

Case Study

The Therapeutic Power of Creativity in Complex PTSD: A Case Study

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ABSTRACT

Complex post-traumatic stress disorder (C-PTSD) is a severe psychological condition characterized by chronic emotional dysregulation, intrusive memories, avoidance, and impaired interpersonal functioning. Traditional pharmacological treatments often provide limited relief, highlighting the need for complementary non-pharmacological interventions. This case study explores the therapeutic impact of mandala art and painting on a 30-year-old unmarried female diagnosed with C-PTSD following prolonged trauma exposure. Over a period of three months, the participant engaged in thirty-five structured sessions of mandala creation and canvas painting, each lasting sixty minutes. The sessions emphasized themes of resilience, self-reflection, and emotional release, followed by guided reflection and integration. Quantitative assessment using the PTSD Checklist (PCL-5), Self-Expression and Emotion Regulation in Art Therapy Scale (SERATS), BDI-II & Rosenberg Self-Esteem Scale (RSES) revealed significant reductions in intrusive thoughts, hyperarousal, avoidance behaviours, and negative cognitions. Qualitative feedback indicated enhanced emotional regulation, improved sleep, and greater social engagement. The repetitive, symbolic, and culturally resonant nature of mandala art provided a safe medium for self-expression and psychological healing. Findings suggest that mandala art and painting can serve as effective adjunctive therapies in C-PTSD recovery, offering a cost-effective, culturally adaptable, and non-invasive approach. This study contributes to the growing evidence base supporting art therapy as a valuable tool in trauma recovery.

Keywords: *Mandala Art Therapy, Trauma Healing, Non-Pharmacological Intervention, C-PTSD*

Complex Post-traumatic stress disorder (CPTSD) was first conceptualized by Judith Herman as a clinical syndrome arising from prolonged and repeated traumatic experiences, often beginning in early life and typically involving interpersonal harm such as childhood abuse or neglect. Unlike classical PTSD, which is usually linked to a single traumatic incident, CPTSD reflects the cumulative impact of sustained trauma across developmental stages. CPTSD encompasses the core symptoms of PTSD but extends further, involving chronic emotional dysregulation, persistent feelings of worthlessness, difficulties in maintaining relationships, and a fragmented sense of identity. The distinction between PTSD and CPTSD is critical, as the latter requires more nuanced therapeutic

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Received: June 25, 2026; Revision Received: October 04, 2025; Accepted: October 08, 2025

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approaches that address long-term psychological damage and identity reconstruction rather than symptom suppression alone. Recent literature provides valuable context for interpreting the outcomes of this case study. Giourou et al. (2018) argue that Complex PTSD (CPTSD) should be recognized as a distinct clinical entity, noting that it encompasses the core symptoms of PTSD alongside additional clusters of emotional dysregulation, negative self-concept, and interpersonal dysfunction. They highlight that CPTSD is distinguished by a stable negative self-image and avoidant attachment style, suggesting that trauma-related disorders may exist on a continuum rather than as isolated diagnoses. This perspective resonates with the participant's presentation, where prolonged interpersonal trauma led to disturbances in self-organization and identity, consistent with CPTSD criteria. Complementing this, Karcı and Özel (2024) provide evidence from a systematic review of 11 randomized controlled trials, showing that art therapy and other creative interventions significantly reduce PTSD symptoms such as anxiety and depression, particularly among vulnerable populations like refugee children and war veterans. Their findings underscore the importance of tailoring creative therapies to individual and cultural contexts, with art therapy proving more effective in adults while music or drama therapy may be preferable for other groups. Together, these studies reinforce the case study's results: mandala art therapy and painting not only reduced symptom severity but also facilitated emotional regulation and identity reconstruction. They also highlight the broader implication that creative, non-pharmacological interventions can complement traditional psychotherapies, offering survivors of complex trauma accessible pathways to recovery.

Challenges in Conventional Treatment

Conventional treatment for PTSD and CPTSD often relies on pharmacological interventions such as antidepressants, anxiolytics, or mood stabilizers. While these medications can reduce symptom severity, they rarely address the deeper psychological wounds or the existential crises that trauma survivors face. Moreover, pharmacological treatments may lead to dependency, side effects, and limited efficacy in cases of chronic trauma. Psychotherapy, including cognitive-behavioural therapy (CBT) and eye movement desensitization and reprocessing (EMDR), has shown promise, but many patients struggle with verbal expression of trauma or resist revisiting painful memories. (Khosla & Sharma, n.d.) This highlights a gap in conventional treatment: the need for non-pharmacological, creative, and culturally resonant interventions that allow survivors to process trauma in safe, symbolic, and non-verbal ways. (Shivnani & Sharma, n.d.) Despite the widespread prevalence of PTSD and its devastating effects, traditional treatment methods often fail to address the needs of all individuals, particularly those who struggle to articulate their traumatic experiences verbally. In many cases, these methods also face accessibility challenges due to stigma, lack of resources, and inadequate mental health infrastructure, especially in low- and middle-income countries. This highlights the need for innovative, accessible, and non-verbal therapeutic approaches.

Rationale for Non-Pharmacological Interventions

Non-pharmacological interventions such as art therapy, mindfulness, yoga, and expressive writing have gained recognition as adjunctive approaches in trauma recovery. (Kahlon, n.d.) These methods emphasize holistic healing, focusing not only on symptom reduction but also on emotional regulation, identity reconstruction, and resilience building. Art therapy, in particular, provides a medium for survivors to externalize inner conflicts without relying on verbal articulation. (McKenna et al., 2019) The act of creating art fosters mindfulness, reduces hyperarousal, and enables symbolic representation of trauma. Mandala art therapy, with its structured yet flexible design, offers a unique balance between containment and

freedom, allowing individuals to explore their inner world while feeling safe within the circular boundaries of the mandala. Painting, as a broader expressive practice, complements mandala creation by enabling spontaneous release of emotions, colour symbolism, and narrative reconstruction.

Cultural Significance of Mandalas in Indian and Jungian Psychology

The mandala holds profound cultural and psychological significance. In Indian traditions, mandalas are sacred geometric patterns symbolizing wholeness, balance, and cosmic order. They are used in spiritual practices such as meditation, rituals, and temple architecture to represent the union of the self with the universe. In Jungian psychology, Carl Jung introduced mandalas as archetypal symbols of the self, representing the process of individuation and psychological integration. Jung observed that patients spontaneously drew mandalas during therapy, interpreting them as expressions of inner healing and attempts to restore psychic balance. Thus, mandalas serve as both cultural artifacts and therapeutic tools, bridging spirituality and psychology. For trauma survivors, mandalas provide a culturally resonant and universally meaningful medium to reconstruct fragmented identities, achieve emotional balance, and foster resilience. (Sahai Associate Professor, 2025)

Therapeutic Role of Painting in Trauma Recovery

Painting, as a therapeutic practice, extends beyond mandala creation by offering a broader canvas for emotional release and self-expression. Survivors of trauma often struggle with verbalizing their experiences due to shame, fear, or dissociation. Painting bypasses these barriers, enabling non-verbal communication of emotions through colours, shapes, and imagery. The repetitive act of brush strokes fosters mindfulness, while the choice of colours reflects emotional states and facilitates catharsis. In trauma recovery, painting helps externalize suppressed emotions, reduce hyperarousal, and promote relaxation. Moreover, painting empowers survivors by transforming passive suffering into active creation, reinforcing agency and self-worth. When integrated with mandala therapy, painting provides both structure and freedom, allowing survivors to oscillate between containment and release, reflection and spontaneity.

METHODOLOGY

Case study design

This research adopts a **single-case study design**, a qualitative and descriptive approach often employed in clinical psychology to explore therapeutic interventions in depth. This design was chosen to highlight the nuanced psychological recovery of a trauma survivor through mandala art therapy and painting, capturing both quantitative symptom reduction and qualitative emotional transformation.

Measurement instruments

- **PTSD Checklist for DSM-5 (PCL-5):** The **PCL-5** is a self-report instrument designed to measure the severity of PTSD symptoms. It was administered at the beginning and end of the intervention phase, as the items focus on symptoms experienced in the past month. The scale consists of 20 questions aligned with DSM-5 criteria (e.g., “Repeated, disturbing, and unwanted memories of the stressful experience”). Responses are rated on a 5-point Likert scale ranging from 1 (“not at all”) to 5 (“extremely”). Research has demonstrated strong psychometric properties, with high internal consistency ($\alpha = 0.93$) and reliable subscales (intrusion = 0.90, avoidance = 0.80, cognition/mood = 0.84, arousal = 0.93). Test-retest reliability has

been reported at 0.84, confirming its validity (Blevins et al., 2015; Armour, 2016; Wortmann et al., 2016; Van Praag et al., 2020; Bovin et al., 2016).

- **Self-Expression and Emotion Regulation in Art Therapy Scale (SERATS):** The **SERATS**, developed by Haeyen (2018), evaluates an individual's ability to express emotions through art therapy and the extent to which art therapy supports emotional regulation. It contains nine items (e.g., "Through my artwork, I can express my emotions"), each rated on a 5-point Likert scale from 1 ("never true") to 5 ("almost always true"). The scale has demonstrated excellent psychometric properties, with internal consistency ($\alpha = 0.94$), test-retest reliability of 0.96, and strong convergent validity.
- **Beck Depression Inventory-II (BDI-II):** The **BDI-II** measures the severity of depressive symptoms over the past week. Items are multiple-choice, ranging from "I do not feel sad" to "I am so sad or unhappy that I cannot stand it." Scores are summed to determine depression severity: <14 indicates minimal depression, 13–19 mild to moderate, 18–30 moderate to severe, and >30 severe depression (Lasa et al., 2000). The BDI-II has strong reliability ($\alpha = 0.90$) and validity, with high correlations to other depression and anxiety measures ($r = 0.89$). Test-retest reliability has been reported at 0.93, confirming its robustness.
- **Rosenberg Self-Esteem Scale (RSES):** The **RSES** measures global self-esteem through 10 items (e.g., "I feel that I am a person of worth, at least on an equal plane with others"). Responses are rated on a 4-point Likert scale from 0 ("strongly disagree") to 3 ("strongly agree"), yielding a total score between 0 and 30. Higher scores reflect stronger self-esteem. The RSES has consistently demonstrated good reliability ($\alpha = 0.87$), with test-retest values ranging from 0.72 to 0.93 and split-half reliability of 0.83.

CASE STUDY

The participant, a 30-year-old unmarried female, presented with a history of prolonged interpersonal trauma beginning in early childhood. Experiences of neglect and emotional abuse contributed to persistent feelings of worthlessness, chronic hypervigilance, and difficulties in forming secure relationships. Over time, these unresolved experiences manifested as Complex PTSD, characterized by intrusive recollections, nightmares, dissociation, and impaired emotional regulation. Prior pharmacological interventions provided limited relief, reinforcing the need for alternative therapeutic approaches.

Therapy Process and Session Structure

The intervention was structured into **35 sessions** conducted over three months, each lasting approximately 60 minutes. Sessions followed a dual-phase format:

1. **Mandala Creation** – Guided exercises using circular templates encouraged themes of balance, resilience, and healing. The repetitive, symmetrical nature of mandalas provided containment and reduced anxiety.
2. **Expressive Painting** – Free-form painting allowed spontaneous emotional release, enabling the participant to externalize suppressed feelings through color, imagery, and brushwork.

Each session concluded with therapist-facilitated reflection, integrating symbolic expressions into verbal insights.

These themes demonstrated the participant's gradual movement from fragmentation toward psychological integration.

RESULTS

Instrument	Purpose	Pre-Intervention Score	Post-Intervention Score	Interpretation
PCL-5	PTSD symptom severity	62 (severe)	37 (moderate)	40% reduction in CPTSD symptoms
SERATS	Emotional regulation via art	18/45 (low)	36/45 (high)	Improved emotional expression and regulation
BDI-II	Depression severity	28 (moderate-severe)	14 (mild)	Significant reduction; suicidal risk resolved
RSES	Global self-esteem	12/30 (low)	24/30 (high)	Enhanced self-worth and confidence

Quantitative analysis revealed a substantial reduction in CPTSD symptom severity following the intervention. The **PTSD Checklist for DSM-5 (PCL-5)** was administered at baseline and after the 35 therapy sessions. At the outset, the participant scored **62**, well above the diagnostic threshold, indicating severe symptomatology. She reported frequent intrusive memories, nightmares, avoidance of trauma-related cues, hyperarousal, and persistent negative cognitions.

By the end of the intervention, her score had decreased to **37**, representing a nearly **40% reduction** in overall symptom severity. Subscale analysis showed:

- **Intrusion symptoms** reduced by 35%, with fewer nightmares and flashbacks.
- **Avoidance behaviors** declined by 30%, as she began engaging in social activities previously avoided.
- **Negative cognitions and mood** improved by 42%, with reduced self-blame and hopelessness.
- **Hyperarousal symptoms** decreased by 38%, with improved sleep and reduced irritability.

These findings demonstrate that mandala art therapy and painting were effective in alleviating core PTSD symptoms, complementing conventional therapeutic approaches.

Improved emotional regulation

Qualitative data from therapy sessions highlighted significant progress in emotional regulation. Early in the intervention, the participant struggled with overwhelming emotions, often alternating between anger, despair, and emotional numbness. Her initial mandala drawings were rigid, monochromatic, and dominated by dark hues, symbolizing constriction and unresolved trauma.

As therapy progressed, her artwork evolved to include brighter colors, fluid patterns, and more complex designs. The **Self-Expression and Emotion Regulation in Art Therapy Scale (SERATS)** scores reflected this transformation, increasing from **18/45**

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pre-intervention to **36/45** post-intervention. This change indicated that she consistently used artwork as a means of emotional release and regulation.

Depression severity

The **Beck Depression Inventory-II (BDI-II)** was used to measure depressive symptoms, which often co-occur with CPTSD. At baseline, the participant scored **28**, placing her in the “moderate to severe” range. Item 9 indicated elevated suicidal risk, consistent with her reported hopelessness.

Post-intervention, her score dropped to **14**, corresponding to “mild depression.” Importantly, suicidal ideation was no longer endorsed. This improvement underscores the therapeutic role of structured creative expression in alleviating comorbid depression and reducing risk factors associated with CPTSD.

Enhanced Self-Identity and Resilience

Beyond symptom reduction, the intervention fostered deeper psychological transformation in terms of self-identity and resilience. At the outset, the participant expressed feelings of worthlessness and a fragmented sense of self, consistent with CPTSD’s hallmark disturbances in self-organization.

Through mandala creation, she gradually reconstructed a coherent self-image. Themes of **healing** (lotus motifs), **resilience** (geometric stability), **balance** (symmetry), and **self-reflection** (spirals) emerged consistently in her artwork. These symbolic representations mirrored her internal journey toward integration and recovery.

DISCUSSION

Research has shown that art making can produce measurable physiological benefits by reducing stress biomarkers. In a quasi-experimental study of 39 healthy adults, Kaimal, Ray, and Muniz (2016) found that 45 minutes of visual art making significantly lowered salivary cortisol levels, with participants describing the experience as relaxing, enjoyable, and conducive to self-discovery. Importantly, reductions in cortisol occurred regardless of prior art experience, media choice, or demographic factors, suggesting that art making itself—rather than specific techniques contributes to stress reduction and psychological well-being (Kaimal et al., 2016)

(Haeyen & Wanten, 2024) examined the Trauma-Focused Art Therapy (TFAT) protocol in a mixed-method single case study, combining quantitative measures (PCL-5, BDI-II, SERATS, RSES, Resilience Scale, and Mental Health Continuum) with qualitative interviews and artwork analysis. Over a 10-week intervention and 3-week follow-up, the client showed clinically significant reductions in PTSD and depression symptoms, alongside improvements in resilience, self-esteem, emotional articulation, and positive mental health. Qualitative findings reinforced these outcomes, highlighting enhanced emotional connection, acknowledgment, and self-compassion. The study demonstrates that TFAT can be an effective non-verbal intervention for trauma survivors who struggle with traditional verbal therapies, offering both symptom relief and deeper psychological recovery. (Kaimal et al., 2016)

This case study provided a framework to assess the individuals with specific mental health conditions (exposure to childhood trauma, major depressive disorder, severe anxiety, and

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functional impairment.) Unfortunately, CPTSD assessment, due to its exclusion so far in DSM-V, is not commonly explored in the mental health community.

The results of this case study demonstrate that mandala art therapy and expressive painting can significantly reduce CPTSD symptom severity, improve emotional regulation, and enhance resilience and self-identity. These outcomes are consistent with prior research emphasizing the therapeutic potential of art therapy in trauma recovery. For instance, Campenni and Hartman (2020) and Zhang et al. (2023) found that mandala creation fosters mindfulness, reduces anxiety, and promotes psychological balance, while Maddox et al. (2024) highlighted the effectiveness of visual arts therapy in alleviating trauma symptoms. Such findings reinforce the notion that creative interventions provide a safe and accessible medium for survivors to externalize inner conflicts. The participant's reduction in PCL-5 scores mirrors outcomes reported in structured art therapy programs, where symptom relief is achieved through symbolic representation and emotional release. Likewise, the improvement in SERATS scores validates the role of art therapy in facilitating emotional regulation, consistent with Haeyen's (2018) findings that creative expression enhances self-awareness and emotional control.

The therapeutic efficacy of mandala art therapy can be understood through both psychological and neurobiological mechanisms. Mandalas, with their circular and symmetrical structure, provide containment and safety, reducing hyperarousal and anxiety. Jungian psychology interprets mandalas as archetypal symbols of the self, representing individuation and integration. For trauma survivors, mandalas serve as a visual metaphor for reconstructing fragmented identities. Neurobiologically, engaging in repetitive, structured drawing activates the parasympathetic nervous system, promoting relaxation and reducing stress responses. The act of colouring within boundaries fosters mindfulness, shifting attention away from intrusive memories toward present-moment awareness. This mechanism explains the participant's reported sense of calm and control during mandala creation. (Trivedi, 2024)

While mandalas provided structure and containment, free-expression painting offered catharsis and spontaneity. The participant's paintings evolved from chaotic imagery to coherent, hopeful designs, symbolizing psychological integration. This progression reflects the dual role of painting: as a medium for emotional release and as a tool for narrative reconstruction. Art therapy literature emphasizes that painting bypasses verbal barriers, enabling survivors to express emotions that are difficult to articulate. The participant's shift from dark, rigid patterns to vibrant, fluid imagery illustrates how painting facilitated emotional transformation. Therapist observations confirmed that painting empowered her to release anger and grief safely, reinforcing agency and self-worth.

The cultural significance of mandalas in Indian traditions adds depth to their therapeutic application. Mandalas are sacred symbols representing wholeness, balance, and cosmic order, frequently used in meditation and rituals. Their integration into therapy resonates with cultural familiarity, enhancing acceptance and engagement. In Jungian psychology, mandalas symbolize the self and the process of individuation. The participant's repeated use of lotus motifs and symmetrical designs reflects both cultural and psychological dimensions of healing. This dual resonance underscores the importance of culturally sensitive interventions in trauma care, particularly in contexts where spiritual symbolism enhances therapeutic meaning.

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The findings highlight the value of non-pharmacological interventions in CPTSD treatment. Pharmacological approaches, while effective in symptom management, often fail to address deeper psychological wounds and identity disturbances. Art therapy provides a holistic alternative, focusing on emotional regulation, self-identity reconstruction, and resilience building. This case study supports the integration of art therapy into trauma-informed care frameworks. By combining structured mandala creation with expressive painting, therapists can offer both containment and freedom, balancing safety with creativity. Such interventions complement traditional psychotherapy, providing survivors with diverse pathways to recovery.

CONCLUSION

The journey documented in this study affirms the transformative potential of mandala art therapy and expressive painting as non-pharmacological interventions for Complex PTSD. The participant's progression from fragmented self-expression to coherent, hopeful imagery illustrates how creativity can serve as both a mirror to emotions and a pathway to psychological integration. Quantitative outcomes, including significant reductions in PTSD severity, depression, and anxiety, combined with improvements in emotional regulation, self-esteem, and resilience, provide robust empirical support for the qualitative observations of emotional breakthroughs and identity reconstruction. Together, these findings demonstrate that art therapy does not merely alleviate symptoms but actively fosters self-discovery, emotional release, and personal growth.

This case study situates itself within a growing body of literature that recognizes the therapeutic power of creativity in trauma recovery. The participant's engagement with mandalas symbols deeply rooted in both Indian traditions and Jungian psychology demonstrates how culturally resonant practices can enhance therapeutic acceptance and effectiveness.

The mechanisms observed in this study further validate art therapy's role in trauma care. Mandalas provided containment and activated parasympathetic relaxation, reducing hyperarousal, while painting offered catharsis and bypassed verbal barriers, enabling the externalization of emotions otherwise inaccessible. The evolution of artwork from rigid, dark patterns to vibrant, fluid designs symbolized psychological healing, reinforcing the idea that creative expression can reconstruct fragmented identities and restore emotional balance. (Sneha & Jude Lucas, n.d.)

Although the single-case design limits generalizability, the implications are significant. This study highlights the need for larger, longitudinal investigations to explore the enduring impacts of art therapy and to establish standardized protocols. Nevertheless, the findings contribute meaningfully to clinical practice by demonstrating that art therapy can complement traditional psychotherapies such as CBT and EMDR, offering survivors of complex trauma diverse and accessible pathways to recovery.

In conclusion, this study affirms that art therapy serves as a mirror to emotions, facilitating a journey of self-discovery, emotional release, and resilience building. By integrating structured mandala creation with expressive painting, therapists can balance containment with freedom, safety with creativity, and cultural resonance with psychological healing. The participant's transformation underscores the profound value of art therapy in the mental health sphere, making a compelling case for its inclusion in trauma-informed care frameworks. Ultimately, the therapeutic power of creativity emerges not only as a tool for

symptom reduction but as a catalyst for holistic recovery, identity reconstruction, and renewed hope in the aftermath of trauma.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Hossain, P. (2026). The Therapeutic Power of Creativity in Complex PTSD: A Case Study. *International Journal of Indian Psychology, 14*(4), 015-023. DIP:18.01.002.20261404, DOI:10.25215/1404.002