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2021

REPAIR IN AN ECONOMY OF TRAUMA: HOW IDENTIFYING TRAUMAS AS THE BASIS FOR TEACHER ARTMAKING CONTRIBUTES TO RESILIENCY IN MANAGING TRAUMATIC STRESS

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Art Education at Virginia Commonwealth University.

by

Danielle Raddin Houdek, BFA, Virginia Commonwealth University, 2012

Director: Dr. Sara Wilson-McKay Associate Professor, Department of Art Education, School of the Arts

> Virginia Commonwealth University Richmond, Virginia December, 2021

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Abstract

REPAIR IN AN ECONOMY OF TRAUMA: HOW IDENTIFYING TRAUMAS AS THE BASIS FOR TEACHER ARTMAKING CONTRIBUTES TO RESILIENCY IN MANAGING TRAUMATIC STRESS

By Danielle Raddin Houdek, BFA, MAE

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Virginia Commonwealth University, 2021.

Major Director: Dr. Sara Wilson-McKay Associate Professor, Department of Art Education, School of the Arts

Objective: Through this research project, the impact that secondary traumatic stress has on art educators and how artmaking contributes to resiliency in managing secondary traumatic stress was examined. The research question is: In what ways does naming specific experienced trauma, as the basis for teacher art making, impact teacher resiliency?

Method: Art-based research and autoethnography were used because these two methodologies complement each other very well and improve the quality of collected data and reflect investment of lived experience. I was the sole participant in this study. Two surveys to collect baseline data were self-administered. Historical data was reviewed from calendar, gradebook, lesson plans and journals to produce sketchbook responses. Themes were identified from the sketchbook and reviewed to make art and write reflections.

Results: The survey results from the Professional Quality of Life Scale and the Compassion Fatigue Self-Test indicate 50% improvement from baseline data.

Conclusion: Addressing specific experienced trauma, as the basis for teacher art making had a positive effect on the participant's personal resiliency and healing.

Chapter 1: Introduction

On average, within a public school classroom in the United States (US), 13 out of 30 students will have experienced three or more Adverse Childhood Experiences (ACEs) and one in three children living below the federal poverty line experience mild to severe symptoms of complex Post Traumatic Stress Disorder (PTSD) (Anda & Brown, 2010). Low income, racial and ethnic minority youth are at greater risk for exposure to adverse childhood experiences for a number of reasons, including, higher rates of poverty, exposure to community violence, discrimination, racism and familial stresses (Ijadi-Maghsoodi, Marlotte, Garcia, Aralis, Lester, Escudero & Kataoka, 2017). Adverse Childhood Experiences impact brain functions and learning ("Trauma's Impact on Learning", 2013). Following exposure to a trauma-inducing incident, survivors may become frozen in an activated state of arousal and experience impaired self-regulation of behavior and emotion. Arousal refers to a heightened state of alert or a persistent fear for one's safety ("Trauma's Impact on Learning,"2013). Symptoms include impulsivity, aggression, defiance, reactivity, oppositional relationships with school staff/authority figures and associating with maladaptive peers (Cole, S., 2005). When the same parts of the brain used for learning are hijacked, learning outcomes are impacted, resulting in cognitive deficits. These deficits include poor problem-solving, low self-esteem, and hopelessness ("Trauma's Impact on Learning," 2013). I have observed all of these results in students from adverse experiences in the art classroom.

Art teachers are often faced with students who have complex emotional and mental health issues associated with adverse childhood experiences. Specifically, at the elementary school where I taught from 2012-2021, the trainings we received have been exclusively about understanding and recognizing behaviors associated with adverse childhood experiences and

PTSD. The trainings do not address what actions should be taken when the teacher has Secondary Traumatic Stress. Secondary Traumatic Stress (STS) is defined as the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other, the stress resulting from helping or wanting to help a traumatized or suffering person (Hydon et al., 2015). There are gaps in understanding what effective actions can be taken by educators to alleviate the effects of Secondary Traumatic Stress (STS) beyond the umbrella term, self-care.

Statement of the Problem

I taught in a Title One elementary art classroom for eight years. Many of the students at my school have experienced multiple traumatic events in their lives. In addition to solitary traumatic events some of these students are re-traumatized regularly by the violence they witness in their communities and trauma stemming from poverty.

These stories of student trauma flow into the classroom. Students share with their teachers about what is going on in their lives. We are pulled into meetings by guidance counselors, social workers, psychologists, day treatment counselors and parents so we are aware of the complications these students are experiencing in their lives. Knowing and understanding students' day-to-day realities are critical to good teaching practice. Having perspective of a student's reality shapes the way teachers interact with a student, as well as the way we plan our lessons, and interact with their families and the community. Highly effective art teachers encourage all students to persevere through their work in the classroom. But are highly effective art teachers tending to their own secondary traumatic stress in a way that promotes resilience? Practicing empathy for all students, encouraging problem resolution and reassuring students that they are in a safe place for risk-taking and communication are defining roles for an art educator.

But are art educators practicing empathy for themselves, encouraging their own problem resolution and reassuring themselves that they are in a safe place for risk taking and communication? Additionally, investigating to what extent creating art promotes self-healing may help art educators better serve their students who have experienced trauma.

Theoretical Framework

I approach this research project informed from a Constructivist paradigm as I am interested in understanding a particular phenomenon (Buffington & Wilson-McKay, 2013). As an art educator I recognize the power I hold in the words I use, the way I interact with students and the relationships of trust with students. I also recognize that students come to school with many backgrounds relating to their own experienced trauma that differ greatly from one another. The plurality of backgrounds affects how each student contributes to the secondary stress that I experience. These multiple backgrounds and storied lives of my students encourage me to pause and reflect on my own trauma, and I created art in order to understand how an arts-based approach to secondary stress management may contribute to my own resiliency as a teacher.

Statement of the Problem and Research Question

Through this research project, I examined the impact that secondary traumatic stress has on art educators and how artmaking contributes to resiliency in managing secondary traumatic stress. My research question is: In what ways does naming specific experienced trauma, as the basis for teacher art making, impact teacher resiliency?

Key Terms:

Resiliency- a dynamic adaptive process encompassing positive adaptation within the context of significant adversity (Luthar, 2000).

Secondary Traumatic Stress -the emotional duress that results when an individual hears about the firsthand trauma experiences of another (Hydon et al., 2015).

Compassion Fatigue- indifference to charitable appeals on behalf of those who are suffering, experienced as a result of the frequency or number of such appeals. This term is often used interchangeably with Secondary Traumatic Stress (Hydon et al., 2015). Self-Care - the practice of taking an active role in protecting one's own well-being and happiness, in particular during periods of stress (Hydon et al., 2015).

Mindfulness- a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings and thoughts, used as a therapeutic technique (Lexico, 2020).

Purpose of the Study

The purpose of the research is to examine my own secondary traumatic stress and identify in what ways art making methods impact my resilience as a teacher. My aim in looking at this process for my own practice is to discover whether there may be applicable skills or guidelines for other art teachers in their specific teaching contexts.

Significance of the Study

There is a lot of research and data about the impact of trauma on students (Anda, 2010; Behavioral Risk Surveillance System, 2014; Cole, 2005) but there is a gap. There is also a lot of research on secondary traumatic stress on educators (Figley, 1995; Figley, 1999; Hydon, 2015; Kees, 1996; Lander, 2018) but the solutions are simplistic and use broad terms like self-care. "Healing trauma through art" is written about extensively (Hayes, 2015; Kay, 2017; Kuban, 2015; LaRose, 2014; Rolling, 2017) but I was interested in how this healing can be impactful to

the teacher when the teacher is making art about their own secondary trauma as experienced through teaching and their day to day lives.

There is very little research about practices that improve resilience in art educators. This topic is important to the field because trauma informed strategies utilized by art teachers are another tool in the toolbox for addressing students' personal trauma, promoting healing, and teacher resiliency.

In my research, I found that in my circumstances, making art using the concept of Kintsugi was a very productive process to confront trauma and emphasize healing.

Limitations of the Research

The limitation of the research is that this arts-based research may be beneficial as a reflective practice for myself only. The practices that I understand to create positive outcomes for myself may not translate to another school or another educator.

It is important that I address my own subjectivity within this study. As a white, middle aged, middle class, educated woman, I recognize that having the time, space, and the support of family and professors to reflect upon and make art addressing secondary traumatic stress is privileged.

Literature Review

As I prepared for this research, I reviewed existing relevant research to more fully understand resiliency strategies for educators experiencing secondary traumatic stress. Specific best practices of self-care, especially for educators, that promote resiliency is a developing field of study that has yet to be thoroughly researched and documented.

Relevant Areas of Research

Review of the literature reveals three themes including: understanding secondary traumatic stress on professionals working with traumatized children, strategies for intervention promoting educator resiliency, and art making as an intervention strategy for art educators coping with secondary traumatic stress.

Secondary Traumatic Stress

The symptoms of STS are similar to Post Traumatic Stress Disorder (PTSD), such as, withdrawing from friends and family; feeling unexplainably irritable or angry or numb; inability to focus: blaming others; feeling hopelessness or isolated or guilty about not doing enough; struggling to concentrate; being unable to sleep; overeating or not eating enough; and continually and persistently worrying about students when not at school and even in their sleep (Lander, 2018). In their work with students, teachers employed in high-poverty urban schools frequently act as frontline trauma workers (Chang, 2009; Kees, 1996). Issues related to community violence, child abuse, and poverty are commonplace in the lives of educators, who, as mandatory reporters, make more reports of child maltreatment than any other population of child service workers (VanBergeijk & Sarmiento, 2006). Three factors are viewed as contributing to the likelihood of STS: prolonged exposure, traumatic recollections, and life disruptions (Figley, 1999). It is important to highlight that STS is not conceptualized as a pathological response, but is viewed as a "natural, predictable, treatable, and preventable" reaction to working with traumatized individuals (Figley, 1999) and defined as "costs of caring" (Figley, 1999, p. 3). Risk for STS appears to be greater among women and among individuals who are highly empathic or have unresolved personal trauma (National Child Traumatic Stress Network, 2011).

Educator Resiliency/ Strategies for Intervention

Techniques for coping with STS fall into two categories, cognitive and behavioral, and focus on prevention and intervention. The most important preventive measure includes an ongoing program for self-care and life balance. Exercise, relaxation, mindfulness, non-work related, enjoyable interests, and humor are most often suggested (Kees, 1996). Self-care refers to "those activities performed with the intention of improving or restoring health and well-being," and must be highly individualized (Hydon, 2015). Luthar et al. (2000) define resiliency as "a dynamic process encompassing positive adaptation within the context of significant adversity" (p. 543). Today, researchers examine less the characteristics that exist in resilient people and more often the *adaptive processes* through which resilient individuals emerge (Yonezawa, 2011). Some characteristics linked to resilient teachers have included insight, independence, relationships, initiative, creativity, humor, morality (Wolin, 1996) and self-reflection (Whatley, 1998). Although evidence regarding the effectiveness of interventions in STS is limited, cognitive behavioral strategies and mindfulness-based methods are emerging as best practices (National Child Traumatic Stress Network, 2011). To become resilient, individuals must learn to adjust to negative conditions with the aid of resources, which can inform their perspectives and decision-making. Learning from past experiences increases available resources and thus improves one's resilience for dealing with future circumstances (Bobeck, 2002).

Teacher as Maker

How does the practice of artmaking promote personal awareness and healing? Art activities have been shown to reduce the hyper-arousal of trauma by engaging the body's relaxation response, providing students with a way to manage overwhelming sensations (Steel & Kuban, 2013). Licensed Clinical Social Worker Beth Watson (2014), argued that "programs that

focus on nonverbal expression – a description that includes art, music, movement, and theatre programs as well as sports – are vital adjuncts to any community healing efforts." (para. 12) These types of nonverbal expression begin a process of healing instead of merely dealing with the traumatic events (Hayes, 2015). Artwork made by a participant externalizes emotion and becomes an object that can be controlled and manipulated, fostering a sense of agency. (Kozlowska & Hanney, 2001).

Chapter 2: Review of Literature and Framing Experiences

The three areas of literature that informed my work are understanding secondary traumatic stress on professionals working with traumatized children, strategies for intervention promoting educator resiliency and art making as an intervention strategy for art educators coping with secondary traumatic stress. These three areas of literature connected to the real-life events that informed my study.

In May 2021, I was beginning to review data from the previous year's calendar, gradebook, and lesson plans. In the wake of an all-virtual school year due to the pandemic, I immediately recognized that I was being retraumatized by this data and I was struggling to work through it. The collective trauma of the COVID-19 pandemic was causing a trauma overload and I experienced dissociation (Kalsched, 2017) of the data I was attempting to review. The required isolation of the pandemic disrupted social connections and warped points of view. (Rolling, 2021) Reviewing my data left me frozen in a heightened state of alert and I found it hard to regulate my emotions. I was struggling to complete the task of visual journaling as I was reflecting on my students' stories of trauma. Donald Kalsched wrote "how the human imagination, which we normally utilize to make meaning out of traumatic experience, can be hijacked by fear" and, "alternatively, can be employed in more realistic and creative ways-

leading through conscious suffering to healing and wholeness" (Kalsched, p.443). It was not until I attempted to unpack and reflect on student trauma stories did I fully recognize the traumatic impact the COVID-19 pandemic had on me.

July 12, 2021, was the beginning of a personally traumatic summer. My 98-year-old grandmother fell, broke her hip, had multiple surgeries, and was hospitalized for a month. I spent every day with her at the hospital tending to her and her personally healing. I spent my time with her documenting the trauma she was experiencing from her injuries as well as my own feeling of caregiver stress. The stress on informal caregivers depends on the level of care and the degree of kinship (Scholmann et al., 2021). The stress I experienced was related to family and work role conflicts as well as the exceptionally close relationship I have with my grandmother. I took a lot of pictures of her surgical incision over those weeks as I was interested in her healing process. I became fascinated with the way dark bruising occurred under the paper-thin skin of her arms from multiple IV pokes. I photographed her arms to document how those bruises migrated and healed over time. I was obsessed with her healing process and photography became my method of journaling the experience with her. Photographic journaling is a subjective point of view, without outside expectations and may encourage reflection (Ardoin et al., 2013). She was often moody, agitated and experiencing a lot of pain. Being unable to provide salve for her pain and calm her mood was stressful for me as a caregiver. It felt uncomfortably similar to the feeling I had as a teacher when a student shares their trauma experience, and I was unable to heal it for them. Teachers who have trauma sensitive classrooms are highly sensitive to their student's trauma, maintain a supportive environment and build positive relationships (Jennings, 2019). I realized that I was implementing the trauma sensitive classroom model while caring for my

grandmother. Finally, in mid-August, she was discharged to go home; still weak but making enormous progress in healing from her traumatic hip injury.

Recognizing the similarities of secondary traumatic stress, I experienced as a caregiver and as a teacher provided an additional lens through which I wanted to complete this thesis project. Also, having the opportunity to experience my grandmother's healing process shed new light on the concept of healing. It was all so overwhelming; I had to shift gears. I began addressing the present traumatic stress of my fragile grandmother's injury and the ways it related to my previous students' traumas. These were the issues that guided my art making for this thesis project.

Chapter 3: Methodology

I used art-based research and autoethnography because these two methodologies complement each other very well and improve the quality of collected data and reflect my investment of lived experience. My goal was to address the secondary trauma I have experienced from working with students who have traumatic backgrounds and my current family trauma through artmaking. Through art-based research and keeping an autoethographic journal of the process, I was able to reflect on and explore self-care, resilience and healing and let the inquiry develop over time. According to Rita Irwin's chapter, "A/r/t/ography" (2013) she defines art-based inquiry as a "living inquiry because it is about being attentive to life in and through time, relating what may not appear to be related, knowing that there are always connections to be explored" (p. 105). Autoethnographic journaling "empower participants by authentically contextualizing their (lived) experience" (Anderson, 2014, p.89) and a/r/t/ographic art making; the transformative act of lived inquiry (Irwin, 2013), are parallel reflections of each other.

Following the work of Shipe (2016), I translated and modelled her process. Shipe generated a

unique understanding of her personal feelings about students and her own expectations of them through visual journaling. She achieved these understandings by journaling without "specific, predetermined objectives and remaining open to unexpected findings" (Shipe, 2016, p. 28).

Art-based research is a living inquiry that aims to benefit the life of the participant. The research took place as I reflected upon my own secondary traumatic stress from my work as an elementary art teacher in a Title 1 school, family illness, isolation resulting from the pandemic, the disruption of daily life and perceptions of resilience I experienced through art making. As I was looking to experience and benefit from resilience as the participant, art-based research was aligned with my stated goal.

Design of the Study

Participants and Location of the Research

I was the sole participant of this study. As the sole participant, I was exploring my personal experience with secondary traumatic stress as an educator and caregiver.

In my Title 1 classroom, I kept notes to aid my teaching practice. In my grandmother's hospital room, I kept a photographic journal of her healing. I used my virtual classroom space to brainstorm and reflect upon past experiences of heightened awareness to my secondary traumatic stress. The art making occurred in my home studio space.

Methods of Data Collection

I was the participant- observer in this research (Irwin, 2013). I self- administered two surveys to collect baseline data. The surveys were scored by someone other than myself. The two surveys are the ProQOL5 (Professional Quality of Life Scale) and the Compassion Fatigue Self-Test(https://www.mtleague.org/wpcontent/uploads/2016/09/CompassionFatigueSelfTestforPractitioners.pdf). Using ProQOL5, a high risk of STS is indicated by scores above 17, the 75th

percentile while scores below 7, the 25th percentile, are indicative of low STS risk. Additional historical data was previously collected through observation. The historical data I reviewed took the form of notes within my school calendars, grade book, and lesson plan book. During the 2019-2020 school year, when a student approached me and revealed something about a personal trauma, I had a practice where I made notes within my calendar, grade book and lesson plans so that I would remember that student's situation and keep an eye on their behavior. Many students would often approach me to talk about troubling events in their lives and community and I wanted to keep their personal trauma story disentangled from another student's story. In order to have ongoing conversations and remain responsive to the student, I needed to remember all of the details or they may have believed I did not care enough to remember.

I also collected data from my grandmother's trauma and healing in the form of photographic journaling. Specifically, I took photographs of her surgical incision and bruising on her arms every few days to track her progress and healing. These photographs were taken with my cell phone. The feelings of secondary traumatic stress that I experienced was documented on the "notes" app on my cell phone and within a sketchbook.

Data analysis of student trauma, in the form of systemic autoethnographic sketchbook responses, beginning in May was conducted twice a week for 30 minutes as I reviewed the data from my gradebook, calendar and lesson plan notes. The sketchbook entries were text and imagery as I unpacked the trauma stories from the previous school year. While caring for my grandmother, I addressed the current trauma by making sketchbook responses. On August 23, 2021, I began looking at the sketchbook responses and identified themes of trauma. Beginning August 23, 2021, I made one art piece every two weeks. On October 25, I revisited the completed artwork and identified processes that impacted personal resilience and healing.

The artmaking occurred after assembling data through reflection on past classroom observations, journaling, sketching and maintaining a visual journal. The sketchbook responses revealed the medium and scale of the work I completed. My range of making spans small to medium scale. Most of my work is 2D mixed media and I incorporated 3D work with lesser frequency. The coherency of the work emerged over time as the work was completed. The data collection was complete when patterns emerged and data reach saturation was achieved. I limited myself to materials I could resource within my elementary art classroom. I reflected daily during the weeks of artmaking within my journal (visually and textual) about feelings of resilience that I experienced. At the conclusion of the research, I took the ProQOL5 and Compassion Fatigue Test again and compared the data.

Date	Data Reviewed	Data Analysis
May 24, 2021	ProQOL5 and Compassion	Scores
-	Fatigue Test self-assessment	
May 31, 2021	Calendar notes	Sketchbook response
June 14, 2021	Gradebook notes	Sketchbook response
June 28, 2021	Lesson plan notes	Sketchbook response
July12, 2021	Hospital	Sketchbook response
July 26, 2021	Hospital	Sketchbook response
August 9, 2021	Hospital	Sketchbook response
August 23, 2021	Identified theme	Make and write reflection
September 6, 2021	Identified theme	Make and write reflection
September 20, 2021	Identified theme	Make and write reflection
October 5, 2021	Identified theme	Make and write reflection
October 18, 2021	Identified theme	Make and write reflection
October 24, 2021	ProQOL5 and Compassion	Scores
	Fatigue Test self-assessment	
October 25, 2021	10 weeks of art work	Identify impact of processes
		on personal resilience
October/November, 2021	Write reflections for thesis	
November 8, 2021	Exhibition at Franklin	
	Terrace	
December 3, 2021	Thesis defense	

Data Analysis

Data analysis is ongoing with art-based research (Irwin, 2013). Having numerous art pieces addressing experienced trauma (data collection), I had the opportunity to analyze for patterns, relationships and uncertainties (Irwin, 2013). Once I studied the data (artmaking), I then identified processes that produced an impact on my resilience. The baseline and conclusion data from the two surveys administered provided additional quantitative data for consideration.

Chapter 4: Findings

Below is a chart with the baseline and final data from the Compassion

Satisfaction/Fatigue Self-Test for Helpers, Resiliency Quiz, Stress-Hardiness Test and

Professional Quality of Life Scale (ProQOL). The data shows that compassion satisfaction
increased 65%, risk for burnout decreased by 70%, risk for compassion fatigue decreased by
73% on the Compassion Satisfaction/Fatigue Self-Test for Helpers. The resiliency quiz shows a
moderate 16 point increase and the stress hardiness indicator shows an 11 point increase. The
data from the ProQOL shows increased compassion satisfaction and decreased burnout and STS.

	Baseline Scores	Final Scores		
	May, 2021	October, 2021		
Compassion Satisfaction/Fatigue Self-Test for Helpers				
Potential for Compassion	68 (modest potential)	104 (high potential)		
Satisfaction				
Risk for Burnout	62 (high risk)	18 (extremely low risk)		
Risk for Compassion Fatigue	76 (extremely high risk)	21 (extremely low risk)		
Resiliency Quiz	66 (low middle average)	82 (high middle average)		
Stress Hardiness	-1 (low hardiness)	10 (hardy)		
Professional Quality of Life Scale (ProQOL)				
Compassion Satisfaction	26 (average)	47 (high)		
Burnout	36 (average)	17 (low)		
Secondary Traumatic Stress	38 (average)	11 (low)		

The remaining data analyzed are reflections on the artwork produced after themes were identified.

FIGURE 1. *Bruise Series*, 2021.

Note. 8" x 8" color pencil on watercolor paper, 12" x 12" gold leaf on plexiglass.



I was investigating how physical trauma presents itself. I reflected on student's personal stories of physical trauma as well as looking at my grandmother's deep purple bruises on her arms from multiple hospital IVs. While looking at photographs of contusions on the internet, I was struck

with how aesthetically beautiful they are. When you remove the context that a bruise is formed when an injury makes small blood vessels under your skin bleed, a bruise is just a collection of colors. I added the plexiglass with the gold leaf to show that once a bruise heals and disappears, the person is likely not going to forget the physical trauma that caused the bruise. The use of gold leaf is a nod to the Japanese philosophy and craft of Kintsugi, where broken ceramics are repaired using golden epoxy to highlight the repair.

FIGURE 2. *Kintsugi Bruise*, 2021.

Note. 15" x 15" watercolor, salt and gold leaf on paper.



Even the smallest bruises may be the result of enormous trauma. In this piece, I consider this a very small bruise that is being viewed under a microscope. The bruise has begun to heal but there is still a shadow of this trauma peeking out from the kintsugi gold leaf. Additionally, emotional trauma may not leave a physical mark but the impact it has can be significantly more painful and take more time for healing to occur.

FIGURE 3. *Trauma*, 2021.

Note. 8" x 10" canvas in 8" frame.



I spoke with my grandmother's surgeon just before her hip replacement surgery. I wanted to know precisely how the surgery would be done, where the incisions would be, how many incisions, and how big would they be? I was simultaneously intrigued and terrified that my grandmother was going to be cut open intentionally. An intentional yet necessary trauma.

FIGURE 4.
Treatment, 2021.

Note. 8" x 10" surgical floss and needle on canvas in 8" frame.



The treatment for a deep incision is often stitches. After looking at several types of surgical stitches, I replicated the treatment that facilitates the healing of this trauma. Replicating this surgical stitch gave me a sense of control and of being an active participant in the treatment of trauma.

FIGURE 5.

Healing, 2021.

Note. 8" x 10" hot glue and gold leaf on canvas in 8" frame.



Scars often form after stitches are removed. This representation of a healed keloid scar has a golden Kintsugi-like covering, highlighting that the hurt is not erased but it is healed.

FIGURE 6.

Please Handle with Care. Fragile. Thank You, 2021.

Note. 18" x 24", stickers and gold leaf on paper.



The frailty of one's heart after experiencing secondary trauma is invisible to others. The frailty can be a health-related physical weakness of the heart muscle and/or compassion fatigue. What may be witnessed by others is a myriad of behaviors including impaired self-regulation of behavior and emotion. The Kintsugi gold-leaf is repairing the seams of a fragile heart.

FIGURE 7. *Systems*, 2021. Note. 18" x 24", stickers and gold leaf on canvas.



There's a connection between kintsugi, self-care and childhood trauma in this work. They are connected through relationship systems that perpetuate childhood trauma in our society, its effect on teachers and the need for teachers to experience self-care. The gears represent the fragile systems that, by design, will never function correctly. As educators we are instructed to use failed systems to address trauma in our students and systems of "self-care". Using systems that don't work leave educators feeling like failures which is potentially traumatizing. The gold kintsugi seams represent healing from recognizing that continually trying to implement broken systems leaves educators traumatized, and to recognize that the breakage and repair that teachers experience is part of their history and should not be disguised but an embracing of the flaws and the resilience of educators.

The process I identified of as having a positive impact on my resiliency and healing is the Japanese art of Kintsugi. Kintsugi is the Japanese art of repairing broken pottery using gold epoxy to emphasize the repair rather than disguise it. My application of the Japanese philosophy of kintsugi was an intentional way to highlight healing processes. In my work, the philosophy of *kintsugi* emerged as a powerful source of comfort and healing when dealing with secondary traumatic stress, sickness, trauma, and the disruption of daily life. The use of Kintsugi philosophy within this work makes the healing visible. It reinforces the healing that has occurred.

Chapter 5: Discussion

Through the making process, I discovered that isolation in the pandemic, caregiver stress and the retraumatizing effect of reflecting on student trauma stories had hijacked my thought processes. I realized that my students' stories of trauma were possibly not the full story. It was like stopping a movie in the middle and not knowing the ending. I was mentally stuck thinking

about the student trauma and left not knowing what healing had occurred. Attending to my grandmother everyday forced me to recognize that healing can and does occur.

The artmaking process facilitated recognition that I was frozen in the middle of a traumatic story. I realized I was stuck thinking about the trauma and not allowing myself to consider the healing process. I used kintsugi philosophy to create healing conclusions to stories of trauma.

The quantitative shift in the final survey was the result of two important factors. The baseline data was collected while I was teaching fully virtual at a Title One school. The final data was collected while I had returned to in-person teaching at a new school. The circumstances, climate and culture in which I was teaching had shifted in a pivotal way. I went from teaching at a school that had 82.4% free or reduced lunch to a school with 8.9% free or reduced lunch. The previous school has a statewide rank in the 10th percentile while the current school has a statewide rank in the 60th percentile. The other factor impacting the survey data was the purposeful processing of trauma through artmaking. I traded the secondary traumatic stress, potential for burnout and compassion fatigue with art production.

Suggestions for Further Research

I would suggest further research exploring how resiliency through artmaking can be accomplished within other fields that have high incidence of secondary traumatic stress.

Conducting this research without the circumstances surrounding the COVID-19 pandemic, a change in school environment, and personal trauma could result in different data. A similar study could be explored using multiple educators as participants to widen the scope of data.

Conclusion

An economy is loosely defined as an area of production, distribution, trade, and consumption by different agents. Through my research project, I recognized that trauma functions as an economy. Trauma is produced by many agents such as parents upon children. Those children, as students, distribute that trauma to people in their environment, such as teachers, resulting in educator secondary traumatic stress. In this research, I realized that I was successful trading the traumatic stress when artmaking occurred. I understood that my personal secondary traumatic stress, its effect on me and the benefits of personal expression helped to support my own resiliency and healing from STS. For students, the art classroom environment may provide a space for freedom of expression, regardless of what traumas and stressors they may have experienced. Creating art may provide a brief reprieve from the everyday struggle that children with ACE must navigate (Hayes, 2015; Kay, 2017; Kuba, 2015; LaRose, 2014; Rolling, 2017). For educators and students, artmaking processes channel creativity that gives them power to reclaim their childhood, increase self-esteem and an understanding of self. Creativity alone has been identified as one of seven types of resilience providing a feeling of safety in a time of stress along with insight, independence, relationships, initiative, humor and morality (Wolin & Wolin, 1993). Art can be a vital tool for healing centered engagement which is asset driven and focuses on well-being, rather than the suppression of symptoms (Ginwright, 2018). Art teachers have the potential to support resiliency in their students and themselves through creative processes that promote feelings of safety, control, and pleasure.

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