the formation of a narrative is critical and is an indicator of good mental and physical health. Ongoing studies suggest that writing serves the function of organising complex emotional experiences.


The study attempts to determine whether writing about emotional topics compared with writing about neutral topics could affect lymphocyte count and HIV among HIV-infected patients. 37 patients were randomly allocated to two writing conditions focusing on emotional or control topics. Participants wrote for four days, 30 minutes per day. The lymphocyte count and HIV viral load were measured at baseline and at two weeks, three months, and six months after writing. The emotional writing participants rated their essays as more personal, valuable, and emotional than those in the control condition. Relative to the drop in HIV viral load, lymphocyte counts increased for participants in the emotional writing condition compared with control writing participants. Results suggest that emotional writing may provide benefit for patients with HIV infection.

This is a practical handbook of creative writing exercises which forms the basis of an indirect, nonconfrontational approach specifically intended for therapeutic use within the mental health field. The exercises are taken from the authors’ practice with groups of people from a range of backgrounds in a variety of settings. The warm-ups and main exercises are organised by themes, such as positive memories, imagined worlds, changes and painful feelings. Guidelines are given for developing and adapting the exercises, with practical suggestions for materials included in the appendix. The volume is intended for use by creative writing tutors and mental health professionals.


This theoretical article proposes an application of dance/movement therapy as facilitative of right brain integration in adult clients who present with trauma-related dissociative symptoms. Findings from trauma psychology, neuroscience, and dance/movement therapy literature are used to create an attachment-oriented theoretical foundation for how dance/movement therapy might support the integration of dissociated somatic, emotional and psychological experiences. A model for case-conceptualisation and treatment planning is proposed according to a trauma treatment framework consisting of three phases: safety and stabilisation, integration of traumatic memory, and development of the relational self.


Research has shown that traumatic stress has negative effects on overall health and wellbeing. Traumatic exposure has been linked to higher rates of psychological and physical health problems. Writing about trauma or stress improves health and reduce stress, but can negatively affect mood. The purpose of this study was to examine whether art therapy is as effective as writing therapy in improving psychological and health outcomes. Participants in the writing condition, but not the art therapy condition, showed a decrease in social dysfunction. However, participants who completed artwork reported more enjoyment, were more likely to continue with the study and to recommend it to others.


This article describes a project that explored the relationship between aggression and creativity in music therapy, examining the role of aggression in psychological growth. An exploratory qualitative study included a mixed methods approach of a case study and thematic analysis of interviews with three experienced music therapists. The study suggested a strong link between aggression, affect and body movement. Aggression and creativity share important similarities in areas of mastery and control, affect and emotion, and action and intention. The study showed that music therapy can sometimes provide a context for safe exploration of aggression and deeper feelings.

In this article, the authors propose the use of a carefully chosen mixture of expressive, narrative, explorative, management, and integrative art interventions to address six basic trauma-focused tasks: safety planning, self-management, telling the trauma story, grieving losses, self-concept and worldview revision, and self and relational-development. Suggestions for working with adult clients, along with specific examples of art interventions, are presented.


Spouses of combat veterans with PTSD have greater psychological and marital distress than spouses of veterans without PTSD; however, few studies have examined how variables related to the spouses may play a role in their own distress. The current study examined perceptions of combat veterans’ PTSD symptom severity in 465 spouses of veterans from the National Vietnam Veterans Readjustment Study. Spouses’ perceptions of veterans’ symptom severity were positively associated with spouses’ psychological and marital distress. Distress was highest when they perceived high levels of symptoms but veterans reported low levels. These results highlight the importance of perceptions in intimate relationships and provide preliminary groundwork for future research.


There is increasing interest in connections between writing and wellbeing, as well as a tension between writing well and writing to improve health. The paper gives a brief outline of literary thinking in this area, explores views of this orthodoxy among two groups of writers, examines the writing process and evidence of how it affects wellbeing, and goes on to relate how such evidence relates to recent psychological/clinical findings. Eighty-four per cent of those interviewed testified to therapeutic effects, but tensions existed around quality and catharsis. The paper concludes there are indications that the process of writing well is linked to the benefits for wellbeing.


This book examines how drama therapists conceptualise and respond to relational and systemic trauma across systems of care including mental health clinics, schools, and communities burdened by historical and current wounds. The first section presents readers with seven emerging approaches. The second section offers detailed applications to specific populations, ending with a meta-analysis of drama therapy in the treatment of trauma.


The author focusses on three defining characteristics of group creativity: improvisation, collaboration and emergence. To demonstrate these three characteristics, he presents examples of group creativity in music and theatre, exploring how structure and improvisation are always both present in group
creativity. Improvisations contain elements of structure and structured performances contain improvisational elements. The text concludes by suggesting some implications for musical education and for education in general.


PTSD in combat veterans is often managed with the use of psychological intervention such as Cognitive Behavioural Therapy and Eye Movement Desensitisation and Reprocessing. There is a body of evidence that suggests that some individuals do not respond as well as others to such interventions. Other strategies include art-based therapies, and anecdotal evidence suggests that these have therapeutic impact for veteran groups that do not benefit from the aforementioned psychological therapies. This article describes a review of the literature associated with art therapy with combat veterans, aiming to ascertain what the therapeutic mechanisms are for veterans in using art therapy to manage PTSD symptoms.


This research examines the relationship between a written emotional expression and subsequent health. The writing task was found to lead to significantly improved health outcomes in healthy participants. Health was enhanced in four outcome types – physical, psychological, physiological and general functioning – but health behaviours were not influenced. Writing also increased immediate (pre- to postwriting) distress, which was unrelated to health outcomes. The relation between written emotional expression and health was moderated by a number of variables, such as the use of college students as participants, gender, duration of the task, publication status of the study and specific writing instructions.


PTSD sufferers re-experience traumatic events, often years later, reliving their helplessness, fear, and horror. Such strong, negative reactions can create a motivation to avoid any environment in which reliving the anxiety of the trauma could be triggered. Although avoidance may prevent the onset of intense anxiety, it also results in social isolation and withdrawal from experiences that were previously enjoyed. Exposure-based therapies work in stark contrast with avoidance. Other approaches, such as expressive writing and expressive group therapy, use of art, music and body movement therapies and mindfulness training, have been developed. These practices do not demand verbalisation of trauma, yet facilitate it when the time is right.


98 introductory psychology students at a large southwestern university, wrote for 20 min a day on three consecutive days and completed self-report measures of happiness, life satisfaction, spiritual meaning, creativity, physiological symptomatology, depression, anxiety, and health/illness orientation at baseline and three-week follow-up. A series of analysis of covariance were used to examine
differences between groups writing narrative about a neutral topic, haiku about a neutral topic, haiku about nature, or haiku about a negative life event. Writing narrative about a neutral topic led to decreases in anxiety and depression. Participants writing haiku about nature or a negative life event reported increased creativity, and writing haiku about nature led to decreased illness orientation. Findings suggest that narrative writing leads to decreases in anxiety and depression, while haiku writing increases creativity and sensitivity to topic.


Music communicates where words fail, and music therapy has been proven to connect with those who were thought to be unreachable, making it an ideal medium for working with those who have suffered psychological trauma. This book addresses the need for an exploration of current thinking on music and trauma.


This article explores the ways in which music can speak directly to the traumatic, and how music therapy offers a unique means of coming to an understanding of the traumatised patient. The authors take a musical and psychoanalytical theoretical stance. Drawing on case material from work with a young boy and an adult attending a psychiatric outpatient department, they show how a form of musical listening and thinking about what is emerging in the clinical room can help us to understand something about the patient, about the treatment of those traumatised, and also about the art of music itself.


Art therapy is increasingly being accepted as a form of complementary and integrative care for military veterans affected by trauma and injuries. Less is known about the applications of art therapy for co-morbid traumatic brain injury (TBI) and PTSD. Most studies to date have focused on art therapy with veterans rather than with active duty service members; there are no studies that have examined the unique context of PTSD in senior military personnel. This case study presents the therapeutic process through art therapy with a senior active duty military service member (with chronic PTSD and TBI), in the context of an integrated model of care that included medical and complementary therapies.


The authors base their therapy on the assumption that people experience problems when the stories of their lives do not sufficiently represent their lived experience. Therapy then becomes a process of storying or re-storying experience. In this way, narrative comes to play a central role in therapy. The authors share examples of a storied therapy that privileges a person’s lived experience, inviting a reflexive posture and encouraging a sense of authorship and re-authorship of experiences and relationships.

No matter the cause of their illness, people with PTSD will often relive traumatic experience in the form of flashbacks, memories, nightmares, and frightening thoughts. This is especially true when they are exposed to events or objects that remind them of their trauma. Left untreated, PTSD can lead to emotional numbness, insomnia, addiction, anxiety, depression, and even suicide. The authors outline techniques and interventions used by PTSD experts from around the world to offer trauma survivors the most effective tools available to conquer their distressing trauma-related symptoms. Based in cognitive behavioral therapy (CBT), the book is accessible and easy-to-use, offering evidence-based therapy.


Young traces the history of PTSD, particularly as suffered by Vietnam veterans, to its beginnings in the emergence of ideas about the unconscious mind and to earlier manifestations of traumatic memory like shell shock or traumatic hysteria. In Young’s view, PTSD is not a timeless or universal phenomenon newly discovered. Rather, it is a “harmony of illusions,” a cultural product gradually put together by the practices, technologies, and narratives with which it is diagnosed, studied, and treated and by the various interests, institutions, and moral arguments mobilising these efforts. To illustrate his points, Young presents a number of transcripts of group therapy and diagnostic sessions observed over a period of two years.
Creativity and wellbeing


Drawing on recent work in literary theory, linguistics, and symbolic anthropology, as well as cognitive and developmental psychology, Bruner examines the mental acts that enter into the imaginative creation of possible worlds, and he shows how the activity of imaginary world making undergirds human science, literature, and philosophy, as well as everyday thinking, and even our sense of self.


Introducing a special issue of the journal, the authors review research which shows that individuals with high levels of subjective wellbeing are more successful across a broad range of variables than those less happy. Fredrickson’s ‘Broaden-and-build theory’ posits that collaboration as a strategy can insert more energy, optimism, creativity and hope into education, broadening action and personal resources. Internal motivation is more powerful than external, and collaborators who possess it act from personal values rather than expectation of reward. The happiness associated with this type of person makes them perceived by others as suitable collaborators.


The links between innovation and subjective wellbeing (SWB) have rarely been made. The authors use a representative survey of the British population and new primary data to explore the relationship between innovation and SWB. They show that creativity and SWB are correlated, in questions related to self-reported creativity and for work in creative environments.


The aim of this study was to explore the relationship between creative writing and mental wellbeing, with fourteen adults who had been users of mental health services and involved in a creative writing group in the community. Qualitative data were collected from an interview (with the group facilitator), observation (of the group over four group sessions) and the nominal group technique. Findings included a tension between the cathartic expression of thoughts and feelings and the production of quality writings, as well as the notion of stigmatisation as a result of being a user of mental health services.


The goal of this investigation is to demonstrate that much of the confusion regarding the measurement of creativity is caused by insufficient clarity of definition, and to provide suggestions for an improved assessment and new possible tools of investigation (e.g. interviews). It is shown that three dimensions of creativity (novelty, appropriateness and impact) constitute a framework within which creativity can be defined and measured. Claims to have found a general factor of creativity are based on methodological and conceptual errors. The author concludes
that a person’s creativity can only be assessed indirectly (for example with self-report questionnaires or official external recognition); it cannot be measured directly.


This book challenges some of the most popular myths about creativity, revealing that creativity is *always* collaborative – even when you’re alone. Sharing the results of his research on jazz groups, theatre ensembles, and conversation analysis, Sawyer shows us how to be more creative in collaborative group settings, how to improve organisational dynamics, and how to tap into our own creative reserves.

**Sharda, N. (2010). Creativity and innovation: The key to advancement and social wellbeing. Keynote address, IEEE Student Professional Awareness Conferences (S-PAC) & Alumni Fest-2010 Khulna University of Engineering & Technology (KUET), Bangladesh.**

Creativity and innovation are the keys to continued advancement of human societies and their wellbeing. Engendering the spirit of creativity and innovation is more important than ever, as internationalisation of industry and education takes hold. However, the social structures and educational paradigms used in most countries work against the spirit of innovation. To some extent everyone is capable of being creative; but most people do not exploit their full creative potential, as they do not have a clear process to guide and sustain them. To innovate, one must have a wide range of interests; as a corollary, narrow focused programs and courses hinder innovation.

**Thompson, M.G. (1997). Logos, poetry and Heidegger’s conception of creativity. Psychotherapy in Australia, 3(4), 60-65.**

This paper explores the relationship between creativity and psychoanalysis through Heidegger’s philosophy and the way his understanding of language helps explain the power of speech employed by poets but familiar to us all, including to therapists and their patients. Heidegger stressed the need to have an experience of language, with creativity seen as an act of revelation. The Greek conception of the logos is valued for its simplicity of utterance, a coming together of words following reflection on things which concern us. In this paradigm the creative ‘work’ is the process rather than the end product of creative acts.


In times of rapid change the Arts have been shown to contribute to a range of outcomes that improve social and emotional health. While this observation has caused debates in the field, such as intrinsic versus instrumental value, individuality versus sociality, skill development focus versus broader aesthetic focus/beauty, and the tired argument of process versus product, these reductive arguments negate the value of the Arts to becoming fully human. Using the New Economics Foundation’s ‘Five paths to wellbeing’ as a framework, this article describes the paths – connect, be active, take notice, keep learning and give – and the way Arts practices are reflective of them.
**PTSD and Moral Injury**


In the face of high suicide rates in both warriors and veterans, the concept of moral injury has emerged as one of our generation’s contributions to the challenge of healing these men and women. The paper reviews the definition of moral injury, the metrics developed to measure it, the social work role and programs to address it, spiritual implications and ongoing research. The particular spiritual and professional relevance of this concept to social work and the integration of faith and practice are discussed.


Boudreau trained and committed himself physically and intellectually to the military life. Then his intense devotion began to disintegrate, bit by bit, during his final mission in Iraq. After returning home, he discovered a turmoil developing in his mind, estranging him from his loved ones and the bill of goods he eagerly purchased as a marine officer. The book charts the struggle with a society resistant to understand the true nature of war, and the fight with combat stress and an exploration into the process of recovery. It is the search for conscience, family, and ultimately for one’s essential self.


Although veterans make up only seven percent of the U.S. population, they account for an alarming 20 percent of all suicides. Though treatment of PTSD has alleviated suffering and allowed many service members returning from combat to transition to civilian life, the suicide rate for veterans under thirty has been increasing. Research suggests an ancient but unaddressed wound of war may be a factor: moral injury. This deep-seated sense of transgression includes feelings of shame, grief, meaninglessness and remorse from having violated core moral beliefs. Through the stories of four veterans from Vietnam, Iraq and Afghanistan, the authors explore effects on families and communities, and the community processes that have gradually helped soldiers with their moral injuries.


Brooks engages the topic of PTSD with reference to Iraq veteran David J. Morris’s description of nightmares, delusions and emotional numbness on return to civilian life (from his book *The evil hours*). Brooks moves from ideas of overcoming fear to the idea of moral exile from the self and its principles and the emerging concept of moral injury. He suggests that the overcoming of moral injury is itself another moral process, involving “rigorous philosophical autobiography.”


Moral injury is an emerging construct related to negative consequences associated with war-zone stressors that transgress military veterans’ deeply held values/beliefs. Given the newness of the construct, there is a need for instrumentation that might assess morally injurious experiences (MIEs)
in this population. Drawing on a community sample of 131 Iraq and/or Afghanistan Veterans and clinical sample of 82 returning Veterans, the authors conducted an initial psychometric evaluation of the newly developed Moral Injury Questionnaire-Military version (MIQ-M). Veterans in the clinical sample endorsed significantly higher scores across MIQ-M items. Higher scores (indicative of more MIEs) were correlated with greater general combat exposure, impairments in work/social functioning, posttraumatic stress and depression in the community sample.


This study examines whether exposure to morally injurious experiences (MIEs) contribute to mental health problems among returning Veterans, via the meaning made of possible traumas. Iraq and Afghanistan Veterans completed assessments of exposure to possible warzone traumas, meaning made of a salient stressor from their lives, and mental health symptomatology (e.g., posttraumatic stress, depression, suicidality). Findings revealed that MIEs were indirectly linked with mental health outcomes via the extent to which veterans were able to make meaning of their identified stressors. The direct path from MIEs to mental health problems was statistically significant.


This article traces the history and current knowledge of moral injury and applies a social cognitive model of understanding the concept to vignettes from the authors’ civilian clinical practice, in the hope of raising awareness within clinical social work and other mental health professions of the complexities of moral injury. By bringing the concept into the mainstream social work arena, it is the authors’ hope that clinicians will be able to distinguish it from PTSD and understand the role of shame in the experience of moral injury in their clients.


This study examines the direct effects of involvement in wartime atrocities on hostility, aggression, depression and suicidal ideation independent of combat exposure, as well as the indirect effects via guilt and PTSD symptom severity among 603 male Vietnam War veterans. Involvement in wartime atrocities was predictive of increased guilt, PTSD severity, hostility, aggression, depressive symptoms and suicidal ideation. Combat-related guilt played a minor role in mediating the effect of atrocity involvement on depression and suicidal ideation. PTSD severity had a larger mediational effect. However, it still accounted for less than half of the total effect of involvement in wartime atrocities. Findings suggest that the psychological sequelae experienced following atrocity involvement may extend well beyond guilt and PTSD.


Moral injury is a construct proposed to describe disruption in an individual’s sense of personal morality and capacity to behave in a just manner. As a first step in validating this construct, the authors asked a diverse group of health and religious professionals with many years of service to deployed service members and veterans to provide commentary about moral injury via a semi-structured interview. The transcripts were used to clarify the range of morally injurious experiences in
war and the lasting effects of these experiences. A key finding was that the construct of moral injury was not encompassed by PTSD diagnostics, and that PTSD and moral injury are separate but often co-occurring problems.


Two recent books, reviewed in this essay – Soul repair: Recovering from moral injury after war, by Rita Nakishima Brock and Gabriella Lettini, and Spirit and trauma: A theology of remaining, by Shelly Rambo – take distinct approaches to grappling with human suffering, and contain spiritual and theological insights into the new construct in mental health called “moral injury.” Emerging evidence indicates that the concept is a useful way of understanding how combatants and non-combatants alike are changed through exposure to violence and the inflicting of it. For millennia, human beings have struggled to define the psychological and spiritual consequences of participating in war. This long history is acknowledged and new considerations for our era are introduced.


Working definitions of moral injury have not yet clarified the mechanisms whereby violations of conscience result in negative outcomes or their co-occurrence with PTSD. In this paper, advances from the field of moral psychology are used to integrate cognitive, affective and social dimensions of the emerging moral injury construct. After reviewing the salience of moral injury for military and veteran populations, the presence of negative moral emotions are examined within the context of trauma and military-related PTSD. Social functionalist accounts of moral emotions are used to explain the development of moral injury and are linked to etiologies of PTSD. The clinical importance of positive moral emotions for existing and emerging trauma-focused interventions is discussed.


This study explores the factors to which a sample of Portuguese war veterans attributed their recovery from PTSD. 30 suffered from chronic PTSD and 30 veterans with remission from PTSD. Two semi-structured interviews were conducted. Analysis of the interviews was conducted using Thematic and Categorical Analysis. Results showed that unrecovered participants reported higher post-war betrayal, appraisal of hostile societal homecoming, social stigmatisation, lack of personal resources, and reduced perceived social support. Recovered participants verbalised some capability for self-awareness of mental states and/or awareness of others’, a wider repertoire of coping strategies, and higher perceived social support.


Experiences during combat that violated veterans’ beliefs about their own goodness or the goodness of the world are labelled transgressive acts, to identify them as potentially traumatic experiences distinct from the fear-based traumas associated with PTSD. This article reviews empirical and clinical data relevant to transgressive acts and moral injury, to identify gaps in the literature, and to encourage future research and interventions. Three broad arms of the moral injury model proposed by Litz and colleagues (2009) are considered: the definition, prevalence, and potential correlates of transgressive
acts; the relations between transgressive acts and moral injury; and some of the proposed mechanisms of moral injury genesis.


The authors evaluate the preliminary effectiveness of a novel intervention developed to address combat stress injuries in active-duty military personnel. Adaptive disclosure (AD) is relatively brief, to accommodate the busy schedules of active-duty service members while training for future deployments. AD takes into account unique aspects of the phenomenology of military service in war to address difficulties such as moral injury and traumatic loss. 44 marines received AD while in garrison. It was well tolerated and promoted significant reductions in PTSD, depression, negative posttraumatic appraisals, and was also associated with increases in posttraumatic growth.


Psychologist and US Army Ranger, Grossman suggests that the vast majority of soldiers are loath to pull the trigger in battle. But modern armies, using Pavlovian and operant conditioning, have developed sophisticated ways of overcoming this instinctive aversion. The mental cost for members of the military, as witnessed by the increase in post-traumatic stress, is devastating. The sociological cost for the rest of us is even worse as contemporary civilian society, particularly the media, replicates the army’s conditioning techniques and, the author argues, is responsible for the rising rate of murder and violence, especially among the young. The book draws on interviews, personal accounts and academic studies.


Moral injury is characterised by guilt, existential crisis, and loss of trust that develop following a perceived moral violation. This article reviews phenomenological descriptions, incidence, etiology and symptoms of moral injury. Moral injury’s existing definition (Litz et al., 2009) is updated to emphasise its empirically and theoretically recognised symptoms. Guilt, shame, spiritual/existential conflict, and loss of trust are identified as core symptoms. Depression, anxiety, anger, re-experiencing, self-harm, and social problems are identified as secondary symptoms. Based upon the updated syndrome definition, recommendations are given for quantitative assessment of moral injury, which involves assessing both event history and symptoms.


The author takes a critical look at PTSD and the many challenges today’s returning veterans face in modern society. Ancient tribal human behaviours – loyalty, inter-reliance, cooperation – flare up in communities during times of turmoil and suffering. These are the very same behaviours that typify good soldiering and foster a sense of belonging among troops, whether they’re fighting on the front lines or engaged in non-combat activities. Drawing from history, psychology, and anthropology, the author argues how at odds the structure of modern society is with our tribal instincts, and that the difficulties many veterans face upon returning home from war do not stem solely from the trauma
they’ve suffered, but also from the individualist societies they must reintegrate into.


Potentially morally injurious events, such as perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations may be deleterious in the long-term, emotionally, psychologically, behaviorally, spiritually, and socially (what we label as moral injury). Although there has been some research on the consequences of unnecessary acts of violence in war zones, the lasting impact of morally injurious experience in war remains chiefly unaddressed. To stimulate a critical examination of moral injury, the authors review the available literature, define terms, and offer a working conceptual framework and a set of intervention strategies designed to repair moral injury.


While evidence-based treatments for PTSD may be a good starting point for killing-related trauma, the authors argue that existing treatments need to be expanded. Complex killing-related cognitions that may not be anticipated or identified, moral injury, self-forgiveness, and loss are all important issues that arise that may need to be addressed in greater detail. Consequently, the authors have developed a six- to eight-session individual treatment module for those impacted by killing in war, expressly designed for use with existing evidence-based treatments for PTSD. They see this module as supplementary, building on skills that veterans have already learned within these treatments.


The potential for acute and cumulative exposure to traumatic events associated with policing is well recognised. However, research exploring the subjective impact of that trauma, particularly when it results in discharge with a diagnosis of PTSD, is limited. This study explores the subjective “lived” experience of seven former police personnel medically discharged with PTSD, seeking both positive and negative interpretations of their personal experience of policing, consequential discharge with PTSD, and life after discharge. Semi-structured interviews provided the data for transcription and analysis. Interpreted themes reveal a growing awareness of moral injury that only found voice, post-discharge. Chronic exposure to policing trauma was experienced as diminishing self-worth and consequently corroding an earlier sense of purpose as police personnel.


In every major war since Korea, more of our veterans have taken their lives than have lost them in combat. The latest research, rooted in veteran testimony, reveals that the most severe and intractable PTSD – fraught with shame, despair, and suicide – stems from “moral injury.” But how can moral injury endure in what are called just wars? At the root of our incomprehension lies just war theory – developed, expanded, and updated across the centuries to accommodate the evolution of warfare, its weaponry, its scale, and its victims. Any serious critique of war, as well any true attempt to
understand the profound, invisible wounds it inflicts, will be undermined from the outset by the unthinking and all-but-universal acceptance of just war doctrine. This book questions that theory, examines its legacy, and challenges us to look beyond it.


Moral injury and acceptance and commitment therapy (ACT) are both topics that have only recently been introduced into the mental health literature. Although inquiries into these two domains have been advanced independent from one another, both challenge various aspects of the traditional medical model for diagnosing, understanding, and treating psychiatric problems. Specific possibilities for attending to moral injury are explored via examination of each of the six core processes in ACT: acceptance; cognitive defusion; contact with the present moment; self-as-context; values; and committed action. It is suggested that ACT has unique potential as an evidence-based psychotherapy for approaching moral injury related issues.


Georgetown philosophy professor Nancy Sherman argues that psychology and medicine alone are inadequate to help with many of the most painful questions veterans are bringing home from war. Trained in ethics and psychoanalysis, and with twenty years of experience working with the military, she draws on in-depth interviews with veterans to describe the moral and psychological aftermath of America’s longest wars. She explores how veterans can go about reawakening their feelings without becoming re-traumatised; how they can replace resentment with trust; and the changes that need to be made in order for this to happen. She argues that some psychological wounds of war need healing through moral understanding that is the province of philosophical engagement and listening.


This study explores psychological, moral, and spiritual health factors that may contribute to the maintenance of post-concussive symptoms (PCS) in Veterans with mild traumatic brain injury (mTBI). Clinical interviews were conducted with 57 OEF/OIF veterans with mTBI to assess history. Participants reported high levels of perceived moral transgressions and perceived moral betrayals, as well as high rates of PTSD diagnoses. Preliminary results also suggest a preference for individuals to identify as spiritual rather than religious. Veterans with mTBI reported greater moral injury than has been previously reported in other military samples. Discrepancies found between ideal and current states of spiritual health highlight unsatisfactory spiritual wellbeing. Religious preferences (or rejection thereof) were noteworthy.


Spiritual changes, or “soul wounds,” have long been associated with the consequences of combat. However, the concept of moral injury has only recently been introduced into the combat trauma literature (Drescher et al., 2011). To extend validation efforts, the current study examined National Vietnam Veterans’ Readjustment Study (NVVRS) veterans’ narrative responses to questions about the lingering effects of their combat participation for themes consistent with moral injury as reported...
by the Drescher study. Findings confirmed key experiences involving civilian deaths and betrayal as themes among NVVRS participants’ responses about combat experiences.


Cognitive Processing Therapy (CPT) has proven to be effective in treating PTSD by assisting to restructure the cognitions of the client, which in turn reduces PTSD symptoms. Research has shown that individuals with PTSD who value spirituality tend to have a different world perspective than those individuals who do not highly value spirituality in their lives. Therefore, it would be important to incorporate spirituality into the treatment settings of those individuals who possess religious schemas. This paper proposes the use of spiritually informed cognitive processing therapy (SICPT) as a potentially effective approach for treating religious and/or spiritually focused service members who present with symptoms of PTSD.


Many veterans are now returning from Iraq deployments with physical and mental health problems. This study examines the impact of moral injury on self-reported general physical health, general mental health, PTSD symptoms and depression. The researchers found that moral injury and combat experiences positively predicted PTSD scores. Seeing the aftermath of battle and moral injury were negatively associated with mental wellbeing and positively associated with depression. Physical health status was negatively associated with depression, and spirituality and moral injury were negatively associated with physical health, whereas age was positively associated with physical health.
Posttraumatic Growth

Almedom, A. (2005). Resilience, hardiness, sense of coherence, and posttraumatic growth: All paths leading to “light at the end of the tunnel”? *Journal of Loss & Trauma* 10(3), 253-265. 13. Two questions prompted this targeted review: What are the behavioural and social determinants of individual and/or collective resilience (the capacity to rebound from crisis)? And is the evidence base for related concepts, including hardiness, sense of coherence, and posttraumatic growth consistent? The findings suggest that the theory of salutogenesis (factors that support human health), operationalised by the sense of coherence construct, is inclusive of the related concepts of resilience and hardiness. Moreover, it is grounded in primary research of cross-cultural relevance. More recent concepts of recovery and posttraumatic growth also contribute to our understanding of resilience.


This study is the first exploration of clinicians’ perceptions of trauma work to investigate in depth the positive consequences of working with trauma survivors. A sample of 21 psychotherapists participated in a naturalistic interview exploring the impact of trauma work with a particular focus on changes in memory systems and schemas about self and the world, and perceived psychological growth. In addition to reporting several negative consequences, all of the clinicians in this sample described positive outcomes. Their descriptions are strikingly similar to reports of growth following experienced trauma and suggest that the potential benefits of working with trauma survivors may be significantly more powerful and far-reaching than the existing literature’s scant focus on positive sequelae would indicate.


Research divides and reports negative associations between negative (pathogenic, e.g., PTSD) and positive (salutogenic, e.g., posttraumatic growth, resilience) psychological responses to trauma. This study elaborates prior research by casting resilience as a trait rather than a state. Participants with varied exposure levels (n = 500) completed measures of resilience, trauma history, PTSD, and posttraumatic growth. Results showed that trauma increased PTSD and growth levels, whereas resilience was associated positively with growth and negatively with PTSD. It is concluded that salutogenic and pathological responses to trauma show differential associations with trait resilience.


With the current shift to include positive outcomes of trauma, this research was designed to explore factors that allow growth to occur. Structural equation modelling was used to test a model for understanding posttraumatic growth. A sample (N = 174) of bereaved HIV/AIDS caregivers completed questionnaires. Spirituality, social support, and stressors were found to have a positive relationship with growth. The paper concludes that facilitation of posttraumatic growth is crucial to all helping professions.

The authors construct the first systematic framework for clinical efforts to enhance the processes they sum up as posttraumatic growth: the phenomenon of positive change through struggle with even the most horrible sets of circumstances. People who experience it tend to describe three general types of change: realistically stronger feelings of vulnerability that are nonetheless accompanied by stronger feelings of personal resilience, closer and deeper relationships with others, and a stronger sense of spirituality. The authors present strategies for helping clients effect all three types of positive change – strategies that have been tested in a variety of groups facing crises and traumas.


The view that individuals can be changed – sometimes in radically good ways – by their struggle with trauma is ancient and widespread. However, the systematic focus by scholars and clinicians on the possibilities for growth from the struggle with crisis is relatively recent. There are now a growing number of studies and scholarly papers on the antecedents, correlates and consequences of posttraumatic growth, and there are also theoretical models that can help guide the research further. This volume provides clinicians and researchers with a comprehensive view of what has been done thus far, and uses these foundations to provide suggestions for the next useful steps in understanding posttraumatic growth.


Exposure to stressful and traumatic events can have severe and chronic psychological consequences. Mindful of the suffering caused by trauma, there is also a growing body of evidence testifying to posttraumatic growth. Blending these areas of research and exploring the relevance of positive psychology to trauma practice, this volume provides clinicians with the resources to implement positive psychology interventions in their trauma treatment across a spectrum of therapeutic perspectives. It explores the role positive psychology can play in how clinical practitioners treat and work with survivors of stressful and traumatic events.


Two studies of assault survivors (Ns = 180, 70) examined associations between PTG and posttrauma psychopathology. Both studies found significant curvilinear associations (increasing and decreasing together) between PTG and PTSD, whereas only Study One found a curvilinear association between PTG and depression symptom severity. Survivors with no or high growth levels reported fewer symptoms than those who reported moderate growth. Study One also investigated potential PTG predictors. Non-Caucasian ethnicity, religiousness, peritraumatic fear, shame and ruminative thinking style, assessed at two weeks, predicted growth at six months. Posttraumatic growth may thus be most relevant in trauma survivors who attach enduring significance to the trauma for their lives and show initial distress.

To extend the literature the present study aims to examine the interrelationships between resilience (defined by a lack of PTSD following trauma) and posttraumatic growth. Two studies were conducted of Israeli: adolescents exposed to terror (N = 2908); and citizens and army personnel following the second Lebanon War (N = 588). The results showed that high levels of resilience were associated with the lowest posttraumatic growth scores. The results imply that although growth and resilience are constructs that both support human health they are inversely related. The theoretical and clinical implications of these findings are discussed.


Twenty-eight articles are included in this review. First, assessment methods of VPTG are reviewed. Second, the level of similarity between reports of direct and vicarious posttraumatic growth is examined. VPTG was found to be highly similar to direct posttraumatic growth; however, subtle differences between the two were also identified along with manifestations of growth unique to VPTG. Third, a range of psychological, cognitive, behavioural, interpersonal, and external factors that have been implicated to facilitate VPTG are presented. Fourth, research exploring the relationship between VPTG and secondary traumatic stress is examined. Three possible explanations are presented: a positive linear association, no association, and a more complex curvilinear relationship.


Four studies were conducted to investigate the impact of self-enhancement motivation on the temporal comparisons of victims of stressful life events. The first study revealed that victims were more likely than acquaintances to report improvement in their personal attributes after traumatic life events than after mild negative life events; victims perceived improvement by detracting from their pre-event attributes. In Studies Two and Three, an experimental approach was used to study the impact of threatening experiences on perceptions of personal growth, with similar findings. Study Four confirmed that threatening feelings play a causal role in prompting self-enhancing temporal comparisons.


This article reports the development of the Stress-Related Growth Scale (SRGS) and its use in a study examining determinants of stress-related positive outcomes for college students. Study One analyses showed that the SRGS has acceptable internal and test-retest reliability and that scores are not influenced by social desirability. Study Two analyses showed that college students’ SRGS responses were significantly related to those provided by friends and relatives on their behalf. Study Three analyses tested the determinants of stress-related growth longitudinally. Significant predictors of the SRGS were intrinsic religiousness; social support satisfaction; stressfulness of the negative event; positive reinterpretation and acceptance coping; and number of recent positive life events. The SRGS
was also positively related to residual change in optimism, positive affectivity, number of socially supportive others and social support satisfaction, lending further support to the validity of this new scale.


This book provides a systematic review of the variables and mechanisms that underpin resilience and growth in professions who face high risk of regular and repetitive exposure to adverse or hazardous events. Promoting the acceptance and practice of this paradigm is essential for facilitating the capability of emergency responders to adapt to, and if possible to grow from, adverse and hazardous experience. By identifying salient dispositional, cognitive, group, organisational and environmental predictors of resilience and articulating the mechanisms that link them to adaptive and growth outcomes, emergency organisations will have the capacity to intervene prior to exposure to adverse events, rather than waiting until after the event.


This meta-analytic review examines the role of optimism, social support, and coping strategies in contributing to posttraumatic growth. Results from 103 studies showed that all three systems of variables yielded significant effect sizes. Religious coping and positive reappraisal coping produced the largest effect sizes. Social support, seeking social support coping, spirituality and optimism were moderately related to posttraumatic growth. Acceptance coping yielded the smallest effect sizes. Moderator analyses showed that effect sizes did not differ according to time elapsed since trauma, gender and type of posttraumatic growth measure. Age and gender were significant moderators of religious coping, whereas study design significantly moderated the effect of positive reappraisal coping.


In this review, theory and research on processes that lead to posttraumatic growth are applied to survivors of violence. Certain kinds of rumination lead to revision of fundamental schemas about the self, others and the future. Revised schemas appear to survivors as personal growth that has occurred as a result of having to cope with their trauma, and this is incorporated into a personal narrative that gives meaning to the trauma and consolidates perceptions of growth. Survivors often report positive changes in identity, philosophy and goals. Social transformations occur when survivors disclose their experiences and take actions that enlighten others, obtain justice and prevent recurrences of similar events.


This paper introduces the Posttraumatic Growth Inventory (PGI), an instrument for assessing positive outcomes reported by people who have experienced traumatic events. This 21-item scale includes the factors: new possibilities, relating to others, personal strength, spiritual change and appreciation of
life. Women tend to report more benefits than do men, and people who have experienced traumatic events report more positive change than those who have not experienced extraordinary events. The PGI is modestly related to optimism and extroversion. The scale appears to have utility in determining how successful individuals are in coping with the aftermath of trauma and reconstructing or strengthening their perceptions of self, others and the meaning of events.


The phenomenon of positive personal change following devastating events has been recognised since ancient times, but given little attention by contemporary psychologists and psychiatrists, who have tended to focus on the negative consequences of stress. In recent years, evidence from diverse fields has converged to suggest the reality of the processes the authors sum up as posttraumatic growth. They address a variety of traumas – bereavement, physical disability, terminal illness, combat, rape and natural disasters – following which, experiences of growth have been reported. Overcoming the challenges of life’s worst experiences can catalyse new forms of individual and social development. Learning about people who discover or create the perception of positive change in their lives may shed light on the problems of those who continue to suffer.


This article describes the concept of posttraumatic growth, its conceptual foundations, and supporting empirical evidence. Posttraumatic growth is manifested in interpersonal relationships, in an increased sense of personal strength, changed priorities, and a richer existential and spiritual life; it is an ongoing process, not a static outcome. One of the most interesting conclusions reached here is that identification of strength by veterans is often correlated with an increased perception of vulnerability.


The Comprehensive Soldier Fitness program, currently under development for the U.S. Army, will include a component designed to increase the possibilities for posttraumatic growth in the aftermath of combat. In this article, the authors review studies that provide evidence for this phenomenon in combat veterans, and suggest elements that such a program might include to facilitate posttraumatic growth. They urge the Army to conduct randomised controlled trials to test the efficacy of the program prior to implementation.


Posttraumatic growth (PTG) is an appealing but poorly understood construct. The authors commend Hobfoll et al.’s (2007) paper which highlights important weaknesses in existing theory and data. Despite the fact that it constitutes a provocative new way to conceptualise PTG in terms of action-focused growth, they also find a number of limitations in the approach. Instead, they attempt to place PTG within a broader framework of individual differences in response to potential trauma. Most of
the literature on PTG equates growth with resilience, or views it as superior to resilient outcomes. The authors argue that many if not most people are resilient in the face of trauma and that resilient outcomes typically provide little need or opportunity for PTG.
The effectiveness of psychological services provided remotely, telepsychology, for the management of PTSD was evaluated. Eleven studies of 472 total participants were conducted. Study quality was assessed, with studies characterised by small and underpowered samples. Effect sizes and associated confidence intervals (CIs) were calculated to determine the direction and magnitude of treatment change. Short-term treatment gains were reported for internet and video-based interventions, including significant improvements in cognitive and behavioural symptoms of depression, generalised anxiety and posttraumatic stress. However, the equivalence of telepsychology and face-to-face psychotherapy could not be determined, with few comparative studies available.

Despite growing literature, investment, and policy changes within governments, the integration of telehealth into routine clinical care has been limited. The availability of appropriate systematic education and training for practitioners has been highlighted as necessary for strong adoption. However, the availability and nature of telehealth-related education and training for practitioners is not understood. By reviewing the literature, the authors aimed to describe the delivery of education and training in telehealth, with particular focus on content, modes of delivery, types of institutions, and target clinician groups. 388 articles were identified, of which nine studies were selected for final review.

Mobile health (mHealth) refers to the use of mobile technology (e.g., smartphones) and software to facilitate or enhance health care. Several mHealth programs act as stand-alone aids for Veterans with PTSD or adjuncts to conventional psychotherapy. 188 veterans completed questionnaires assessing their access to mHealth-capable devices and utilisation of mHealth programs for PTSD. 76% reported having access to appropriate devices, but only a small group (18) reported use of existing mHealth programs for PTSD. Age significantly predicted ownership of mHealth devices, but not utilisation or interest, and 56% to 76% of respondents with access said they were interested in trying mHealth programs in future.

This research developed mindfulness and metta-based trauma therapy (MMTT) as an internet resource to support the practice of meditations for self-regulation and healing from trauma and stress-related disorders. 177 participants practiced mindfulness and metta meditations and related therapeutic exercises available via the website and rated their perceived credibility as interventions for improving self-regulation and wellbeing and reducing PTSD symptoms, anxiety, depressive, and
dissociative experiences. Results suggest that participants considered the MMTT website as a credible and helpful therapeutic intervention for these purposes.


In evidence-based therapeutic programs such as dialectical behaviour therapy for PTSD, therapists apply specific anti-dissociative skills to reduce dissociative features during exposure. In addition to therapist-guided sessions, exposure protocols often require that patients listen to audio recordings of exposure sessions. The problem of how to prevent dissociative features during self-administered exposure exercises had not been resolved. Hence, the authors developed the computer program MORPHEUS which continuously monitors the level of dissociative states and offers state-related anti-dissociative skills. This study sought to examine the acceptance and feasibility of the MORPHEUS program. The overall acceptance and feasibility as rated by the patients was high.


PTSD symptoms require innovative approaches to promote effective coping post-deployment, approaches which are capable of integrating multiple health risks while reaching large populations. This article provides the rationale and approach to adapt and evaluate a Pro-change computerised tailored intervention targeted at behavioural sequelae (i.e., smoking, stress, and depression) for veterans with or at risk for PTSD. The three-phase approach includes: focus groups to review and adapt content of the existing programs; usability testing; and feasibility testing. Interventions targeting veterans’ readiness to quit smoking, manage stress, and depression are warranted to provide potential health impact, opportunities for learning about veteran-specific issues, and to advance knowledge of health behaviour change.


This paper presents existing research describing how telehealth and eHealth technologies can be used to improve mental health services for trauma survivors, either by enhancing existing treatment approaches or as a stand-alone means of delivering trauma-relevant information and interventions. The potential ways in which telemedicine technologies aide in overcoming barriers to care is first addressed in terms of providing mental health treatment. The authors then outline how different telehealth and eHealth tools can be used for therapeutic tasks, including the provision of self-guided interventions, remote delivery of psychotherapy and augmentation of psychological treatments.

The authors developed a self-guided internet-based intervention, Trauma TIPS, based on techniques from CBT to prevent the onset of PTSD symptoms. This study was conducted to determine whether Trauma TIPS is effective. 151 Trauma centre patients were randomly assigned the fully automated Trauma TIPS Internet intervention, or to receive no early intervention (149). PTSD at 12 months was diagnosed in 4.7% of controls and 4.4% of intervention group patients. There were no group differences on anxiety or depressive symptoms over time. Results do not support the efficacy of the Trauma TIPS Internet-based early intervention in the prevention of PTSD symptoms for an unselected population of injury patients.


Seven years after an initial survey of art therapists that explored digital media use and training, the survey was re-issued to determine how art therapists’ perceptions, practices, and training related to the use of digital media in art therapy have evolved. Both surveys targeted 250 art therapists. The use of digital media as an art tool within practice is increasing quickly, but with reservations, the main one being around digital media and ethical issues. Generally the training in the use of digital media by art therapists has not kept up with the adoption rate of technology by art therapists.


The purpose of this study was to characterise reach, use, and impact of “PTSD Coach”, a free, broadly disseminated mental health app for managing PTSD symptoms. Using a mixed-methods approach, aggregate mobile analytics data from 153,834 downloads of PTSD Coach were analysed in conjunction with 156 user reviews. Over 60% of users engaged with PTSD Coach on multiple occasions. User reviews reflected gratitude for the availability of the app and being able to use the app specifically during moments of need. PTSD Coach users reported relatively high levels of trauma symptoms. For users who chose to use a symptom management tool, distress declined significantly for both first-time users and return-visit users.


Given the availability of empirically supported practices for addressing PTSD and other forms of trauma-related distress, the development and implementation of new technology to deliver these treatments is exciting. Technological innovations in this literature aim to expand availability of empirically based intervention, increase treatment adherence and acceptability, and overcome barriers commonly encountered with conventional trauma-focused treatment. The three general categories of technological advances in trauma therapy (i.e., videoconferencing, e-Health, virtual reality) are reviewed here, including information regarding their empirical support and suggestions for future research and clinical practice.

Victims of trauma are at high risk for conditions such as PTSD and depression. Regular assessment of symptoms in the post-trauma period is necessary to identify those at greatest risk and provide treatment. The multiple demands of the acute post-trauma period present numerous barriers to such assessments. The current study conducted a usability evaluation of a mobile app to monitor mental health symptoms after a trauma. A sample of 21 adults with a history of trauma completed a standardised usability test in a laboratory setting followed by a qualitative interview. Usability testing indicated that the app was easy to use and that patients were able to answer questions rapidly.


This study was designed to identify the types of eHealth tools that veterans with PTSD and comorbid CMCs use; to understand how they currently use eHealth technology to self-manage their unique health care needs; and identify new eHealth resources that veterans feel would empower them to better manage their health care. 119 veterans with PTSD and at least one CMC who have used the electronic personal health record system of the US Department of Veterans Affairs responded to a mailed survey about their chronic conditions and preferences related to the use of technology. 44.6% used health-related technology one to three times per month and 21.4% used technology less than once per month. They used technology most often to search for health information, communicate with providers and track medications.


In recent years, e-mental health interventions using clinical video teleconferencing, internet-based interventions, social networking sites and telephones have emerged as viable, cost-effective methods to augment traditional service delivery. This study sought to understand willingness to use e-mental health in a diverse group of veterans residing in Hawaii. Mailed surveys were completed by 600 Operation Iraqi Freedom/Operation Enduring Freedom Veterans and National Guard members. Results suggest that overall willingness to use e-mental health ranged from 32.2% to 56.7%. Importantly, veterans who screened positive for PTSD were significantly less likely to report willingness to use each e-mental health modality than their peers without PTSD, despite their greater desire for mental health services.


Recent developments in online support and counselling suggest that users of chat rooms and the Samaritans’ e-mail ‘listening’ service have discovered the power of writing as a self-help vehicle. Developments in computer-mediated counselling and therapy are essentially text-based and client-driven. The therapeutic use of expressive and reflective writing is not widely recognised in British counselling and therapy circles. But the empirical foundations for the therapeutic uses of the literary arts are well established. This review maps the use of writing therapy by drawing together cross-disciplinary research and practitioner reports which might support the place of writing as a creative therapy in its own right.