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THE POWER OF CREATION OVER TRAUMA : PERSONALITY FACTORS AND THE IMPOTENCY OF PTSD

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Synopsis:

This study investigated the effects of personality factors on traumatic exposure and adaptation. The researcher conducted clinical interviews with seven creative individuals. Results were analyzed utilizing a combination of descriptive statistics with qualitative analysis. The hypothesis was supported. All participants reported traumatic exposures. None were clinically impaired, which suggests both locus of control and creativity may mitigate possible clinical impairment after exposure.

The Power of Creation over Trauma:
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Abstract:

Over a century ago, psychoanalytic theorists hypothesized that the span from normal to pathological functioning was a bridgeable spectrum, not a fine line. Testing this hypothesis required investigating certain personality factors believed to mitigate the development of post-traumatic stress disorder (PTSD) after traumatic exposure(s). This study investigated the effects of personality factors on traumatic exposure in adulthood, specifically, locus-of-control and creativity. Seven case histories were collected. Additionally, participants completed relevant personality inventories. Descriptive statistical analysis and qualitative analysis supported the hypothesis. All participants reported traumatic exposures. None were clinically impaired. This suggests that both locus of control and creativity may mitigate possible clinical impairment after traumatic exposures.

Power of creation over trauma: Personality factors and the impotency of PTSD

Sharon R. Kahn, Ph.D

Exposure to trauma is an unexceptional event in the United States, with estimates to such exposure ranging from 50-70% of the United States population. (Sidran Institute, 2013; US Department of Veteran Affairs[USDVA], 2013). However, the development of post-traumatic stress disorders marked by substantial clinical impairments is unusual. (American Psychiatric Association[APA],2013). The lifetime risk of experiencing PTSD is 8.7% in the United States, although it is lower in Europe. (US Department of Veteran Affairs, 2013). Women are twice as likely as men to develop the disorder. (USDVA, 2013). (Place Table 1 here).

The finding that few people develop severe psychopathology despite experiencing serious traumatogenic exposures hearkens back to two earlier hypotheses neglected by 21st Century psychologists: The idea that the span from normal to pathological functioning is a bridgeable spectrum, not a fine line. This was known as the analogy method and was developed by early psychoanalytic theorists, such as Freud and Ferenczi. For example, mourning, the normal expression of grief, becomes pathological at the extreme opposite of the spectrum as melancholia; dreams, the normal expression of sleep, becomes pathological at the extreme opposite of the spectrum as either narcissism or schizophrenia. (Freud, 1917, 1963). The analogy method is useful to not only understand the phenomena studied, but also leads to an appropriate bridge for therapy, as it offers a window into understanding how individuals experience their disorders, and thus, how far therapists must travel to meet them for an optimal therapeutic encounter. Resurrecting the approach of a spectrum which ends in

a pole of normalcy and one of psychopathology with various stations of functionality in between may lead to more reliable and valid therapies for the treatments of such psychopathology as post-traumatic stress disorder (PTSD). Furthermore, the spectrum approach also spans the gap in understanding why fewer people develop disorders despite exposure to traumatic stimuli.

The spectrum approach also accounts for various personality factors that may mitigate the development of this disorder, such as temperament, early socialization, socio-economic status, history of traumatic brain injury, and educational status. (APA, 2013). These factors, embedded within, may enable individuals to believe they can actively take control of their lives, or, need passively endure them. As Freud said, “The fading...depends....[on] whether there has been an energetic reaction to the event that provokes an affect.” (Breuer & Freud, 1895, p. 8). An energetic reaction would be an active working through of the trauma. Engaging in a creative act may be one such expression of an energetic reaction. The foundations for an active, life-enhancing approach may have been laid previously in personality through temperament and early socialization. Freud regarded the formation of a neurosis as a passive act representing repression, the seeds for which are also planted in early socialization (Freud, 1924, 1963). A creative expression would be antithetical to repression, indeed, it would be a sublimation of a trauma, thus, active and not at all defensive.

While Freud proposed the utility of a spectrum approach in understanding mental illnesses, Ferenczi grappled with the socialization and relational precursors which might lead to a positive or a negative emotional outcome after traumatic exposures. Ferenczi's(1955) theory of alloplastic adaptation may be of assistance in understanding

the intra-psychic factors which manumit an individual from impairment or bond them with it. Ferenczi was one of the few early psychoanalysts who managed to remain within the Freudian hegemony while simultaneously addressing the reality and frequency of actual child sexual abuse, independent of the Freudian concept of Oedipal fantasy. (However, sexual violence was only one form of traumatic exposure which can later lead to post-traumatic stress disorder. Also included are exposures to natural disasters, combat, traumatic brain injuries, etc.). According to Ferenczi (1933), exposure leads to psychiatric impairment when,

Pathological adults....mistake the play of children for the desires of a sexually mature person....The real rape of girls...and boys...are more frequent...than has hitherto been assumed. These children feel physically and morally helpless...the overpowering force and authority of the adult makes them dumb...can rob them of their senses. The same anxiety...if it reaches a certain maximum, compels them to subordinate themselves like automata to the will of the aggressor, to divine each one of his desires and to gratify these; completely oblivious of themselves, they identify themselves with the aggressor. Through the identification...he...becomes intra-instead of extra-psychic; the intra-psychic is then subjected, in a dream-like state....When the child recovers from such an attack, he feels ...split. Usually the relation to a second adult....mother...is not intimate enough for the child to find help... The...child changes into a mechanical obedient automaton or becomes defiant.....One part of their personalities...got stuck...where it was unable to use the alloplastic way of reaction...could only react in an autoplatic way be a kind of mimicry...a mind which...lacks the ability to maintain itself with stability in face of unpleasure...(Ferenczi, 1933, pp. 162-163)

Autoplastic adaptation involves an individual reacting “to stimuli of unpleasure with fragmentation....absolute passivity.” (Ferenczi, 1932, p. 165). By contrast, “alloplastic adaptation involves the alteration of the environment in such a way as to make self-destruction and self-reconstruction unnecessary and to enable the ego to maintain its existing equilibrium...A necessary condition for this is a highly developed sense of reality.” (Ferenczi, 1930-1932, p221). To state this empirically, an alloplastic adaptation modulates the risk of psychiatric impairment following traumatic exposure.

Kahn (2014) investigated the effect of alloplastic adaptation as a modulating factor in the development of post-traumatic stress disorder. In order to measure alloplastic adaptation, Rotter's (1966) Locus of control (LOC) inventory was used. This is a construct used to understand how individuals tend to understand their sense of efficacy in the world. Individuals who rate themselves as actively controlling the outcomes of events on this self-report questionnaire receive scores of Internal, which may highly correlate with alloplastic adaptation. Individuals who rate themselves as passive victims with little ability to influence outcomes receive scores of external, which may highly correlate with autoplastic adaptation.

Both Ferenczi and Freud wrote that energetic responses might be key as to whether or not traumatic neurosis would occur. Ferenczi expressed energetic as abreaction, where “large quantities of repressed affects might obtain acceptance by the conscious mind and.....formation of new symptoms....might be ended.” (Ferenczi, 1932, pp. 156-7). Creative expression is one way of active engagement to work through a traumatic exposure to experience the appropriate emotional intensity in a socially acceptable manner. To empirically test the concept of abreaction as a modulating

factor, participants were asked about their creative pursuits and completed a measure of creative expression (Remote Associates Test, Mednick 1968). Participants also completed the PTSD Checklist (Weathers, Huska & Kean, 1991) to verify and specify incidents of past traumatic exposure. Finally, participants underwent a psychosocial interview with the principal investigator. This study investigated the mitigating impact of additional personality factors in adulthood on the experience of trauma, specifically, creativity and locus of control.

METHOD:

Participants: Ten inquiries resulted after the investigator placed pleas on such social media outlets as the Facebook site of a music school, Craig's list ads, and Linked-In. Three people choose not to engage in the study after their initial inquiry.

Inventories: Psychosocial interview, Locus of Control Inventory (LOC), (Nowicki & Duke, 1974), a measure of how individuals understand the relationship between personal agency and its consequences; the Remote Associates Test (RAT), (Mednick, 1968) a measure of creativity, and the PTSD Checklist-Civilian Version (PCL-C) (Weathers, Litz, Huska & Keane, 1994), a measure of traumatic exposure. Participants who scored as symptomatic on the PCL-C were then asked to complete the Trauma Assessment for Adults-Self-Report Version (Resnick & Best, 2003).

Procedure: Seven participants were ultimately recruited in this manner and engaged in a face-to-face interview with the experimenter. The interview was conducted at various Manhattan coffee shops. Each participant was greeted by the investigator, their identity verified, and offered a complimentary beverage. Each participant signed informed consent before proceeding. After consent was obtained, they completed the LOC, the

RAT, and the PCL-C. Participants who scored as symptomatic on the PCL-C were then asked to complete the Trauma Assessment for Adults-Self-Report Version. After the structured inventories had been completed, they participated in a biopsychosocial interview. This interview consisted of a thorough investigation of the participant's childhood memories, education, social relations (past and present), family relations (past and present), trauma exposures, creativity history (past and present), substance use history, criminal history, work history, creative outlets (past and present). Participants were encouraged to reflect back on events for any fresh insights they might have now. This interview was very similar to an initial psychosocial interview that a psychologist might conduct prior to the initiation of a therapeutic treatment. Most participants were able to complete the interview within an hour.

RESULTS

Analysis across all cases: Statistical Results:

Measures of central tendency were utilized to analyze the seven completed protocols. The participants consisted of two American-born females and five males. Three of the males were born in the United States; one was born in the Dominican Republic, one in South America. The mean age of the participants was 42.4 years. Education level ranged from some college to post-doctoral study. All worked at a professional level, with careers ranging from high school teacher to consultant. Current socio-economic backgrounds ranged from middle-to-upper-middle classes. Childhood socio-economic backgrounds ranged from working-class to upper-middle class. No participants reported a childhood history of emotional or behavioral problems. No participants reported a history of traumatic brain injury. No participants reported an

adulthood history of hospitalizations for emotional or behavioral disorders. No participants had a substance use problem at the time of the interview. All participants were working full-time at the time of the interview. Three participants were divorced, one participant was currently married, and three had never married at the time of the interview. Two participants had children, five had no children at the time of the interview. Two participants scored high enough on the PCL-C to complete the Trauma Assessment for Adults (Resnick & Best, 2003). These two participants reported multiple traumatic exposures occurring over a 20 year time span. Traumatic exposures included serious health issues, sexual contact with someone who was at least five years older before age 13, witnessing a violent physical altercation, exposure to a natural disaster, and witnessing a friend or a family member deliberately killed or murdered. These two cases will be discussed in detail following the overall analysis of cases. (Place Table 2 here).

The mean score on the LOC was 13, which is Average. The mean score on the Remote Associates Test was 5.7, which is in the eighth percentile for adults. The mean score on the PLC-C was 26. Scores under 35 are not considered clinically significant. Two participants scored over 35 and completed the Trauma Assessment for Adults, which was analyzed in a qualitative fashion. (Place Table 3 here)

All participants actively pursued creative outlets. Among their creative activities were playing in a rock and roll band, screenwriting, song-writing, poetry writing, and learning to play new musical instruments. No participants reported receiving remuneration or reimbursements for these pursuits.

Nature of traumatic exposures reported:

Exposure to a natural disaster, serious health issues, sexual contact with someone at least five years older before age 13, witnessing a violent physical altercation, and witnessing a friend or family member deliberately killed or murdered.

Current stressors reported:

Aging, bankruptcy, death of a parent, family issues (not death), graduation, marriage, personal health concerns, personal weight, retirement, school, time-management, and work related issues.

Unexpected stressors reported:

Four of the seven participants spontaneously mentioned that they hated their fathers. During their biopsychosocial interview, participants were asked to describe their relationships with their mother and father during childhood. They used strongly negative language only when describing their fathers. One man, age 56, reported that his remembered at age 3, his father spanked him for drawing on the walls. He stated, "I decided not to love him...we never got along...he doesn't love me...I won't love him back." A female, age 42, state, "We never got along...I couldn't stand him...not nice...judgmental, racist...."

Creative pursuits cited:

Playing/learning musical instruments, forming music bands, screenwriting, poetry writing, musical composition. (Place Table 4 here).

Clinical Commentary:

Two of the seven cases will now be attended to in-depth. These two males scored significantly high enough on the PTSD Checklist to be considered as having possible PTSD. Yet, both of these men functioned, worked, raised families, engaged in their communities, and have not been hospitalized for mental illness in their lifetimes. They will be referred to as The Engineer and The Teacher.

The Engineer is a 46 year old man, the youngest following three sisters. He grew up in a suburb of New York. His father was a program developer for the local school district; his mother was a college professor. The Engineer remembers his relationship with his oldest sister as conflicted, as “she thought I was spoiled.” He got along “great” with the other two sisters. As for his parents, “I adored them both.” His entry into the school system was not particularly traumatic. He remembered getting along well with peers, playing sports, and taking music lessons. His siblings also took music lessons and they were “always playing music. The Engineer played guitar and his sisters played flute and piano.

Although early and later childhood years were relatively benign, entry into adolescence marked the beginning of serious exposures to trauma. When he was 12, he was a witness to serious violence in a school fight. He remembers going to lunch. Classes were changing. “A kid [was] running down the hall...another kid running behind” Everything was going fast and he remembered the scene as chaotic. “A kid was pushed into a door jamb. Bang. The other kid jumped on top. Everyone was surprised. Kid that was getting beat up was big. The kid on top was skinny. The Karate Kid was giving him a whole can of whoop ass. So much confusion. Went on

longer than it should have, maybe 5 minutes. I didn't know the kid [getting beaten] that well. He was a putz. An equal opportunity annoyance. Both got suspended”.

Although the exposure to the fight was traumatic, he did not develop any additional symptoms or decompensate into PTSD. There were no flashbacks, intrusive memories, hypervigilance, etc. The remainder of his adolescence was generally positive. The remainder of high school was recalled as successful both academically and personally. He formed a band with friends who performed at local shows and dances. He parents were proud of his creativity and encouraged him to record, which he did. He recalls Simon & Garfunkel, The Beatles, and Wordsworth as being creative influences on his style.

Although not particularly interested in academics, he went to college to please his parents. “Mom said, just get a degree.” He was recruited by several schools to play lacrosse and attended college on a lacrosse scholarship.

The second trauma occurred early in young adulthood, when he was incapacitated by a flu virus and needed a heart transplant. After surgery, he was in the ICU for four days. He is on a life-long regimen of immunosuppressant's and pain medication. Later, a cardiac stent was also implanted. Then, in his 30's, his gall bladder malfunctioned. They could not do an arthroscopy, so he had to do “old school, cut through stuff.” He described a long and painful recovery. His personal life was forever impacted by a loss of physical energy. However, he does not believe this is important as to his lack of a love life. “I'm picky. When I get what I want, I'm all in. Anything she wants, if I find what I want.”

Although The. Engineer has not married as of this writing, he was engaged to a “young, supersmart, stunner” a decade ago. He believes her immaturity ultimately led to their break-up, “She was young, even for her age. Her looks let her get away with anything. So many things did not apply.”

The. Engineer works as an engineer, has several friends with whom he socializes, occasionally dates, He plays in a rock band that performs at a local restaurant on the weekends. He copes with his on-going medical traumas by “not dwelling on it.” He denies any trauma related sequelae, such as nightmares, intrusive thoughts, flashbacks, etc. His idea of a major stressor these days is to get on the 8:10 train to his job. Otherwise, “I’m all set.” Indeed, since he actively engages with daily life and finds it to be satisfying. He is able to work at a job he likes. He has friends and pursues his interests. .He meets the criteria of those exposed to trauma but not suffering from PTSD at the present time.

Clinical Case #2

The Schoolteacher is a 40 year old man who was born in the Dominican Republic and came to New York at age 13 with his younger brother, and stepfather. . As a child in the DR, his biological father was a soldier with whom he had little contact. His mother did not want him to have any contact with his biological father, probably due to the fact that his father had children with other women. The Schoolteacher remembers being, “mean to him...Mother wanted me to hate him. She was jealous. She was angry at him, [when] he wouldn’t forget his dad....It was painful to hide from reality. Sometimes I saw him and hid....” His mother preceded the family in emigrating to NY, where she lived with her brother. During that time, he was in the care of his

great grandmother. This was not recalled as a trauma, but as a culturally normal event. “She (great grandmother) was so loving. I wasn’t the only kid with parents living outside the DR. When she came back, it was like Christmas. This may also indicate early socialization for optimism, to look for the silver lining in every cloud. Another sister was born right after they came to New York His stepfather was a journalist, his mother a cosmetician. He describes the stepfather as a hard-worker, who “sometimes yelled at me.”

The Schoolteacher remembers a childhood filled with art and drawing. He especially loved to draw “Batman, cartoons.” His renderings were so successful that “kids used to trade their comic books for my paintings.” Although the Schoolteacher is ambivalent about his stepfather, the man “used to bring me note pads...put me in art school.” While in the art school, he drew a series of drawings inspired by “The Little Prince” which were later exhibited at the school. He recalled “loving school, every subject.” Yet, life in the DR could be frightening and unprotected. Before he had reached the age of 13, he reported being sexually molested by a 30 year old female babysitter. Again, he normalizes this in the interview as being common in his culture, yet, despite that description, he also states now he is very careful when it came to outsiders caring for his son.

Upon arrival in NYC and his entry into public school, he found the transition “shocking.” The students were “disrespectful.” He couldn’t communicate, due to his language problems. Learning English was recalled as a lengthy process. Worse, studying made him the object of peer ridicule. He was bullied. He was called a “white boy.” He got into fights to show he was tough. His parents didn’t notice his academic

problems. He was “faking it.” I lived a “double life.” Home was not a haven, his stepfather, “Yelled.” Ironically, he found solace by attending night school which enabled him to graduate high school in 3 1/2 years. He did not attend college immediately after graduation, but moved to a factory town in Massachusetts to be with his grandfather. He worked in a factory, manufacturing toys. Eventually, his parents and friends persuaded him to attend college, where he majored in Education and graduated. He was living with a woman who bore him a son, although he did not marry her. He taught in a public school.. Secondly, when he was 30, he reports witnesses “a guy went to steal someone’s wallet. The police jumped on the guy...the guy had a bottle in his pocket. The bottle broke, the shards pierced his throat.” At age 36, he was a witness to the death of a friend. He “was standing and waiting for the light to change. A drunk driver hit him.”

At this time, he is in a committed relationship, but his greatest passion is baseball. He hopes his son will be a pro-baller. Although “I gave up art. I started to write poetry, songs. I wrote love poetry in Spanish and songs on and off. Recently, he started taking guitar lessons. “I’ll be a happier person if I can play an instrument. A person who can play an instrument is never alone.”

The schoolteacher tends to normalize his traumas. Although he was molested by a caregiver, he normalizes it by saying it is common in his culture. Yet, he takes especial care to be sure this is not visited on his son. He was also witness to serious violence, bullied in school, and saw a friend die. He also meets the criteria of exposure to multiple traumatic stimuli while not being impaired by PTSD, perhaps due to his active engagement in creative processes. This optimistic, positive outlook does not

mean he identifies with the aggressors of his past. He recognizes that this was pathological and moves on. Normalizing experiences is an active way of not allowing traumatic experiences to define one's life.

DISCUSSION:

Overall, these seven case studies of adults recruited from a non-clinical population support statistics indicating exposure to traumatic stimuli is common in the United States while becoming significantly impaired with a psychiatric post-traumatic disorder is relatively rare. Participants' mean scores on the LOC were average, which suggest that participants take charge of events that they realistically can expect to control. All participants pursued creative hobbies. All participants had prior traumatic exposures. No participants were psychiatrically impaired.

This study was designed to be a qualitative study of the hypothesis. However, the conclusions are limited by the low number of participants successfully recruited. Furthermore, the experimenter lacked the funds to recruit a control group of psychiatric patients diagnosed with PTSD to compare the key independent variables. Although limited, these case studies may indicate that locus-of-control status could be predictive for risk of impaired emotional functioning after traumatic exposure. Most participants scored in the Average range of the LOC, which suggests that they take charge of events that they realistically can expect to exert some control over, and do not expend energy over events that they do not control (weather, actions of others, accidents). Future research may wish to strengthen the inverse correlation between LOC and PTSD symptomatology by using a clinical sample and assessing their scores on the LOC.

Engaging in creative expression, though devoid of extrinsic rewards, may also mitigate future risk of impairments. All participants reported traumatic exposures; none evidenced psychopathology.. All participants reported a childhood which supported creative expressions and an adulthood where they voluntarily pursued creative outlets. None reported any serious substance abuse issues or serious mental health issues. None reported a history of traumatic brain injury. Future research is needed to determine if both average LOC combined with creative expression are necessary to reduce the risk of psychiatric impairment.

An unexpected (and interesting trend) was the number of participants who volunteered negative feelings for their biological fathers. The role of fathers in adult functioning needs to be further investigated.

Additionally, the low scores obtained by the participants on the Remote Associates Test may indicate this measure lacks validity as an appraisal of creativity for the adult population. The RAT is predicated on the participant finding a common word which links three other key words. The assumption is that creativity can be measured by the “ability to see relationships between things that are only remotely associated.” (Mednick, 1968). The RAT was last updated over half a century ago. Many of the word associations are no longer common in the United States—for example, the words: call, pay, line, and are linked with phone. The words man, wheel, high are linked with chair. The words house, village, and golf are linked with green. Furthermore, creativity is usually considered a divergent thought process. Finding one best answer is a

convergent process. An inventory which rewards participants with points when they offer the one secret right word seems to lack face validity.

These cases offer evidence for the utility of Ferenczi's construct of alloplastic adaptation. Despite exposure to traumas, all participants functioned and engaged in a variety of work and interpersonal relationships. Alloplastic adaptation may offer "mastery of trauma...mental pathological products is not...incapable of regeneration..." (Ferenczi 1930, p. 400)

These trends also align well with Freud's statement that "the fading....depends....[on] whether there has been an energetic reaction to the event that provokes an affect." (Breuer & Freud, 1895, p.8). These healthy individuals all maintained an active and voluntary engagement in extracurricular pursuits despite exposure to or experience of negative life events which might have caused traumatic disorders in others. What both these psychoanalysts hinted at was not only does resiliency happen, but it has clear childhood precedents.

In present times, resiliency research may be empirically verified via neuroscience. The present study aligns itself well with the neuroscientific approach to understanding trauma, which looks directly into neuronal pathways and attempts to link these pathways with overt behavioral expressions. For example, Johansson (2002) reports that "the neuronal cortical connection can be remodeled by experience...adult brain...considerable plasticity...its abilities to form both new connections between nerve cells that already connected and to shift the area of cortical representation for specific functions. Mental practice itself can change the cortical representation. (Johansson, p2). Hyde, et al(2009) concur as to plasticity in brain regions in adults. (p. 183). Future

research can investigate the cortical differences in clients who engaged in creative activities vs those who did not, as well as the cortical differences in clients who present with external, average, and internal loci of control.

This research also offers implications for matching clients to psychotherapeutic approaches. Clients who initially score as low as the LOC might be ill-suited to cognitive-behavioral or dialectical-behavioral approaches, which assume a minimum amount of agency on the part of the client. Clients who score initially as highly external on the LOC might be best suited for engaging in occupational therapy, and then using what arises in the OT as a concrete conduit for therapeutic discussion. The psychotherapist might help the client to elaborate on the meaning of their creative activities. Alternatively, for some clients, the act of creating within the OT might be sufficient enough to alleviate their suffering and enable them to get on with life without engaging at that moment in psychotherapy.

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Table #2: Participant Summary Statistics:

M _{age} : 42.4 years Education: 13+ years Employment: Professional	n:	%
Sex:		
Female	2	29
Male	5	71
Personality Factors:		
Current Substance Abuse	0	0
History of TBI	0	0
Marital History		
Divorced	3	43
Married	1	14
Single	3	43
Reproductive History:		
Children	2	29
Childless	5	71
PTSD eligible	2	29

Table #3: Mean scores of Objective Measures Utilized :

Inventory	M	Range	Interpretation
RAT	5.7	1-20	ns
PLC-C	26.0	17-36	ns
LOC	13.0	10-21	Average

Table #4: Summary of Objective Measures Scores by Participant Number

Participant Number	Age	Locus of Control		Remote Associates		PTSD Checklist	
		Score	Interpretation	Score	%ile	Score	Interpretation
101	27	11	Average	11.0	20	29.0	NS
102	42	11.0	Average	7.0	8	29.0	NS
103	54	12.0	Average	11.0	20	19.0	NS
104	46	21.0	External	3.0	1	36.0	Significant
105	56	13.0	Average	3.0	1	23.0	NS
106	41	10.0	Average	1.0	1	17.0	NS
107	40	13.0	Average	4.0	1	35.0	Significant

Table #5: Demographic Summary of Creativity Participants

Participant #	Sex	Profession	Marital Status	Children	Father Issues	PTSD	Stressors	Creative Expressions
101	F	Doctoral Student	S	No	Yes	No	Family Graduation Hurricane Occupation Mortality	Composing music, playing musical instruments
102	F	Consultant	S	No	Yes	No	Bankruptcy Family Time Management Weight	Composing music, playing musical instruments, singing in bands
103	M	Firefighter (retired)	D	Yes	Yes	No	Death: Ex-wife, relationships	Playing musical instruments
104	M	Engineer/Consultant	S	No	No	Yes	Health Post-surgery regimen	Composing music, playing in bands, playing musical instruments, poetry, writing
105	M	Teacher/sales	D	No	Yes	No	Death of father, natural disasters	Composing music, playing musical instruments, singing
106	M	Teacher	M	No	No	No	Mortality	Novel and script writing
107	M	Teacher	D	Yes	No	Yes	Family, occupation	Artwork Composing music, playing musical instruments, poetry, writing