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Critically and Creatively Engaging with Trauma-Informed Mental Health Research and Treatment of LGBTQIA+ Communities as Expressive Arts Therapists: A Literature Review

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Critically and Creatively Engaging with Trauma-Informed Mental Health Research and

Treatment of LGBTQIA+ Communities as Expressive Arts Therapists: A Literature Review

Capstone Thesis

Lesley University

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Expressive Arts Therapy

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Abstract

Expressive Arts Therapists are uniquely situated as both artists and mental health counselors working in psychological pedagogy rooted in systems of oppression. Given the arts-based approaches to the therapeutic relationship, it can be unethical to offer these approaches without acknowledgement of the ways in which the arts intersect with social justice, and justice is only viable if practitioners critically review the clinical mental health education they are consuming from the institutions they learn in, specifically trauma-informed mental health research assimilation and treatment approaches for Expressive Arts Therapists in training, practice, and education. A review of the literature in this paper hopes to illuminate the necessity for Expressive Arts Therapists to creatively and critically inquire about mental health research and arts-based therapeutic practices in order to provide care to LGBTQIA+ individuals and communities, where self-as-instrument is creatively engaged in pedagogy and practice, where the internal is reflected externally, for the Expressive Arts Therapist and the "other", within and without the therapeutic relationship. Experiential learning with techniques from poetics, Playback Theatre and performative writing allow space to explore, creatively, social justice nuances, specifically, in historically oppressed systems, such as the mental health system. This thesis includes the author's arts-based reflections on this literature review through poetics and performative writing explorations of their lived experience as an expressive arts therapy student, intern in the mental health field, and lesbian identified single-Mom-by-choice.

Keywords: trauma, trauma-informed care, expressive arts therapies, expressive arts therapists, arts-based research, critical pedagogy, self-as-instrument, creative inquiry, clinical mental health

counseling, mental health, LGBTQIA+, marginalized communities, social justice, poetics,

playback theatre

Critically and Creatively Engaging with Trauma-Informed Mental Health Research and

Treatment of LGBTQIA+ Communities as Expressive Arts Therapists: A Literature Review

This paper explores areas in Expressive Arts Therapies (ExAT) and alternative treatments

including—but not limited to—poetics and Playback Theatre as experiential theory to creatively

inform engagement with learning to treat traumatized clients with Expressive Arts. Furthermore,

this paper illuminates the importance of critically engaging with the idea of "self-as-instrument"

through a social justice-oriented lens. The future of Expressive Arts Therapists' treatment and

engagement with mental health care and research needs to include trauma-informed approaches

that reflect the oppressive, everyday lived experiences of queer communities.

In American society, the marginalized "other" are human beings that compromise a structural

system of oppression that tell them their "self" does not exist as much as their white, male,

heterosexual neighbors' selves. With this knowledge, it is imperative that artists, therapists,

researchers, educators, consumers, and regurgitators critically engage with the subjective and

objective at the places where they meet within the hierarchical structures that tell them to be and

stay separate—it is here where the harm is inflicted if therapists are not careful to remain human

in their humanness and thoughtful in their approaches to every bit of information they ingest and

decide to turn into knowledge.

History is the compilation of stories of humans' past. These compilations are the stories these

humans have experienced and thus transcribed into meaning for future humans to read, watch,

interpret, and retell. This begs the question of which human history gets to have their

experiences transformed into the stories the rest of humans will artifact and render meaning

from. Machado (2018) explored *archival silence* in her book *In the Dream House* as the

"difficult truth" that "sometimes stories are destroyed, and sometimes they are never uttered in

the first place" (p. 11). This concept of archival silence makes the connection to those who are silenced in the archives of western research approaches; the queer folks. These folks are placed in or left out of the archive as a political act, dictated by the archivist and the political context in which they live (Machado, 2018). Given the exclusion of queer stories in the archives that power much of academia, the importance of making heard the silenced stories becomes paramount to reduce harm in the treatment of these communities. According to the late queer theorist José Esteban Muñoz (as cited in Machado, 2018) "queerness has an especially vexed relationship to evidence. . . . When the historian of queer experience attempts to document a queer past, there is often a gatekeeper, representing a straight present" (p. 10). Being that an Expressive Arts Therapist could be considered a gatekeeper to the present in the inherent power dynamic of the therapist/client relationship, awareness of the lived experiences and history of silenced experiences of the LGBTQIA+ community becomes necessary as the foundation for the therapeutic relationship. In speaking to the foundation of the therapeutic relationship, one cannot negate the education and research that informs the therapy in practice.

My individual experience as a gay woman and the many traumas that are experienced in the day-to-day holding only this marginalized label, have greatly inspired my personal demand for creative engagement with oppressive societal interjections that pervade the mental health systems in America. These systems are inclusive of the educational institutions that provide the education for mental health and the expressive arts. In consideration of the beginning of my journey as a member of the LGBTQIA+ community, artist, writer and student of Expressive Arts Therapies and Clinical Mental Health Counseling, I aim to dedicate my energy toward creatively and critically engaging in what trauma means and hope to reflect upon this importance in the literature reviewed on these topics.

As with all relationships, there is an aspect of objectivity (systematic) and subjectivity (individual) at play in the therapeutic relationship, and thus approaching the therapeutic relationship while discounting one or the other inevitably disrupts the therapeutic efficacy. In order to integrate these concepts into traditional academic learning, there must be awareness and relearning ways to relate to research and knowledge consumption. As researchers have been delivered an understanding of the research process as having to exist on two opposing platforms—such as analysis versus imagination—the lack of acknowledgement of the importance of affective details in research, such as "sense of adventure, drama, mystery, fear" (Fraser & Puwar, 2008, p. 4), detracts from academic authority because it is interpreted as "unscholarly, anecdotal, irrational and unscientific" (Fraser & Puwar, 2008, p. 4). With this understanding, there is no moving away from the life that exists in research, and the meaning birthed when an individual consumes research and translates it anew through their own perception. Hall (as cited in Fraser & Puwar, 2008) remarked

> what becomes of the relationships as we move away from the initial intensity of contact is subject to discussion, dissection, distance, perplexing ethical responsibilities, disappointments but also, sometimes, hopefully, re-enchantment and revivification. One might then understand research to be, in effect, an archive of 'living activity.' (p. 14)

This discussion in queer spaces evokes questions into the realm of academia that researches mental health models and application for this population. In questioning the "how" of research through this lens, one must examine the archives that supply the knowledge to the masses in America. These archives exclude the stories of those who live on the margins and those who live on the margins are mostly without the choice to live within them. This alludes to the importance of the critical rethinking of knowledge and what ascertainment of knowledge assumes. If

knowledge, as is defined in most academic institutions of America, is inherently oppressive and dismissive of marginalized peoples voices then projecting this knowledge, in the form of treatment in mental health models in most American mental health agencies, to marginalized clients, is inherently harmful.

Given that my interests of working in the field of Expressive Arts Therapies and Clinical Mental Health Counseling are informed by my experience as a first responder and digester of visual trauma and the insidious trauma I have become accustomed to as a member of a marginalized community as a gay woman. I feel it is ethical as a future practitioner in the field to explore my identity as a member of the community I intend to research when developing ideas toward future interventions. I am a believer in the arts as the means for social engagement and positive change, and I feel that critically engaging in arts approaches can offer a foundation for those suffering to release and transform that suffering, including the individual who practices the approaches. As an Expressive Arts Therapy student and future practitioner, utilizing a poetic response to a client's own stories and then performatively writing in response to that response from a personal story has created, for me, a space for building empathy and greater expanding my approach to the therapeutic relationship and the many layers of humanness and meaning that each person carries with them, to and from the therapy space. Without getting in touch with our personal narratives and perceptions, we are leaving so much to the empty abyss that fosters disconnection. Viramontes (2008) explored how "getting to the 'other side' meant learning about the grand narratives that make one's personal narrative possible" (p. 351).

My hope is to find avenues of research that are inclusive (arts-based research; critical pedagogy) and can help bridge the gap between Expressive Arts Therapies and Clinical Mental Health approaches and create a thought and engagement framework to be considered for

engaging with the self and other as a means of creative inquiry for students and practitioners in the field of therapy. I intend to explore this proposed approach as a means of offering therapeutic space in anti-oppressive ways and dismantling thought systems and systems of engaging in therapeutic relationships that inherently cause more harm, because of omission of truth due to lack of critical/creative examination of the whole picture.

Literature Review

The word trauma "is part of everyday vocabulary. Trauma is a sensitizing metaphor that conveys a sense of the overwhelming nature of experiences" (Burstow, 2003, p. 1301). The conceptualization of the word trauma conjures multiple meanings, theoretical positions, and subjective understandings to an individual, even more complex when considering the word trauma as it relates to systems and structures. The meaning of trauma has been defined and redefined to adapt to fit the narrative of many different homogenous groups throughout history. In exploration of the oppressive roots of trauma and its evolving definitions, the diagnosis of post traumatic stress disorder (PTSD) as is stated in an old version of the DSM-III-R (Diagnostic and Statistical Manual of Mental Disorders) is regarded by the American Psychiatric Association (1987) as: the diagnosis of PTSD to a person who shows the following after a perceived traumatic event: (a) re-experiencing of the traumatic event through such phenomena as dreams, flashbacks, and intrusive, distressing thoughts; (b) avoidance and numbing, characterized by such phenomena as avoidance of trauma reminders and numbing of emotions; and (c) hyperarousal, characterized by such phenomena as difficulties sleeping and concentrating, irritability, and hypervigilance. The American Psychiatric Association (1987) also stated in the DSM-III-R that in order for PTSD to be diagnosed, "the person . . . has experienced an event that

is outside the normal range of human experience and would be markedly distressing to almost

anyone" (p. 250). The problem with this is what Brown (as cited in Burstow, 2003) explored:

> The range of human experience becomes the range of what is normal and usual in the
>
> lives of men of the dominant class. Included in this demographic in American society at
>
> this time are: white, educated, able-bodied, and middle class, thusly, trauma is what
>
> disrupts the lives of these particular men but no other. (p. 1296) The author of this paper
>
> explores these concepts in exploratory poetry, as shown in Appendix C.

In the Westernized, American medical model definition, trauma has no "intrinsic link

between the word and the social structures and concept" (American Psychiatric Association,

1987, p. 1301), which creates a narrow understanding of the complexity of trauma and traumatic

experiencing. Although there are myriad understandings of trauma, the mainstream discourse

and research on the subject is regarded as intellectual truth; although embarked upon in

institutions where the normative discourses of gender, sexuality and embodiment are given

answers to by researchers who use language to communicate the stories of others, without

understanding the complexities of "'queer' identities and experiences" (Lambert, 2016, p. 576).

These answers that become the collective majority's answers are handed out "in a society where

to suggest that sexuality is a choice could simultaneously raise both champagne glasses and

guns" (Lambert, 2016, p. 576). In reflection and contrast of the aforementioned, the current day

DSM-V (2013), which is referenced in many clinical mental health education programs and

utilized by many mental health agencies in treatment of clients, now diagnoses PTSD in a much

broader and inclusive way as shown in the criteria requirements, which are as follows: Criterion

A: a stressor (one required) The person was exposed to: death, threatened death, actual or

threatened serious injury, or actual or threatened sexual violence, in the following way(s): (a)

direct exposure; (b) witnessing the trauma; (c) learning that a relative or close friend was exposed to a trauma; and (d) indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics). Criterion B: Intrusion symptoms (one required) The traumatic event is persistently re-experienced in the following way(s): (a) unwanted upsetting memories; (b) nightmares; (c) flashbacks; (d) emotional distress after exposure to traumatic reminders; (e) physical reactivity after exposure to traumatic reminders. Criterion C: avoidance (one required) Avoidance of trauma-related stimuli after the trauma, in the following way(s): (a) trauma-related thoughts or feelings; and (b) trauma-related external reminders. Criterion D: negative alterations in cognitions and mood (two required) Negative thoughts or feelings that began or worsened after the trauma, in the following way(s): (a) inability to recall key features of the trauma; (b) overly negative thoughts and assumptions about oneself or the world; (c) exaggerated blame and self or others for causing the trauma; (d) negative affect; (e) decreased interest in activities; (f) feeling isolated; (g) difficulty experiencing positive affect. Criterion E: alterations in arousal and reactivity trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s): (a) irritability or aggression; (b) risky or destructive behavior; (c) hypervigilance; (d) heightened startle reaction; (e) difficulty concentrating; (f) difficulty sleeping. Criterion F: duration (required): symptoms last for more than 1 month. Criterion G: functional significance (required) symptoms create distress or functional impairment (e.g., social, occupational). Criterion H: exclusion (required) symptoms are not due to medication, substance use, or other illness. The staggering difference amongst required criterion to be suitable for a PTSD diagnosis from the 1987 DSM to the 2013 DSM proves that the foundations of clinical worthiness excluded those whose daily experience were lived on the margins of a western, American mode of conceptualizing trauma and traumatic

experiencing. This begs the question of why the oppressive, heterosexual, white male informed

inclusion and exclusion of whose trauma is real trauma isn't explored as a foundation of current-

day educational delivery of the DSM-V. The institutions that require this knowledge

consumption, Lesley University included, of the DSM-V as a tenet of truths about the diagnostic

appropriateness for each individuals experience of trauma, placed in the hands of the clinician

who holds the power of assigning this diagnosis, which will follow the client for the rest of their

lives.

This research highlighted the disparity of traumatic experiencing between privileged

individuals and oppressed communities: cis-women, gender-non-conforming folks, the working

class, Indigenous people, people of color, people of Jewish decent, and LGBTQIA+ persons

(Burstow, 2003). The research findings in this paper show a history of the meaning of trauma

heavily rooted in white, heterosexual ethnocentrism, which excludes the marginalized

communities from any safety net inherently provided to those not living under a marginalized

identity in American society. It remains that where there is trauma, and from trauma results a

wound which connotes violence and relates trauma to psychological injury (Burstow, 2003, p.

1301). There is a common, unifying metaphor based on physical wounds that speaks to people

across cultures, as evidenced in the aboriginal concept of "soul wound"; this idea can facilitate

cross-cultural praxis and approach to research and practice in trauma work with individuals and

communities, specifically of marginalized culture and identity.

A review of the literature shows that, historically, trauma and trauma-informed mental

health treatment is full of subjective definitions and disjointed theories. Dr. Judith Herman

(2015) in her book *Trauma and Recovery* wrote, "the study of psychological trauma must

constantly contend with this tendency to discredit the victim or to render [them] invisible" (p. 8).

Given the obvious exclusion of the story of the victim or the voice of the "other" is implicative

of the limitations of Western paradigms of research. Linda Tuhiwai Smith's (1999) book

Decolonizing Methodologies: Research and Indigenous Peoples, explores the history of research

from a western, colonial viewpoint and why this systematically excludes lived experiences of

non-dominant cultures. These non-dominant cultures include the conceptualizations of gender

relations and how one should situate their truths, values, and knowledge about marginalized

folks who live within the confines of their cultural label (Herman, 2015). Please see Appendix D,

where the author of this paper explores marginalization as a gay woman through poetic narrative.

Marginalized Communities/LGBTQIA+

   What is LGBTQIA+? The term "gay" came into language use as an underground synonym

for "homosexual" in the early twentieth century; included in the definition are men who were

attracted to men, lesbians (women attracted to women), people who would later be referred to as

transgender, and bisexuals when they were acting homosexually or having sexual relations with

the same sex assigned at birth (Faderman, 2015). Until 1973, the DSM (American Psychiatric

Association, 1987) regarded homosexuality as a mental disorder and the general medicalized

understood theory defining homosexuality and homosexual identity fell under one of three

categories: pathology, immaturity, or normal variation. Drescher (2015) explored the early

theory of pathology as tending to "view homosexuality as a sign of a defect, or even as morally

bad, with some of these theorists being quite open about their belief that homosexuality is a

social evil. infamously wrote in a book for general audiences" (p. 566). An example of the

thought context of homosexuality as understood by early psychiatrists and psychoanalysts is

noted by psychiatrist and psychoanalyst Edmund Bergler (as cited in Drescher, 2015):

> I have no bias against homosexuals; for me they are sick people requiring medical help...
>
> Still, though I have no bias, I would say: Homosexuals are essentially disagreeable
>
> people, regardless of their pleasant or unpleasant outward manner... [their] shell is a
>
> mixture of superciliousness, fake aggression, and whimpering. Like all psychic
>
> masochists, they are subservient when confronted with a stronger person, merciless when
>
> in power, unscrupulous about trampling on a weaker person. (p 566)

While the systems of psychoanalysis and psychiatry were labeling pathologies to the existence of the marginalized community of gay-identified folks and informing the general public about their individual identities meaning in society, gay people were still existing, growing, connecting, and exploring their identities within their communities of safety and acceptance. The term *queer* became a choice term for many young people in the late 1990's and the "acronym *LGBT* (Lesbian, gay, bisexual, transgender) came into use, as did LGBTQ, though 'gay-and-lesbian' remained the most frequent descriptor, and was meant to be inclusive into the twenty-first century" (Faderman, 2015, p. 1). The diagnosis of homosexuality as a mental health disorder was introduced in the first edition of the Diagnostic and Statistical Manual of Mental Disorders in 1952. In 1973, the "American Psychiatric Association (APA) removed the diagnosis of 'homosexuality' from the second edition of its Diagnostic and Statistical Manual (DSM) [1,2]. This resulted after comparing competing theories, those that pathologized homosexuality and those that viewed it as normal" (Drescher, 2015, p. 565).

When reflecting upon the great responsibility that comes with working with individuals' and communities' psyches, it becomes not only theory and practice but history-taking and examination of what came before—what informs the current. As noted in Drescher (2015):

In the mid-20th century American psychiatry was greatly influenced at the time by these

psychoanalytic perspectives. Consequently, in 1952, when APA published the first

edition of the Diagnostic and Statistical Manual (DSM-I) [7], it listed all the conditions

psychiatrists then considered to be a mental disorder. DSM-I classified "homosexuality"

as a "sociopathic personality disturbance." In DSM-II, published in 1968 [8],

homosexuality was reclassified as a "sexual deviation." (p. 569)

In today's approach to mental health treatment of marginalized communities, specifically the

LGBTQIA+ community, it is important to consider the implication of these people who inhabit

more marginalized social locations and the engagement in diverse practices that afford them the

space to experience layers of society that are otherwise not experienced by those persons not part

of a marginalized space (Schmitz & Tyler, 2019). As cited in Schmitz and Tyler (2019), Gates

and Newport stated, "approximately 6.4% of young adults aged 18-29 in the USA identify as

being a gender and/or sexual minority" (p. 710). While this statistic is only representative of

LGBTQIA+ youth, it also informs the next generation of persons who will occupy roles in

society that will function many future societal systems; therefore, it is a public health issue that

while there are more modes of mental health treatments today than ever, there lacks enough anti-

oppressive research about trauma-informed care that is inclusive of the lived experiences of

those who are affected daily trauma, such as those in the LGBTQIA+ community. The statistics

that the suicide rate for LGBTQIA+ individuals have increased 78% in the last decade alone

should elicit an immediacy for reevaluation of theory and practice in mental health research and

treatment approaches.

Many clinical mental health treatment approaches which engage with traumatized clients

follow guidelines of oppressive treatment models. These approaches essentially ask clients to

take individual responsibility for working through trauma, which is imposed upon them by oppressive systems that place minority groups at risk for social inequity (Gipson, 2017).

Trauma and Trauma-Informed Care for Mental Health

The definition and conceptual collective understanding of trauma has shifted in many ways (Burstow, 2003). According to Rosen, Spitzer, and McHugh (2008), post-traumatic stress disorder has infrequently been systematically challenged since its diagnostic appearance in the *Diagnostic and Statistical Manual* in 1980. In considering criterion A in DSM-III-R (American Psychiatric Association, 1987), specifying that "the person has experienced an event that is outside the range of usual human experience and would be markedly distressing to almost anyone" (p. 250), one is able to consider the inherent problem with this criterion insofar as it implies a blanket normality of "usual human experience" (Burstow, 2003).

As stated by Brown (as cited in Burstow, 2003), the problem with this implicative statement of usual human experience is that the range is automatically inclusive of normality in the "lives of men of the dominant class; white, young, able-bodied, educated, middle class. Trauma is thus what disrupts the lives of these particular men but no other" (p. 1296). Please view Appendix E for the author's exploration of this concept in poetic form.

It could be argued favorably that current trauma-informed westernized mental health treatment models inherently retraumatize LGBTQIA+ communities because they do not address and include the knowledge basis that the everyday insidious trauma faced by these groups living and navigating heteronormative systems is prominent in mental health issues. Many of the current research on trauma-informed mental health treatments, specifically for this population, focus on an idea of trauma-informed care researched for the majority, or the white heterosexual male.

Given the research statistics on the inefficacy of current mental health models of trauma-informed treatment for LGBTQIA+ groups, the immediacy of reconsidering research approaches to build effective models for help rather than harm is essential to providing treatment of this kind. As Gipson (2017) explored,

If a social justice orientation is to expand concepts in the field of art therapy, the clinical process of separating a person's health and wellbeing from their bodies in the world needs to be contested. The challenge is to approach clients as individuals whose experiences arise from within culture, and the challenge extends to people who are practicing art therapy and shaping its discourse in the public sphere. (p. 115) While the article focused on Art Therapy, this mentality can be adapted to and understood similarly for Expressive Arts Therapies.

While systemic oppression and trauma are not mutually exclusive, and "oppression is the primary traumatizing condition and one to which all are subject" (Burstow, 2003, p. 1308), the recognition that trauma does not affect everyone equally should be reflected in mental health approaches for trauma treatment. As the nature of a society that is systemically sexist, classist, racist, ableist, and homophobic causes insidious traumatization to individuals on the margins, the mental health models of treatment must acknowledge the systemic implications of any individual who belongs to any of these marginalized groups (Root, 1992). Psychiatric models of pathology and conception of trauma remain the dominant understanding, and the inherent privilege and androcentricity of these models consequently removes the political from being realized in trauma discourse (Burstow, 2003, p. 1294), which one could argue immediately contradicts any trauma-related treatment with any marginalized community (Burstow, 2003).

Decolonizing Research and Research Engagement

In the 2008 article written by Fraser and Puwar, there is discussion of research methodologies in interdisciplinary fields that uncovers the trend and importance of "politics of engagement, collaborations between people from different fields . . . [including] specialists in sound, the visual, narratives, performance and tactile technologies [that] forge connections with each other" (p. 3). As Alvarez (2017) stated,

> Finally, I begin to wonder: Is reflexive practice White? Do people with marginalized identities (and especially multiple marginalized identities) ever reflect on their experiences of something *without* an overlay of power and structural inequality? Yes, I suppose we do. We get mad at individuals without implicating the system [cis-tem]. We feel hopeless and isolated without implicating the system. We try to kill ourselves without implicating the system. These are not reflexive choices, per se, but it occurs to me that reflexivity might still—sometimes—be a marker of privilege. If I am drowning, I will not have the time to scream. (p. 254)

Without considering the inherent violence in institutions and systems that are informed and molded by structures of social power, there leaves room for these oppressive arenas to continue to provoke tension, thus creating a cycle which leaves little room for possibility, providing the need to "deconstruct the dominance of positivist aesthetics in the (w)riting of contemporary social science . . . which is guilty of perpetuating the dominant hegemonic understanding of what knowledge is" (Keeney, 2014, p. 11).

Through the lens of critical inquiry, the mental health treatment of LGBTQIA+ communities observed from the research, illuminated the inherent segregation of minority struggle in offering treatment access rooted in an American medicalized model approach to post-traumatic mental health treatment. This exclusion of the lived experience of minorities living

under oppressive systems that inherently traumatize, opens a discussion around the need for rethinking mental health treatment for this population. Given that LGBTQIA+ individuals are offered limited space to occupy and as Goh (2018) stated in his article "Safe Cities and Queer Spaces: The Urban Politics of Radical LGBTQIA+ Activism," "A now expansive body of research has asserted that space is heterosexually produced—and that there exist nonnormative practices by gender and sexual identity minorities that challenge this and actively 'queer' space" (pp. 465–466), it is important that this viewpoint be considered in the mental health trauma treatment of this community. As Schmitz and Tyler (2019) posited, "all too often, research over-emphasizes the risks and challenges that LGBTQ people face, which can mask the potential these youth embody for experiencing healthy, well-adjusted development" (p. 726).

While analytical research has been the reigning approach in social sciences and psychology—the limits of this approach have allowed the exclusion of those who are affected by the research done in these fields when applied to real-life situations (Fraser & Puwar, 2008). In consideration of intimacy in the context of research (where this word doesn't typically arise), there is an academic understanding or definition of intimacy as something to be understood outside a creative context. Specifically, in consideration of the therapeutic relationship between a client and an Expressive Arts Therapist, arts-based research approaches with a focus on intimacy as it relates to bridging the gap between creativity and analysis, subject and object, self and other, individual and collective, may be able to move away from the dichotomous approaches to mental health treatment for individuals who do not fit neatly into either category and would benefit from helping models that focus intimacy in research (Fraser & Puwar, 2008).

Stengers (as cited in Fraser & Puwar, 2008) explored the truth of lived experience, in that to be alive and human is to have more than one interpretation of or way of life; and given this, the

need to restructure research processes to move away from the modern scientific understanding

that the 'whole of human invention, imagination, intentionality, and freely engaged passion is

mobilized in order to establish that there is one interpretation only, the 'objective one,' owing

nothing to invention, imagination, and passion'(pp. 4–5) is inherently clear. Please see Appendix

G, where the author of this paper, through poetic response and creative reflection to a client's

story, also explores her own personal experience. This creative inquiry, hopefully, is able to hold

more space for empathic response from therapist to client and dismantles power dynamics that

perpetuate a gap in relational connection within the therapeutic sphere.

Arts-based Research

   Arts-based inquiry is defined in Susan Finley's (2008) chapter "Arts-Based Research" as a

uniquely positioned methodology for radical, ethical, and revolutionary research that is futuristic,

socially responsible, and useful in addressing social inequities:

> By its integration of multiple methodologies used in the arts with the post-modern ethics
>
> of participative, action-oriented, and politically situated perspectives for human social
>
> inquiry, arts-based inquiry has the potential to facilitate critical race, indigenous, queer,
>
> feminist, and border theories and research methodologies. (p. 71)

   Fortunately, Americans are currently witnessing the reemergence of influences from the arts

sectors within social sciences methods (and vice versa); as is being attempted by the merging of

clinical mental health counseling and expressive arts therapy at Lesley University. While this

merging is progressive and proactive for the future of therapy and counseling in the larger

systems, there still exists the deeply ingrained history of American individualism which

perpetuates the meaning of normality as it is conceptualized by those holding privileged statuses.

Mental health treatment approaches and history delivered to future clinicians in American

educational institutions have failed at efficiently teaching the mutuality of individual lived experience and systematic influence. Without this foundation of critical thinking, future Expressive Arts Therapists become disillusioned students, and, upon graduation, well-meaning professional caregivers participating in the process of disconnecting interpersonal experiences from political and economic forces that affect every day human life. (Gipson, 2017)

In a 2018 study, Pinna-Perez and Frank explored Expressive Arts Therapy praxis as providing "a frame for using creativity as a form of knowledge" (p. 239) and investigated arts-based research through the lens of having the innate ability to transverse traditional social science research approaches and simultaneously illuminating the psycho-social implications of traditional research while creating space for artistic exploration of collective experiences and identity (Pinna-Perez & Frank, 2018).

The research findings from this literature review point to a history of psychoanalytical rhetoric that pathologizes the human condition. This has greatly informed educational delivery of mental health treatment which limits the understanding of intersectionality's that constitute the lived experience and psyche of human beings (Fraser & Puwar, 2008). The research creates a need for examination of the mental health language Expressive Arts Therapists adopt to communicate to one another, their clients, and students of Expressive Arts Therapies. Fraser and Puwar (2008) posited that the language of making meaning of words traditionally ascribed to the field of psychotherapy are binary in nature, such as disordered or not disordered, traumatized or not traumatized. With this knowing, does the possibility exist for a new language that considers "binaries such as 'creative' versus 'analytical' [to] be redistributed and reconfigured . . . through the concept of intimacy" (Fraser & Puwar, 2008, p. 6) rather than being at odds with one another. What is an often-dismissed aspect of research is the understanding that the researchers individual

experience with data is subjective and changeable, over time. Scientific research that informs

educational programs in America is generally not equated with an intimate personal experience.

There is a limiting nature to traditional academic research, in that, the humanity of the research

process, the relationship with the data, neglects the reality that data, is in fact, humanity. As

humans collecting data, we are also moving "data around, we put it in the kitchen, we carry it in

our bags (or buckets), we return to it with a different set of academic reading in our minds.

(Fraser & Puwar, 2008, pp. 13–14).

This could be conceptualized as an experience of intimacy, or experiencing the data collected

as though we are in relationship with it and crafting it in such a way that the outcome of the data,

the academic research becomes inherently understood as connected to the personal. Particularly

in the field of mental health research and expressive arts therapies research, this thought

alignment could improve future education and treatment models. This conceptualization of

research methodology is aligned with arts-based research approaches, which are prevalent in the

field of expressive arts therapies. There is an ethical responsibility of future and current

Expressive Arts Therapists toward holistic approaches and acknowledgement of the multi-

dimensional aspects of human beings, individually, collectively and oppressive systems that

hold the privileged power.

Expressive Arts Therapy/Therapists

The arts offer a space to explore the many aspects of an individual and how those aspects

intersect with the collective. In reflection of personal trauma and collective traumatic

experiencing, understanding trauma through narrative is conceptualized in the book, *Retelling*

the Stories of Our Lives: Everyday Narrative Therapy to Draw Inspiration and Transform

Experience by Denborough (2014) as, "how we respond during times of trauma, and how we

protect ourselves and others, provides clues about what we care about in life. Our responses are

based on what we give value to" (p. 184). "Finding ways to use hard-won knowledge to

contribute to the lives of others in hardship can bring healing from trauma" (Denborough, 2014,

p. 184). In his article "Trauma and Poetry: A Psychoanalyst's View on the Healing Power of the

Arts", Feirstein (2003) explored the idea that "psychoanalysis and the arts teach us that we're

compelled to repeat our traumas, losses, and disappointments as a means of helping us find a

form for what's hurt us, for making what's passively experienced active" (p. 258).

Gipson (2017) stated,

"Art therapists promote wellbeing by helping individuals, families, groups, and

communities improve their circumstances. Art therapists enhance welfare by identifying

practices that actively benefit others" (para. 5). These professional aspirations should be

questioned using an antiracist practice that enables the recognition of whiteness, not as a

fixed identity, but as a process of *whitening* that is deeply connected to compliance with

patriarchy in the United States and its institutional value systems (p. 115).

When considering studying to be Expressive Arts Therapists/practitioners of mental health

treatment without facing this systemic truth, what exactly is being created in the world of

expressive arts therapies? If candidates do not consider that the foundations of therapy and

psychology are rooted in complicity with dominant narratives written and distributed by the

white, male patriarchy, are they not just further "granting society permission to access (and

consume) diversity while denying an intersectional analysis that could contest ideology and

collectively build intercommunity resources" (Gipson, 2017, p. 114)?

While Levine (2005) posited "the arts are particularly suitable for the traditional practice of

healing insofar as they always involve both a physical and a psychological dimension" (p. 17)

thus creating a uniquely situated role for the Expressive Arts Therapist in the field of clinical

mental health counseling, the ethical responsibility to engage the arts therapeutic approaches

from an anti-oppressive critical lens becomes strikingly clear when considering the Expressive

Arts Therapist's "privilege of access to people who are made vulnerable by capitalism, cultural

hegemony, and structural violence" (Gipson, 2017, p. 117). Furthermore, if Expressive Arts

Therapists are implementing therapeutic education which is rooted in clinical mental health

models that perpetuate oppressive, sexist, racist, and heteronormative approaches to treatment

without consideration of social justice, there is no therapy happening. As Gipson (2017)

implores, "diversity is not freedom; the ability to recognize difference should lead to decisions

that complicate the values of justice, beneficence, and autonomy in the AATA ethical principles"

(p. 115).

It is imperative to note, also, that Expressive Arts Therapists possess a unique background of

education that sets the field apart from the primarily clinical knowledge other mental health

counseling programs offer. The inherent conceptualization of Expressive Arts implies that those

under this title are also learned in self-expression, self-empowerment, and self- care. While these

considerations may be true of that which an Expressive Arts Therapist should possess after

training, it needs to be examined that the American foundation of educational models perpetuate

knowledge acquisition that tends to negate social expression, political dominance, and cultural

neglect. If learners of the Expressive Arts Therapies and Expressive Arts Therapists operating in

the field as both clinical mental health counselors and Expressive Arts practitioners/teachers of

the Expressive Arts cannot acknowledge and engage with the history of oppression and

heterosexism in many of their practices, then interaction within the therapeutic relationship

consequently induces harm. In exploring the meaning of holding the title "Expressive Arts

Therapist," candidates must consider the implication that "the value of justice merely as an ideal allows people with greater privilege to demonstrate their moral virtue within an unjust system" (Gipson, 2017, p. 115).

Critical Creativity as Learning Approach in Expressive Arts Therapies

The title Expressive Arts Therapy, before it was a specialization within the field of mental health, before there was a field of therapy, was known simply as the arts as a means of expression. While in current day America, art is oftentimes connoted to intimidating or far from the day-to-day realm of experience for those not identified as "artists", there is a universal truth that the arts and expression is innately human, regardless of delineation within a "field". Perhaps the history of white-centered, patriarchal American culture is partly to blame for the current day exclusion of some and not others as being worthy of engaging with the arts, as being artists; but, As Levine (2005) states,

> in the history of Western thought, Cartesian dualism tended to break apart, leading to, on the one hand, an extreme materialism that denied the existence of mind, and, on the other, an idealism in which matter was conceived as the product of a mental act on the part of some absolute subject. (p. 20)

With this in mind, as Expressive Arts Therapies students and future therapists, it is imperative to critically engage in arts therapeutic research practices with an understanding that the field of Expressive Arts should "not [be] confined to being analysts working from a distance," or academics working individually, or artists creating; rather a "moving towards becoming co-producers and critical interlocutors within the creative processes of happenings and designs" (Fraser & Puwar, 2008, pp. 3–4).

There is a need for reorienting the relationship to knowledge acquisition in Academia, particularly in Expressive Arts Therapy/Clinical Mental Health Counseling education. In the field of Expressive Arts Therapies, expressive arts therapies are in relationship with clinical mental health counseling, yet the knowledge assimilation to the future Expressive Arts Therapist, is skirting the periphery of this obvious gap, which is that the field of clinical mental health counseling is rooted in early research and practice of mostly white, heterosexual men. These models of mental health theory, treatment and supposed correct knowledge are the foundation of the clinical mental health counseling field, yet the only engagement with the pervasive and oppressive tenets of this knowledge-base is explored at Lesley University in the core course for the Clinical Mental Health Counseling, Expressive Arts Therapy program, titled: Power, Privilege and Oppression. This educational privileging reduces transparency of the systemic influences that are puppeteering that which we know and don't know and therefore practice and don't practice in the therapeutic relationship. This brings to light the contradiction in being "holistically" educated in a field that has historically and systematically oppressed marginalized communities. Although experiential learning in the expressive arts therapies is offered in the educational model of Expressive Arts Therapy students at Lesley University, my experience as a graduate student included; there exists, still, an invisible gap where the expressive arts therapies meet clinical mental health counseling, that needs to be addressed before calling the program both in the same degree title, is ethical.

With these ideologies and concepts, Expressive Arts Therapist students, educators and practitioners are offered a way to close the gap in the intersectional invisible systems that affect learning and work. One way of considering this is through creative inquiry, which is

a way of approaching the world that recognizes the personal and social dimensions that go

into our particular understanding of the world (and inform any view of the world), the

possibility (and likelihood) of other perspectives, as well as a perceptual choice to remain

open to experience with all its ambiguity and complexity rather than immediately

superimposing an interpretive framework. (Montuori, 2011, p. 66)

Through critical and creative engagement as a foundation of knowledge acquisition, coupled

with the idea of self-as-instrument, is an avenue to start closing the gap from academia to

practice. The term self-as-instrument, often heard in the field of Expressive Arts Therapy, is

interestingly understood, as it conveys the idea that self should be explored as the self being the

instrument of change and self-awareness being the tenet of successfully embodying the self-as-

instrument. Although this concept is well-intentioned, the manifestation of the concept, in the

field of mental health counseling/expressive arts therapy assumes the self as the therapist. This

assumption, then, when defining self-as-instrument in the context of therapy must include the

other to the self, or the client to the therapist. Without this inclusion or recognition, the concept

of self-as-instrument in a therapeutic context becomes inherently unaware of the self and thereby

a contradiction to the intended, mental-health-centered use of the concept. In this view of self-as-

instrument as it relates to therapy the understanding of the *safe and effective use of self*, which

"refers to the therapist's learned capacity to understand his or her own subjective context and

patterns of interaction as they inform his, or her [their] participation in the therapeutic

relationship with the client" (Ahonen, 2019, p. 211) more accurately captures the developmental

journey of the Expressive Arts Therapist as self, other and artist. There is great importance and

necessity for the expressive arts therapist to explore, through artistic expression: the self,

personally, and the self as related to other. In response to this, it feels just to conceptualize the

self-as-instrument as the micro-self-individual and also the macro-self-collective: accountable for creatively and critically engaging with the influences of the greater systems. As Keeney (2014) suggested, there is a "calling [of] all academics/writers/artists to break out of the 'lockdown' of the institution" (p. 7).

With the broadened mentality of "self-as-instrument" which understands "self" as "other," conjures the question "Who is the 'other'?". This concept is illuminated in Fox and Leeder (2018) as thinking about the presence of 'other' as "the people who have been the targets of discrimination" (p. 102). With this framing of the 'other,' one is led on a mental wondering of how one interprets another's life, or lives. In an article by Viramontes (2008) the thought is posited that human beings inhabit experience; one dwells in their physical space on the earth while experiencing and inhabiting simultaneously. From this reality human beings preserve, build, and cultivate "be it through erecting edifices for shelter or for the purpose of promoting literal figurative growth. One cannot continue to exist without the other" (p. 338).

Thinking about the aforementioned brings to the forefront of the mind what Fraser and Puwar (2008) noted as the importance of recognizing that there is a sensorial engagement with research that elicits the creative body in a way of encountering and attaching to memory the information, researchers do this with "smells, textures, pains, desires, sounds and the visual store of memories"(p. 2), to disregard these interactions with research material and its suggestion to analysis and application in the public sphere would be omitting an essential part of what makes research valuable to human beings.

In considering the ideas of theatre and self as community in the context of social justice, Expressive Arts Therapists can better approach communication of societal injustices present in everyday experiences. Pfohl (1992) stated the "desire [for] a different narrative practice: an

imminent re(w)riting or theatrical restaging of epistemological rituals permitting a more reflexive sociological imagination of the HIStory (HERstory) of our present" (p. 97). While the above is true in sentiment, it is also important to shed light on the nature of writing in this society, as it exists in many systems "writers" function in; as noted in Keeney (2014) the "writer is easily identified through their lived experience, making the relationship between writer and reader up front and open. This honest subjectivity removes an 'artificial' mystery regarding the author's position and thus eliminates barriers that are often hierarchical in nature" (p. 10).

There is an idea of writing as action, writing in response to action and as a means to attend to the experience witnessed. I think about this in the same way I think about attending to education. Learning is active. Learning is being present with thoughts and biases and also with the external, structural biases present within learning institutions. In this idea, one can conceptualize the "idea of writing as action rather than a means to an end" (Keeney, 2014, p. 5). "The way writing/communication is taught keeps certain individuals from accessing the tools needed, while at the same time removing any pleasure or reflection on the experience" (Keeney, 2014, p. 5). The need for new ways to understand, to make meaning, are offered in new modes and intermodes of arts practice; as Pollock (as cited in Keeney, 2014) discovered, "those exploring alternative forms of writing 'identify the need to make writing speak as writing'" (p. 5).

Explored in her work, "Toward Transcendence: A Creative Process of Performative Writing", Viramontes (2008) defined performative writing as that which "invokes conflicts, situations, and conditions that show the ways in which some communicative events within our lived experience are complicated, complex, and nuanced" (p. 337). With this approach to writing, specifically poetry, evoke the senses with attention to detail being paramount to

meaning-making, performative writing allows for these details to be transformed "into symbols and metaphors, which describe personal experience while providing a general understanding of the text as a whole. It is an evocative practice as much as it is an interpretive art form" (Viramontes, 2008, p. 337). Artistic expression is therapeutic, both personally and objectively and in the process of creating art, we are expressing and connecting our stories and the stories interpreted from hearing others' stories. Explored with poetic inquiry in Appendix G.

Creative Engagement for Expressive Arts Therapies Students and Practitioners: Poetics, Playback Theatre, and Performance as Creative Knowledge.

Given the nature of being human in modern society and being is meaning-making, humans are in a perpetual state of assimilation of what they ingest from the world around them as it meets the world inside them. There is need and necessity for Expressive Arts Therapies students and future practitioners to "mind the gap" that exists in the space between expressive arts therapy research and practice and clinical mental health counseling research history and practice within the American mental health systems, so that trauma-informed treatment education and practice models are implemented within the therapeutic relationship with the goal of healing and wholeness rather than inflicting harm due to ignorance and bias. The responsibility and ethicality fall on both the students and the teachers/practitioners, as this reflects the idea of self-as-instrument and critically and creatively engaging with the knowledge base in this way can prevent future models of treatment that perpetuate traumas that occur in the collective. In thought and reflection of what makes an experience creative and how to engage in this way, certain elements of poetics, playback theatre, and performance combined to express artistically offer a space that inherently critically examines the individual's belief and perceptions while connecting to the social, societal underpinnings that inform all individual thought and experience.

Through arts-based research approaches for this capstone thesis, I found the experience of integration of societal and personal most truly through a blend of poetry, playback theatre elements, and performative writing. Being able to explore my own stories and experiences in this way offered me the feeling that is described by Fox and Leeder (2018) as:

> Catharsis that can come when telling, seeing, or performing a difficult or traumatic personal story is redemptive and often brings the community closer. In this way, audience members who may not easily identify with the lived experiences of the storytellers begin to understand, empathize with, and perhaps even begin to desire to act in solidarity with the people whose stories they have just witnessed; in other words, they begin to become allies. In contrast to the cathartic elements of PT and AT, with TO we can critically address social problems and strategize ways to dismantle systemic oppression, thus putting that ally ship into action. (p. 101)

Forms of expression that are both political and personal can be utilized, such as a performative exploration of Playback Theatre, which is an "audience-interactive, improvisational performance form in which audience members tell stories from their lives and then watch those stories enacted on the spot" (Park-Fuller, 2003, p. 291).

Discussion

What is a personal story? One considers this very different from the next, but do all humans have an internal drive to understand through story? What about those who are silenced—whose stories do not get heard? Lambert (2016) stated,

> poetic inquiry and poetic modes of representation may provide an alternative way for an often silenced and marginalized 'voice' to be heard, and in that act opens a space in

which to challenge oppressive discourses and present a different angle and type of

knowledge regarding what it is like to 'be' different (p. 577).

In an article by Fox and Leeder (2018) it is noted that "storytelling is perhaps one of the most important forms of activism right now because when someone tells their story, you can begin to recognize their humanity" (p. 102). While writing and poetics offer a space to interact with internal worlds, performance can be "an instrument of social awareness and change" (Park-Fuller, 2018, p. 288), which could allow these theories and practices to move steadily toward the social and political goals of fighting injustice (Park-Fuller, 2018). In this concern, theatre can fight injustice, and there is a redemptive quality to theatre as it provides a space with enough safe space from the lived experience of the story to be able to retell the story without being retraumatized (Fox & Leeder, 2018, p. 102).

In personal reflection of the literature reviewed in this paper, I've made many connections to my experience as an artist and writer and the education in expressive arts therapy that Lesley University has provided me over the lifetime of the degree program. In my first studio class at the beginning of my graduate program, I was asked to create a final showcase project that utilized what I had learned about the intermodal arts process during the entirety of the studio expressive arts class. I originally decided that I would explore the experiences I've had as a 911 emergency first responder in major cities, including Cambridge, MA where Lesley University resides. My initial creative outlet for this was poetic exploration and I began exploring this modality through a type of performative writing that was in response to the 911 calls I had been a first responder on that had imprinted on my psyche. I wrote poems in narrative form as a homage to the patients I'd responded to and helped in their times of crisis and not been able to adequately release or share my feelings with at the time of the crises; given the fast-paced nature of being a

first responder. As my creative arts process unfolded, the realization came to me that I was able

to release the trauma I was holding through writing to the patients whose trauma I had witnessed.

Making meaning is the idea that recreating the stories of the traumas that have been digested and

need to be retold so the sufferer can regain agency and build resilience in a society that does not

readily offer this to marginalized communities. In the appendices A and B are a sonnet and

personal narrative poem in response to a patient's experience I witnessed while on scene at a 911

call.

Conclusion

Based on the conclusions found in this research, practitioners, specifically expressive

therapies practitioners, should consider the necessity of restructuring thought and engagement

with research approaches and developments of trauma-informed care models for mental health

treatment of LGBTQIA+ individuals. Although the alternative arts models: poetics, Playback

theatre, and performance arts techniques referenced in this paper have shown that effective

treatment and socially just research is possible and available, there is room for further research

and future application of models of care that are created specifically with the lived experiences

of this population in mind as it pertains to inherent daily traumas faced. In consideration of the

client in both the individual therapeutic relationship and collectively, an empathetic stance on the

insidiousness of trauma in everyday experiences should be reflected on by the Expressive Art

Therapist. As Keeney (2014) eloquently described,

> As players in the game of life we must perform the HIStories/HERstories of those
>
> marginalized others, minimizing the presence of ourselves, while at the same time noting
>
> our place of privilege as the performer. Breaking down the walls of institutions, like
>
> education and the media, will only take place when we challenge the traditional white-

male heterosexual dominated systems within these institutions. This means we must heed

this challenge in writing, in art, in social science and even in language to open the doors

to any type of social change. (p. 14)

The literature reviewed makes a pointed case toward the interconnectedness of importance of

inclusive, non-homogenous research practices and educational review to assure that the future of

trauma-informed mental health treatment approaches for LGBTQIA+ folx be informed by their

lived experience in modern American society. Without critically engaging with the literature that

insists on investigating the knowledge birthed by "Eurocentric . . . context and content" (Keeney,

2014, p. 4), Expressive Arts Therapists are providing a disservice to the therapeutic relationship

with this community. Given the vast literature and evidence that while the arts are communal and

community building and offer a safe space to explore the subconscious worlds all inhabit, the

disconnect between artforms and the limiting beliefs about creating art and critically engaging

with arts as a means of knowledge acquisition which has been imposed by individualistic power

structures promotes a space where marginalized voices are less heard, and competition to be

better, whiter, straighter, more academic becomes the end wish in a "goal-oriented culture, where

the processing is often ignored and the end point is what matters" (Keeney, 2014, p. 5).

In my personal journey as an individual student in Expressive Arts Therapy and future

practitioner of Expressive Arts Therapies, as well as my identity as a gay, working-class woman

and first responder, interfacing with poetry-as-performance and viewing the world and traumas I

have witnessed and held through a Playback Theatre lens, have greatly informed my awareness

of the myriad nuances that exist between two human beings.

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Appendix A

Artist's Statement: A Sonnet

I am; a walking contradiction,

A writer; of, and to, illusion.

How do you speak? Eyes affliction,

Articulating habit, mouths confusion.

I am; in need of your tender,

A lover; of and for, what chaos sings.

How do you feel? Speak to me surrender,

Redemption sits, patient for what darkness brings.

I am; a holder, of the lost connections.

An empty space; collector of these ghosts,

Stories, you ask? Questions force dissection.

What lies beneath, under these bodies, soul's host.

So please, let that light, study the darkness,

We are; an eternal contradiction.

Appendix B

How to Build a Shadow

11:45am; Hope Cemetery; syncopal episode

Her baby, his eyes opened slow

  Hope.

As she screamed at the heavens

  Hope.

She is *"Mami!, Mami!, Mami!"*

Now.

His hands, his name, his arms
Held her body into form
held her by her name "*Mami.*"

Today her *sisters, sisters, sisters* plead to me

  "Her son has died, "Mami!--help her--Mami!"

His face, smeared-ink photo
on every family member's
matching white T-shirt's
mixed in with gravestone
etchings.   *Like how we define art sometimes*

Memory.
Hope.

All we have to offer is a thin cot, a hospital sheet to cover her from the onlookers and
seventeen wires from a cardiac monitor

  "Tell her we are going to take a picture of her heart, make sure it's ok"

What I mean to say is, I can't save her from dying

having a myocardial infarction—her heart tissue cells necrotizing—grief curled up
in the fetal position inside her large vessels,
her baby isn't growing.

"Nelsito!, Nelsito!, Nelsito!" she screams to the heavens, the roof of the inside of an
ambulance, never blinking.

Holding me, holding this strangers hand   *like how we define love sometimes*
Offering me her life, I think.

A note to the hospital:
            "Ambulance 51 to local Emergency Room with a priority transport.
Over.
            "Her heart is dying. Her son is dead."
Over.
            "Her heart is dying. Her son is dead."
Over

Over. Over. Over. Over. Over. Over.

[Performative Writing Response as Clinician from Personal Experience]

He Was There

Before there was you, he was there
Between busy days, so many faces making
Names seem nameless
He was there

One morning I heard him laugh
My best friend came to me in dreaming
She laughed so big I felt him in my womb

One day she was there

The next she was   *gone. She's gone, Kelli.*

At least that's what they told me.

Pulling my guts out onto a stacked up paper lining, my whole body numb from the waist down as I'm close to dying, they yell excitedly

> *"You've got this!! You're doing great!! Keep pushing!! He's almost here!"*

He was there

in the room, or the street, or the memory

> *where she lay dying*

And in the mornings now, he refuses scrambled eggs and fruit
Drinks from the dog bowl and makes a mural on the living room walls with
Multi-colored pens while I sit on a toilet for five minutes of "escape"

I try to tell him, and them, what art means

And then he holds my face while we fall asleep, his tiny hand offering refuge
looks right into me
With your eyes, and lets me see
He was there, and you are   *still. free.*

Appendix C

Where Dyke Soldiers Lie

Breathless soldiers, limbs lying lifeless
the backyard where her children play
the windowsill where she rests thoughts in containers
she doesn't remember the names of
watering the regrets, wet soil reminds her of life
a
s she watches from far enough, away

and close enough;
the soft scent of last week's
fresh cut flowers

almost dying
tonight at the dinner table
we asked to receive each other

She received her lips, losing her ability to speak,
then the mouth waiting to fill you,
waits for empty; glasses clinking
disrupting noise, stealing noise
from the quiet of the bed with sheets

Attached to your body
my child wonders if you are its Mother
while your hands boil me from the inside

> *"You think you're going to have a fucking baby and I just take care of it. And then I have to get
> custody when you leave."*

Out here is tepid, your skin
stale

> *"Are you ever going to go grocery shopping or just keep eating all the food in the house?"*

Wonder bread sits with green fuzz
suffocating in its own plastic home
near the windowsill of
this years most forgotten

> *"You are a selfish bitch and I don't want you in my house."*

 To the sins streaming
down
a cleaned kitchen floor, white
beneath, under, beside her

> *"You need to go on medication before you ruin our relationship"*

As her knuckles bled through the walls
the cheekbone held together by a nail behind my skin

A whisper fills an entire house

> *"shhhhhhh, keep quiet, you'll wake the children again. You can't keep fucking making me upset."*

staying just out of sight and
trimming the dead plant leaves, as

Legs give out, give up
domestication
waiting to penetrate
the thick regret—a lover's mattress
lovers' bed bereft

> "*Since you started the medication, I haven't had your tongue in my mouth in a fucking week*"

A nightly prayer, she thanks God and Jesus
while we bow our heads, to her

She asks me to   *"Please pass the bread, My love"*

Appendix D

How to Build a Shadow

I think of it in the back of her throat
just before the sun rises, walking toward the horizon
the long journey down the center of her damp tongue

      "Is this where we start?"

A darkness so free of light, it touches light
stretches like tree branches
slapping the windows of her house at dusk with demands
so subtle, she slides her bones inside me silently
while they slither in through the cracks in the blinds
finding form like vines climbing her bedroom walls
and our bodies;
swallowing each other
before we know they want to come inside;
grow inside us.   Clinging to our ribs
like children in cages long for return to their familiar

      "Is this where we begin?"

A snake wraps its smooth scales like desire
around our necks
her teeth penetrate and a solid white ghost becomes nothing more than
spilled milk left unaffected, unexamined
only a new story, a new spot to clean up, to remove

      "Is this where we start?"

At the losing of the daylight
body becoming blurred, in the distance I think I can
see her. I swear she sings to me while I'm here
her voice stays in the floorboards like phantom cries
from the spaces where my child
learns to fit in the world, outside of me

    "This house was built in 1910, I want you here with me."

She says, opening my body like a tomato sauce jar
that's sat unbothered behind the others; back corner of

the pantry, where she goes to shed her skin four times each year
The unswept corners, dust like dancing, uninhibited by feet

     "Is this where she starts?"

The light taunts us from inside, her torches lit along the
walkway to the back door
while I swallow the giant fiery ball, burning holes in my cheeks
her skin lay there next to the years of too much exposure
ashes to ashes, dust to dust
falling around the floors of her home I sleep in sometimes
weeping or glistening like ornaments forgotten on a Christmas
tree left without water. Still, its branches--
dried needles, dead, things without life
block the light just the same
stretching its exhausted arms toward me
while I tiptoe, tiptoe, tiptoe
waiting for her to reach
as I hum along
hurriedly before the night calls, again

building our home at the edge of a shadow.

Appendix E

Leaving Our Home

Just like when you opened your eyes
that day you were born, I sat legs-crossed
arms open with eager need, to hold
one thousand years before—
the waiting, just like that day
you ran
your fingers along the rough cedar floorboards
of your childhood home, innocence splintered
that night on your front porch
finding what you didn't want in the mouths
of teen-aged boys, one thousand years before
your lips fell on my shaky fingertips
found softly in the grooves of my spine, the feeling, again

of home.

I heard your thoughts somewhere far away, fall from pine needles
at 3 am, pointed decent to the darkness
the gritted Forest floor, I was awoken by a cricket
stuck in the wall of my living room
then, rocking the chair that I'd learned to be alone in,
the company of the creaking, crackling
of the fire, the embers and soot shadow-danced
a memory of you along the hallway walls, most nights
in the house we
forgot to live in, one thousand years before
the ghosts we became
in eachother's bodies, the skin we left hanging
to dry, the passion we burned up, branded
our organs with the need, in your absence
the lost air forces me to breathe, one thousand years before
ashes finding new form, leaving their mark
on the cedar floorboards, that day you
started leaving our home

Appendix F

Holy War

The inward tick, tock, tick, tock grows louder
As I walk toward the fingertips of
The long hand of time, the hollowness of
A body without yours to fill it, leaves
The echoed empty of every still
Forest I find the center of; your bones
Buried beneath houses of lover's past
Flames, sacred to this place we left behind
Days forgotten that I once knew your touch
Without sight, the scent of your beauty rests
Along the distant blanket of my mind
A soft white light begs your skin, a distant shriek
Befalls your doorstep, the hands of time still
Speak; tick, tock; the church bells sing the noon hour

Appendix G

What is To Give Light Must Endure Burning

There is beauty in rooms of black and white
Between the this or that, wouldn't a few different pictures brighten up the room
    "Life sucks and then you die, that's the truth"
His Father read to him on hammocks, in the breeze of
Afternoons now inked to his arm, forever
Holding the memory of who he was before
    "My father died and I'm fine, I feel nothing"
He tells me life is about family and working hard
And taking care of each other. And his Dad had
Diabetes and a drinking problem but
    "taught me everything I know and who he really is, is exactly the man I want to be."
The depression came around campfires
His best friends understood and they only
Watched the stars together, in the woods behind
His small house, hiding behind the shadow of suburbia
    "We couldn't afford anything that the rest of the people in my neighborhood could, but my Dad
    worked himself to death to get us that house."
I'm not an artist, he tells me
He doesn't understand all that artsy shit
But he writes sometimes, feels so much
He can get it out on paper
    "I could never write poems in front of anyone, that would be too vulnerable"

    "I wish everyone would leave me alone and I could be alone somewhere, yes, that would be real peace"

[Performative Writing Response as Clinician From Personal Experience]

<u>Daddy</u>

He called me on the phone
Called me in airport
Bathrooms
Between lines
Of people
Of rehearsals
Of cocaine

Asked me if   *I wanted him to be my father?*

I was eight. My mother was
Marrying

A man who would teach me
Ways to cut grass in perfect
Diagonal lines
Lines of green
Lines of dark and light
Lines
Criss-crossed the lawn
The value of a green dollar
Through physical labor
And also
How to be uncomfortable
In my body
Now a house filled with,
Not me
And my mom

But a man who isn't a ghost
A voice from another world

An image of facial hair
Accosting pure white
Porcelain, the bathroom sink
I stopped taking baths
Without scrubbing that image
Out of the tub-drain

These two men who planted
Seeds in my mother
One grew a flower.   Me
From her left hip, long
Awkward stem
Fighting gravity to stand up
Straight

The others from the cracks in
A foundation
Around the house they built
Me into
Calling us a family
Calling him Dad

Dad, but   *I don't want him to be my Father.*