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A Place to Keep the Chaos: Using Expressive Arts to Mitigate Post-traumatic Stress
Disorder in Disaster Recovery

Capstone Thesis

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Abstract

In this capstone thesis, the author reviews current holistic research and methods around treating and understanding post-traumatic stress disorder (PTSD), using expressive arts therapy (ExAT) as a framework. The nature of a natural disaster is complex, in that it is both a process and an event. With ExAT's emphasis on process, it is an appropriate approach to trauma as a result of natural disasters. The population focus is on earthquake survivors, specific to their early recovery, including traumatic stress and PTSD related to the event. I then apply research based on trauma and expressive arts therapy to this population, concluding with suggested interventions following the findings in the literature. This thesis also considers implications of racial trauma during and after the event, which came up as one of the highest risk factors of developing PTSD. Suggested application includes concentrated assistance for People of Color (POC), as well as incorporating self-expression and collaboration into therapeutic applications of art activities that can help in a practical way with natural disaster recovery. This thesis demonstrates that expressive arts therapy is a uniquely beneficial treatment approach for the complex and nuanced lived experience of trauma resulting from natural disaster.

Keywords: Post-traumatic stress disorder (PTSD), Natural disasters, Racism, Earthquakes, Expressive arts therapy, Trauma theory

Mitigating Post-traumatic Stress Disorder in Disaster Recovery with Expressive Arts: A Literature Review

Introduction

Expressive arts therapy (ExAT) is a wide and holistic field, which is necessary for a condition that affects people in a wide and holistic manner. One population that this approach works well with is survivors of trauma who have developed post-traumatic stress disorder (PTSD). PTSD affects all domains of function mentally, physically, and emotionally, with a disorganized experience of different sensory aspects of the traumatic event that continues beyond the event itself (van der Kolk, 2014). One cause of PTSD is experiencing a natural disaster. Another tenet of ExAT focuses on not just the production of art, but the process of creating it. This can be connected to the fact that a natural disaster can be a one-time event; however, the process of recovery is often complex and a long-term project. The event itself, the recovery, and the process of what is happening need to be taken into account in moving forward. Within ExAT, I focus on imagery and symbolism as a way to process and hold what cannot be processed in the midst of recovering from the trauma of a disaster experience, specifically focusing on earthquake survivors. This thesis aims to review current research and methods around treating and understanding post-traumatic stress disorder (PTSD), using ExAT.

Surprising themes that came out of research include disasters exposing vulnerabilities and highlighting systemically racist systems and how big a factor they were in the impact and severity of developing PTSD. As posttraumatic growth (PTG) appears to be the current goal in current trauma recovery theory (Schwartz, 2020, Tedeschi & Calhoun, 2004), I delve deeper into how expressive arts can provide the creativity and adaptivity needed in crises that involve the exposure of inadequate systems to provide services and protection for all members.

Research began in December 2019 and concluded in June 2020. During this time, awareness around the coronavirus pandemic and social distancing efforts in Massachusetts (where this was written) began in mid-March 2020. As the coronavirus pandemic continued, on May 25th, a Black man named George Floyd died as a police officer knelt on his neck, causing him to asphyxiate. On May 26th, protests took place in response to this event that highlighted the frustration and awareness around continued systemic racism toward Black citizens in Minneapolis where Floyd had lived. In the following days, protests and rallies in support of Black human rights and police brutality issues spread to all 50 states, as well as internationally. As of May 28th, articles began to appear that local governments were declaring systemic racism a public health emergency (“Minneapolis city council”, 2020; Rimer, 2020). In April 2019, prior to the coronavirus pandemic and the events that led to these protests, county leaders in Milwaukee, Wisconsin, declared racism a public health crisis from information gathered after creating the local office on African American affairs in 2016 (Spicuzza, 2019).

As coronavirus was itself a disaster our systems were unprepared for, this became an immediate dynamic example of how systems did not serve specific populations as distribution of needed supplies and the medical effects of the disease disproportionately affected Black citizens of the United States of America. What occurred highlighted the themes that came up in research conducted prior to March 2020.

Experiencing the coronavirus pandemic during the writing of this thesis provided a real-time experience of what had come up in the research and provided an opportunity to expand the depth of this integration and application. At the same time, it is important to note that events related to the pandemic and protests around systemic racism issues were still developing as I was completing my research, which makes it impossible to fully understand the scope of what was

occurring, or to step fully into observer mode around these events. Having a directly relevant and current complex emergency happen concurrent to this research underlines the importance and need for the findings in this thesis.

In this capstone thesis, I explore complex trauma and current approaches to recovery, and make the case for using an ExAT approach. I then apply this to the population of recent earthquake survivors and explore what needs to be considered in disaster recovery to mitigate occurrences and severity of post-traumatic stress disorder (PTSD), as well as proposed hypothetical interventions bringing in imagery and symbols in the context of art to aid in trauma recovery specific to this population.

Literature Review

This literature review describes the theory and practice of trauma and trauma recovery, as well as natural disasters and expressive arts for the purpose of proposing interventions specifically for earthquake survivors. Current literature on the coronavirus pandemic is included, as the experience of it paralleled the findings of the research, which can be expanded to apply to all natural disasters.

Trauma and PTSD

Trauma is a complicated experience with multiple effects. It is a physical, mental, and emotional experience that is not able to be processed in real time, which causes issues in functionality until the trauma can be processed and integrated. Post-traumatic Stress Disorder (PTSD) is, in a sense, a self-protection mechanism when a person faces something they cannot digest or accept.

In this section, I will talk about how trauma affects biological, mental, and emotional factors in an individual, as well as what the overall experience is like. Then I will discuss

recovery, as well as current approaches to recovery. Because of trauma's multi-faceted effects, it can be difficult to parse out specific aspects. A body, mind, and spirit are a holistic system, and trauma affects every part of it (Schwartz, 2020; van der Kolk, 2014).

Trauma interrupts normalcy and automatically induces a response that is intended to help one adjust. "Exposure to a potentially traumatic event disrupts the homeostatic resting state and triggers a series of responses intended to enable the organism to adjust to the altered condition" (Orkibi & Ram-Vlasov, 2019, p. 417). Trauma comes from the unconscious response to an event that could be dangerous and cause loss of life or livelihood. It is the body's attempt at regulating itself in the face of intense and intolerable experience (van der Kolk, 2014).

Van der Kolk (2014) referred to trauma as emotional and biological responses trapped within the body and unable to be released. According to Jones (2018), "trauma occurs when we get stuck in 'hyper-arousal' (vigilance, over reactivity or nightmares) or in 'hypo-arousal' (numbing out, isolation or depression)" (p. 26). When physical and mental systems in a body are unable to return to a resting state for a long time, there are painful and disruptive effects.

Schwartz (2020) touched on the emotional effects of symptoms of trauma: "[It] makes people feel powerless, helpless and groundless. It interferes with their ability to feel real in body and mind, and it disrupts their very sense of existence" (p. 1). Judith Herman (1998), a respected expert in trauma recovery, stated that the most basic and impactful effects of trauma are the survivor's feeling powerless and disconnected from others. The disconnection in oneself and to others in the experience of trauma is profound.

Overall experience of trauma. If one has not experienced post-traumatic stress themselves, it can be difficult to imagine. Cavazzoni, Siracusa, Castagner, Balibrea, and Manduri (2017) described some of its overall effects: "Memories connected to trauma,

disconnected from any representation and lying outside the cognitive log, are reduced to bad sensations, images and automatic and rigid thoughts...these thoughts can affect the individual by somatic experiences, psychopathology, obsessive concerns and compulsory functions” (p. 2).

When a trauma occurs, it cannot be categorized within previous experiences that the survivor has had. Therefore, all the sensory information cannot be integrated into a simple memory, and is experienced as orphan sensations, images, and thoughts. Without the automatic categorization available, the mental labor involved in understanding or experiencing pieces of the experience and memory is overwhelming. Unprocessed emotions experienced during the event can create mental blocks due to the inability to categorize them based on previous experience. Dealing with the emotions and confusing experiences of split or displaced emotions is time consuming, difficult, and disorienting. Memory and sensory processing work differently with trauma as well. Van der Kolk (2014) said, “the emotions and physical sensations that were imprinted during the trauma are experienced not as memories but as disruptive physical reactions in the present” (p. 206). Posttraumatic Stress Disorder (PTSD) is a physical experience, as well as mental and emotional.

Jones (2018) said, “arousal becomes chronic and easily triggered, and the wear and tear on human bodies through the perpetual ‘activation’ of cortisol and adrenaline becomes detrimental. Stress hormones are designed for short-term activation of bodies during actual danger and are detrimental to thoughts and internal organs when chronically released over the long term, due to ‘perceived’ dangers, or patterned, hard-wired responses” (p. 28). The body has internal processes that help the different systems and organs in the body to communicate and interact with one another. When cortisol essentially turns the volume all the way up for an extended period of time, it is inappropriate and destructive for the sensitive and intelligent

instrument that the body is, and according to Schwartz (2020), can lead to autoimmune issues, such as chronic pain or digestive problems.

A common experience of PTSD involves dissociation. A client of van der Kolk's depicted dissociation as "heads separated from their bodies by an impenetrable fog" (2014, p. 134). Dissociation is when someone involuntarily becomes partially unaware of their current experience. Regardless of how it happens, the person does not have full access to all of the sensory, mental, and emotional information of their present experience.

This unconscious repetition of fragments of the traumatic experience drains energy. Part of why that happens is because the person that they were, with their previous beliefs and experiences, is not able to co-exist with the trauma that has occurred. "The persistent return to the memory of the traumatic event leads to a repeated reconstructing of the self who voices the trauma narrative at each return. A problem of identity is therefore inextricably bound to witnessing trauma and constructing narrative" (Loth, 2016, p. 23). This makes healing trauma a complex issue, with a web of complexity that includes issues of identity, agency, and boundaries.

Another difficulty with trauma is that one does not have a choice about entering the conflict or the changes the event or process afterwards may bring. The boundaries of the person have been crossed; in the case of an earthquake, by something completely out of their control. Agency and autonomy are important to keep in mind in approaching the work of recovery. Van der Kolk (2014) said, "the challenge of recovery is to reestablish ownership of your body and mind" (p. 205).

Making space for recovery. In the new experience of life after a traumatic event, there is a state of loss for the life that was known, in addition to not yet knowing what life will now look like. This can be called a liminal state. "Liminality"...refers to our encounters with, and

experiences of thresholds...thresholds mark points of transition or change” (Haywood, 2012, p. 80). In complex trauma, the survivor is pushed outside of the threshold of their previous experience and window of tolerance (the range in which the person is able to be fully present and not distressed in experiencing emotions, experiences, and pressures). Cavazonni et al. (2017) stated, “we are facing events able to break the continuity of the experience and alter the sense of identity; the [survivor] will face the loss of the daily routine and a fracture of the bond with its origins” (p. 2). Having a way to process the liminality of the immediate aftermath of the trauma, and feeling supported and allowed to have the experience one is having in the “in between” space of that experience, could potentially help the survivor move out of the stuckness of shock in order to move forward.

In order to move toward healing in trauma, one needs to be out of the fight-or-flight state and feel like it is safe to be with the discomfort. “To achieve this potential state, the trauma is honored and held within the safety of a treatment structure until the person is secure enough to disclose the state of lived terror that was experienced...such a state may be more easily accessed in an atmosphere of play and art making” (Mohr, 2014, p. 160). Van der Kolk (2014) supported the concept of play in healing: “when we play together, we feel physically attuned and experience a sense of connection and joy” (p. 217). Safety also needs to be felt on a visceral level. Even if the survivor is aware of facts that support their safety, if the body does not feel safe, it will prevent them from doing the work, in the name of protection. Creative arts, which I will explore further in the expressive arts therapy (ExAT) section, have the capacity to reach a person quickly and more completely than words can.

Cautions and things to be aware of in working with trauma. Herman (1998) talked about the importance of the therapeutic alliance and collaboration “rather than coercion, ideas

rather than force, mutual cooperation rather than authoritarian control” (p. 145). It is a delicate balance to empower someone who has gone through a trauma, let alone multiple people at the same time. As urgent as matters are, as important as safety is, so, too, is a person’s autonomy. Especially with the invisibility of dissociation, it is important to collaborate with trauma survivors. In paying deep attention to the survivor and their needs and experiences, the therapist can work to ensure that the survivor is present for and active in making choices in their care. An authoritarian approach can make the survivor experience a lack of control, leading to dissociation in order to survive and get through the experience of feeling helpless all over again.

In assisting a trauma survivor, the therapist or other professional can experience vicarious trauma, which is a visceral and embodied experience. This can lead to taking actions such as “rescue attempts, boundary violations, or attempts to control the [client]” (Herman, 1998, p. 145). It is as if someone is drowning, and the lifeguard goes into deep water with no tools or support, thus now putting both individuals in the face of harm. Deep work without supports or anchors get in the way of trauma recovery. Those who help must also be supported.

Mohr (2014) said that working with the arts can be a safer access point to the memory, helping to avoid retraumatization. In the liminal space of creativity, there is an opportunity to notice when one might be moving toward retraumatizing the client, which can really set back healing and complicate the future of the healing process. According to Jones (2018), care must also be taken with having a client tell their story, as sometimes this can be disempowering rather than healing. If the story is forced out of the survivor without the proper amount of care or preparation, it can a violation.

Trauma recovery. Recovery from trauma is a complex task. Jones (2018) explained that the survivor gets stuck in patterns tied to the trauma response that do not allow movement away

from “certain maladapted patterns of thought and physiology... . They experience a failure of interpersonal safety and reciprocity” (p. 27). This keeps the survivor from being present for and processing new experiences (Jones, 2018). As stated above, a visceral and mental sense of safety is a requirement before adjusting the maladaptive adaptations, which can have numerous and complex connections to various experiences and mental functioning of the person.

In the trauma of an earthquake, the landscape and structure are shifted internally, externally, and within community; including how those systems do or do not function. Trauma, in some respects, is an identity crisis where the event, and often the effects of the event, are not digestible into the personality of the individual, or the culture of the community they belong to. Herman (1998) stated that “the survivor recreates the psychological faculties that were damaged or deformed by the traumatic experience...basic capacities for trust, autonomy, initiative, competence, identity, and intimacy” (Herman, 1998, p. 145). These focuses need to be taken into account in approaching treatment with the survivor.

It is important to take a balanced and holistic approach to trauma treatment, with an awareness of the client’s window of tolerance, as well as needs for pacing. Retraumatizing clients is a real possibility if the client is pushed too far too quickly in their healing. It is an extremely painful experience for the client and can create a setback, as well as distrust with the therapist (which is paramount to the work and challenging to repair) (Herman, 1998; Schwartz, 2020).

Trauma symptoms are disorienting, and as such, Herman (1998) suggested letting experiencers of trauma know what may occur in the healing process, as well as suggested coping for symptoms. A large part of integrating information that is too overwhelming to comprehend is to come together with others who have experienced it. Thus, community is a key piece of

healing. “It is more the rate of change within an environment that can be problematic, or the lack of support we might feel during the change” (Jones, 2018, p. 22). Pacing and support are key.

An aid worker who is not knowledgeable and who disregards what community and supports are already there does a disservice to survivors and does not help them to integrate their own lives. “Change can actually be delivered in structured, manageable doses in order to relieve the hyper- or hypo-arousal and the ‘intensity’ that people call pain” (Jones, 2018, p. 30). When an outsider requires their clients to adopt an unfamiliar paradigm, it is too complicated to effectively integrate into the survivors’ lives. Change is a lot of work on top of already taxing trauma recovery. In addition to the emotional experience of pain, trauma affects brain function and memory, at least partially due to the sheer amount of energy required to be in the limbo of processing or holding the memory and experience. The emotional brain can also get in the way of carrying out tasks and logical thinking. Van der Kolk (2014) said, “our maps of the world are encoded in the emotional brain, and changing them means having to reorganize that part of the central nervous system” (p. 131). It is vital to pay attention to a survivor’s needs and capacity in working with them after a trauma has occurred.

Objective for trauma recovery. Prior to revisiting what has happened and integrating it into current life experience, one has to find healthy coping skills for the overwhelming sensations and emotions that occur as a result of the trauma. Herman (1998) broke the process down into three phases: establishing safety, remembering and grieving the trauma, and reconnecting and going back to normal life. As Schwartz (2020) described, “The first stage involves developing the resources to handle challenging emotions, disturbing symptoms, and distressing memories” (p. 9). Resources and support are imperative at this time, in order to move forward in facing further potential distress after trauma. If there is not enough support for the

level of psychic pain and danger in the content of one's recovery work, their body will automatically protect them with symptoms of trauma, including forms of dissociation that can be quite painful and require recovery time before proceeding further. Schwartz (2020) also noted that when one feels stuck, the dorsal vagal system—the most primitive of the three systems according to polyvagal theory—gets activated, and systems that control more complex brain function, which would be required to process trauma and move forward in healing work, get shut down. Schwartz (2020) explained: “It is normal to feel afraid of this process” (p. 9), and it is important to honor and recognize this feeling. At the same time, this work is important. Holding onto the trauma still negatively affects the survivor, as their mind and body both experience the effects of chronic fight-or-flight processes and chemical release in their system. Long term, this can lead to digestive issues and autoimmune disease—and that's only the physical effect of long-term trauma. Other effects to be considered are mental, social, and spiritual health.

Post-traumatic growth (PTG). “Posttraumatic growth is the experience of positive change that occurs as a result of the struggle with highly challenging life crises” resulting in “increased appreciation for life in general, more meaningful interpersonal relationships, an increased sense of personal strength, changed priorities, and a richer existential and spiritual life” (Tedeschi & Calhoun, 2004, p. 1). Resilience is a key ingredient for PTG. According to Schwartz (2020), the repetition of supportive actions builds change. One could call this building a practice. It “involves engaging in behaviors that support [one's] well-being each and every day” (Schwartz, 2020, p. 7). Rather than focusing on big changes, regular and frequent engagement helps to both build habits and further the healing process. Schwartz (2020) continued: “resilience is grounded in realistic optimism, which involves maintaining a positive outlook on life while simultaneously acknowledging the challenges that will occur along the

way” (p. 6). It involves both skill-building and breaking down healing work into smaller and more manageable chunks. This can lessen overwhelm, which can lead to painful symptoms of PTSD, such as flashbacks.

Pacing should be taken with care, as the importance of continuing the work remains paramount. “Turning towards pain...provides [one] with an opportunity to realize that [they] are stronger than [they] previously believed, which facilitates post-traumatic growth” (Schwartz, 2020, p. 7). During this painful healing process, it is important to be conscious of the need to slow down or take breaks, but also continually put energy into moving forward. With the complexity and individuality of the experience of PTSD, creativity, care, and presence are vital tools and frameworks in effective healing in both the therapist and survivor (Schwartz, 2020).

Orkibi and Ram-Vlasov (2019) described one concept of creativity: “Cohen’s concept of *creative adaptiveness* refers to the ‘ability to adjust flexibly to conditions or environments in developing new ideas or products while adhering to what is approved or permitted in a given cultural context’” (p. 417). The authors go on to note that culture needs to be taken into account in assessing PTG due to varying values in different cultures and geographical locations. Essentially, creative adaptiveness is a form of acceptance of current conditions and asking the question, “How can I show up now?” For many with PTSD, this is a difficult outlook to reach, and requires support.

Orkibi and Ram-Vlasov (2019) found that people who were confident in their own capacity felt more possibility of overcoming challenges they faced. The researchers concluded that in general, they had greater access to unique thought and creativity. “Positive self-belief in one’s creative abilities may thus play a significant role in the post-traumatic process in that it reflects the perseverance and confidence that are essential to the development of PTG” (Orkibi &

Ram-Vlasov, 2019, p. 426). PTG is not a guaranteed outcome of trauma. The positive side of PTG, if it is achieved in reality, creates a more versatile and inclusive view of the world around a person, which, in turn, expands the capacity of the individual to accept what is in themselves.

Although painful and inconvenient, PTSD is a survival response that is complex and affects a person comprehensively. PTSD causes issues with connection to self and others due to the disorganization and large mental and emotional labor of the trauma response, as well as in the recovery process. Recovery requires pacing that centers the survivor's needs and experience, as well as consideration that prolonged exposure to uninterrupted stress hormones can cause lasting physical damage to the body and mind. Agency and survivor involvement in recovery is important for a successful outcome, as if it is ignored or left out, it encourages further dissociation.

Natural Disasters/Earthquakes

There are numerous forms of complex trauma, and earthquakes, as well as natural disasters as a whole, are one of them. Natural disasters disrupt everyday life in ways that cannot necessarily be planned for. This disruption, and often destruction, can reverberate in the face of delicate and precarious systems. Natural disasters expose vulnerabilities (Diaz, 2011) that were already present in societal structures. In this sense, a disaster is an opportunity to find new supports and ways of being that can strengthen the community and its constituents.

“Psychological problems occurring after a disaster are influenced by factors that occurred before, during, and after the disaster and people are affected not only by personal factors but also by social and cultural factors” (Matsumoto, Sakuma, Ueda, Nagao, & Takahashi 2016, p. 319). A disaster disrupts the flow that functioned prior to it, both in the individual, and the community.

Although the earthquake does have an end point, the complications that come as a result of the earthquake can be ongoing, and survivors may not be aware when the danger is actually over. Aftershocks, deaths of loved ones, witnessing violence, and housing instability are likely additional traumas that come in the wake of an earthquake. The individual experiences that occur during an earthquake are only fractions of the full event, and there is no guarantee that a survivor can comprehend the totality of what is occurring. This is not helped by the strong survival instinct responses from the body and the fear that would result, along with other complex emotions when in danger.

Trauma and earthquakes. In a study involving local workers in the Japan 2011 earthquake, Matsumoto et al. (2016) found “lack of rest, lack of communication, and involvement in disaster-related work were associated with increased PTSD risk” (p. 320). While taking action with the fight-or-flight response that comes up in an emergency is useful to mitigate the experience of PTSD, it must also be balanced with the body’s needs. It is important not to overwhelm the system of the body to a point that it cannot recover from.

The stress of disaster and not knowing the source that safety and stability will eventually come from can easily disrupt anyone’s ability to rest. Recovery as a whole is not a short process, and it is important that those assisting in disaster recovery receive rest and care in order to support the marathon of work that stretches out before them. It is also important that they communicate with and maintain trust with each other to carry their tasks out (Matsumoto et al., 2016).

Evacuation from an earthquake-afflicted zone resulted in more likelihood toward PTSD in a study of Fukushima, Japan (Matsumoto et al., 2016). In the experience of the 2011 Japan earthquake, the additional trauma of having to leave everything they knew and owned, whether

damaged or not, was extremely stressful. Evacuation requires additional cognitive energy as one will be unfamiliar with their situation and then face potential separation from family; as well as knowing that they are completely dependent on others without the resources normally available to them.

A lower incidence of PTSD was found in firefighters who responded to the 2011 earthquake in Japan than the rest of the population. It was speculated by those who studied this that perhaps their training prior to responding, as well as the implementation of a “critical incident stress management program” that continued to be upheld after the Kobe earthquake in 1995 were contributing factors to the prevention and mitigation of PTSD in this population. The structure and support built into the role of an emergency worker can make a person feel less alone and more supported, as well as provide some sense of control, even if the workers do not know precisely what they are facing or how to deal with it. This practice of being with and working with others in the community can provide something to lean on when there is an overwhelming amount of chaos and hardship (Matusomoto et al., 2016).

Culture and intersectionality in disaster recovery. In exploring the history of famine and relief in India, Akerkar (2015) found that one key issue in disaster response was treating it as “an event rather than as a process.” She mentioned that “the tendency to separate disasters from chronic poverty debatably has contributed to a simplistic success narrative” (Akerkar, 2015, p. 220). Akerkar’s work points to ongoing oppression’s existence in disaster recovery. Oppression is also a process, not something that just happened “one time” and is over now. It is important to consider cultural effects and ongoing oppression in disaster recovery.

According to Schwartz (2020), “trauma can result from the ongoing cultural barriers that many individuals must face, such as the stress of discrimination, oppression, or threats of

deportation” (p. 1). Any additional trauma from a natural disaster compounds the experience the individual is already living. As Jones (2018) said, “for some groups of people, trauma can occur frequently, becoming part of the common human experience” (p. 26). If those who experience trauma are already dealing with barriers to proper care and treatment, this gets even worse during the disaster. For instance, as the coronavirus pandemic spread in 2020, statistics showed that the Black population of the United States were dying at a much higher and disproportionate rate than other populations, at least partially due to barriers embedded from the effects of colonialism and slavery (Laster Pirtle, 2020).

Retraumatization can take place in the context of discrimination, and is a common experience for the oppressed. Jones (2018) said, “enthusiasm to help and provide voice can sometimes result in misguided actions and inadvertent further trauma, and disempowerment” (p. 62). This reinforces and buries the experience in those it affects, which complicates the trauma that is already there. It is an invisible and deeply painful re-traumatization that happens on a collective scale (Jones, 2018; Zgoda, Shelly, & Hitzel, 2016).

It is important to include marginalized communities’ voices within the whole community. “Dynamics of power are central to establishing *which* tales of trauma emerge as dominant narratives” (Loth, 2016, p. 22). It is important to lift up, support, and listen to the stories of people who experience marginalization; even more so in traumatic times. Loth (2016) continued, “Liminal spaces may allow unconventional narratives of healing to emerge” (p. 23). This creates a space for the voices that may end up forgotten in the chaotic and swift response needed in times of disaster. Diverse inclusion also gives access to the necessary creativity needed in times where there are new problems that lack answers.

It was found that some workers at Fukushima were experiencing discrimination and slurs based on the response to the disaster at their power plant. This created another compound traumatic experience for them (Matsumoto et al., 2016). Discrimination itself worsens the response to a disaster, and therefore becomes a public health issue (Spicuzza, 2019, Rimer, 2020).

Without assistance and without being heard, underprivileged and ignored populations do deep work in the throes of trauma. At a talk at the Ikeda Center in Cambridge, entitled “Crisis or Opportunity? A Dialogue on Democracy, Inclusion, and Community,” Dr. Ceaser McDowell (2016), professor of civic design, noted that how the most marginalized people survive a conflict gives a lot of valuable information to the whole of the population. Thus, those in the population who are privileged miss out on important resources by disregarding marginalized voices.

Japan’s cultural values seemed to positively impact recovery in the 2011 earthquake. Matsumoto et al. (2016) said, “the fact that Japanese society as a whole united against the trauma of the [earthquake] may have worked to minimize the effects of trauma” (p. 318). Receiving aid and care post-disaster is an essential part of mitigating PTSD and its symptoms. Gathering resources to support those involved in the disaster is preventative work that is actionable and achievable. An earthquake is unavoidable, but how one approaches recovery is something there is control over. The culture of Japan is built on more communal values than the United States. This has helped in preventative and post-disaster recovery, both physical and mental. Within community, support networks are already built in, and “study after study shows that having a good support network constitutes the single most powerful protection against becoming traumatized” (van der Kolk, 2014, p. 212).

Community in disaster recovery. Jones (2018) said, “our group memberships and identities impact our lives and our destinies and are part of our psychic structures, which shore up our identities, meanings and beliefs” (p. 30). The sense of belonging and supports for clients are a basic need that therapists pay attention to. Community is also a need, and in any disaster, a person’s needs will increase. Jones (2018) agreed: “humans are complex, social creatures who need more than physical resources to thrive. We also require stable support structures, and a sense of belonging” (p. 24). As one experiences displacement, knowing that one belongs is crucial. Community can be the space that has not changed in the basic sense that it is where one belongs, even if one’s home or family have shifted.

In the aftermath of an earthquake, there is unpredictability of when systems will be back in place to support a safe and functional community. Herman (1998) talked about the importance of the survivor gaining awareness of their resources. In the face of significant loss, it is useful to gather the community and remind them of their strengths to support each other until regular resources are back online. It is also important for any aid workers not directly affected by the disaster to be clear and honest about their capacities and abilities to be a support in the aftermath.

In coming together with community to help each other, such as mutual aid, two needed goals are met—feeling a sense of belonging and taking useful action with the fight-or-flight chemicals in the body. “Feeling the pleasure of taking effective action restores a sense of agency and a sense of being able to actively defend and protect [oneself]” (van der Kolk, 2014, p. 220). Schwartz (2020) brought in the idea of “vicarious resilience,” which works a lot like vicarious trauma, and influences others positively. This, too, can be a piece of why community is such an important part of disaster and trauma recovery.

It is vital to pay attention to and empower marginalized voices during and after the disaster. One way to do this is through artmaking. “By using art-making to narrate our diverse stories into the dominant narrative, cultures can be moved from a single discourse into many discourses and perspectives, from a cultural monologue towards a dialogue and, at best, even a polylogue” (Jones, 2018, p. 57). Within art, there is room for disagreements and “play”-ing with ideas, rather than immediately coming to a conclusion. Art is a potential type of liminal space. This will be expanded in the section below about expressive arts.

Expressive Arts

McCormack and McKellar (2015) refer to post-traumatic growth (PTG) as “both a process and an outcome,” (p. 72), which is in line with the identity of expressive arts therapy (ExAT). In ExAT, there is a focus on the process (artmaking), as well as the product (art) that is created. This supports the use of expressive arts for trauma.

Expressive arts therapy is a more viable therapeutic treatment for trauma compared to talk therapy. “Areas of the brain associated with verbal processes and autobiographical memory making are switched off during traumatic experiences” (Haywood, 2012, p. 84). Standard psychotherapy is based around verbal processes and memories, which is not conducive to the nature of trauma. Haywood (2012) agreed: unlike verbal processes, “images allow unspeakable traumatic experiences to be acknowledged and explored, which makes art therapy a particularly effective intervention” (p. 80). With art, there is more creativity around exploring “pieces” of the memory of trauma, which is often what the survivor has access to. ExAT can provide a gentle and effective experience that works with the survivor’s pacing needs.

Play leads to the capacity to discover and honor the unknown. According to Orkibi and Ram-Vlasov (2019), creativity is the level of ability to experience and also choose new experiences for one's mind, body, and spirit.

Jones (2018) made an excellent case for using ExAT for trauma survivors:

The expressive arts help trauma survivors find the preverbal images.... They can help soothe arousal, change neuronal patterning, process emotions, develop opportunities for witnessing the self and its responses, and therefore break cycles of personal, social, or inter-generational trauma... art can help break patterns, release grief and enable survivors to let go of limiting perspectives, so that 'managed change' can happen slowly and safely.

Art can help to integrate...trauma. (p. 29)

As the effects of trauma are deeply painful, in part from disorganization and disconnection of the self, having an artistic process of integration that can be meaningful and even pleasurable is a great way to begin to heal. If the process is too abrupt or painful, the client will have trouble sustaining their commitment to the work.

It is important to have an avenue to express feelings and thoughts that may not fit into a simple approach, or that may be considered inappropriate or unacceptable. Art provides a safe approach to encounter what is unclear or debatable. Haywood (2012) talked about the role of art therapists to support clients in sharing and exploring these thoughts and ideas. In communities, sharing feelings and thoughts through the flexibility of art can help to normalize the expression of complex feelings, inspiring others to realize that there is no need to be ashamed of their intrinsic reaction to traumatic circumstances.

Jones (2018) said, "art, directly and indirectly, bolsters the morale of groups to create unity and social solidarity" (p. 51). Working with community is important, in that it can both

assist in productively using the cortisol that is activated in fight or flight, as well as meet the basic need of belonging and having support. “Healing through art occurs through gaining a visual voice, within an ecology of power relationships” (Jones, 2018, p. 55). As art provides a unique way to engage with information and ideas in and outside of oneself, it provides a space where knowledge can be processed and integrated. This process allows the participant to have a holistic experience of processing information. Especially if trauma is involved, where sensory information may be in fragments, this is largely helpful.

Bisanz (2002) said, “artworks are both autonomous entities and forms of social expression” (p. 709). Art is a living being that can transform in meaning after time and processing has occurred, and an artist’s original meaning can shift after they gain new knowledge and experience. Simply interacting with an art piece can begin an internal process that leads to something in the unconscious bubbling up. “Images can disrupt power through the dismantling of silence, both within us and outside us” (Jones, 2018, p. 55). Art is a canvas in which a person’s truth has an opportunity to express itself, without context or justification being needed. Art can provide a uniquely powerful reframe that can remind the artist of their innate resources and capabilities.

With the collaborative approach to making art together, it is possible to rest on the strength of the collective if one feels it may be unsafe to speak up about an experience they are having. Jones (2018) said, “individuals can be safer in an art group, as audience members do not have to know who did which part of a joint project” (p. 62). The power art has to engage the senses and start a process in another also creates the possibility of meeting the audience where they are.

Above, I have described how the group art-making process can organize individual experiences and issues into a safe expression for the whole group. With trauma, there is a large barrier because of its disorganization, so a tool (or object to project onto) is helpful (Hinz, 2009). In the next sub-section, I identify symbols as a proposed tool for this and explore how the different capacities symbols hold can help with trauma and disaster recovery.

Symbols. Expanding on the disorganization of trauma, van der Kolk (2014) said, “trauma is not stored as a narrative with an orderly beginning, middle, and end” (p. 137). The arts have the capacity to hold a piece of a story, without requiring knowledge of the full event to tolerate or understand what is presented. Images and symbols often communicate a variety of meanings to different people, which is accepted and valued in that context. Jones (2018) said, “It is important to remember that images are not a ‘universal’ visual language” (p. 57), meaning it cannot be assumed that the intended interpretation will be communicated via symbol or image. However, a symbol or image can hold space for the present capacity of the brain and body, as well as for the future work and understandings of the brain as the healing process continues. Symbols create a vehicle for people to connect with each other, even if they are not exactly on the same page.

As far as taking a creative approach, Orkibi and Ram Vlasov (2019) said “that creative, symbolic, or direct self-expression of a passively experienced trauma provides an opportunity to actively give aesthetic form, shape, make sense, and ultimately gain a sense of mastery over overwhelming emotions, thoughts and bodily sensations” (p. 425). By working with symbols, a space is provided for the emotions, thoughts, and sensations that do not fit the survivor’s present experience, as well as the collective story of what has occurred. Suppressing emotions and

sensations tend to have an effect of building up to an unbearable, powerful, and messy release (van der Kolk, 2014).

Symbols can be an especially useful tool in the beginning stages of trauma healing and processing. Often when working with symbols, there is an effect of integrating new knowledge about life and the self (Hinz, 2009). Integration is one of the biggest goals of trauma recovery. As Hinz (2009) described, “a symbol can act as a bridge between outer existence and inner meaning; it has the capacity to describe an individual in his entirety, which a cognitive verbal description cannot do” (p. 146).

Symbols are a form of language and containment. Hinz (2009) said, “symbols are multidimensional and often contain repressed kinesthetic, sensory, and affective aspects as well as obvious images” (p. 145). As a symbol is able to contain layers of meaning within it, as well as communicate to people of varying levels of intelligence and capacity, this could be helpful in efficient collective healing after a collective trauma, like an earthquake. On an individual level, the flexibility of symbols can contain the incohesive fragments of trauma that end up in a client’s consciousness and body. Even if the image is not perfect for holding all that is happening within the survivor (physical sensations, psychic pain, pieces of memories, etc.), it provides a place for all these experiences to be collected and put away for a time (Hinz, 2009).

Van der Kolk (2014) brought up the importance of an anchor in recovery work. Symbols can play the part of something to focus on as a survivor goes into deep, painful, and disorienting trauma-related experiences. A symbol is solid and unchanging in its visual representation, yet the meaning, or what the survivor needs the symbol to hold, can shift as their healing journey continues.

Symbols have the capacity to relate to a traumatic event and its details without requiring that the client bring up or explore that specific trauma. Working with the therapist, “the significance of the appearance of these symbols can help lead a client along a more comfortable, safer path to the difficult, painful places of the psyche and provide the tools to cope without sinking into fixation” (Eisenbach, Snir, & Regev, 2014, p. 54). A completely unrelated story can be brought up around symbols and provide some distance for the survivor from what they have experienced and continue to be afflicted by. When the session with the therapist and the symbols is over, it provides a way of compartmentalizing and putting away that work. Symbols are a powerful tool for navigating the tricky landscape of post-traumatic stress.

Symbols are a part of ritual. Hinz (2009) said, “ritual and art are...symbolic transformations of experience” (p. 147). A ritual often signifies an end point to what has previously occurred and involves others who are important to the person the ritual is for (such as bat mitzvah in Judaism, a wedding, and the like). Community is gathered, and the person facing the life change gets space and attention from community members. Space and time are reserved for this time in between what has been before and what will happen in the future. According to Haywood (2012), rituals are a place to contain anxiety and protect the person who is going through the change as they move through the transition of what has been and what will be—liminal space. A ritual creates a social script for how to be with and receive something new and unfamiliar. Haywood (2012) also explained that this in-between time can cause a person to feel unseen by others, and they can feel alone. With the normalcy of witnessing in ritual, there is an opportunity to support the person who struggles.

Parpart (2010) talked about the power of being present with expression, and that the practice of being present with “symbols can disrupt and challenge the discourse of the powerful,

while providing space for solace, sharing, and collective empowerment” (p. 23). There is a gathering of strength, vulnerability, and expression that creates a powerful and creative opportunity to sit with what is being experienced and then decide how to move forward.

The break in routine of a disaster is also a powerful time for noticing how underlying systems affect us. The shift of daily life in the face of a natural disaster itself provides an opportunity to pivot whose voices are raised and listened to. For example, a powerful and effective symbol came about in May and June of 2020 as there was a global experience of the coronavirus pandemic. As previously noted, oppression and discrimination are exacerbated when disasters occur. As protests around systemic racism continued in 2020, there were multiple demonstrations where protestors laid face down on the ground, just like George Floyd was positioned as he died, spreading an image of his death (Wehelie and Woddyatt, 2020). This symbol that was born out of Floyd’s death resonated widely. These protests brought about the beginnings of legal and societal change, including proposals to reallocate some funds set aside for police to other government departments, as well as widespread efforts of education and centralization of Black voices. “Symbols function as tools for finding solutions to problems on a higher level of integration” (Hinz, 2009, p. 148), as achieved by protests.

Symbols are a solid and unchanging physical form that can contain the whole of the trauma experience, even while the survivor cannot. They do not require full remembering or telling of the trauma story. In the disorganized nature of PTSD, symbols can hold space for organization around the trauma. Symbols are a powerful tool for integration of unprocessed trauma. Symbols can also help with creating a ritual space, which may bring together community, another important healing component (especially in collective trauma).

Clinical Application of Expressive Arts Therapy

With all the information gathered above, in this section I propose interventions, discuss my personal integration and conclusions based on this information, and provide an overview of the information presented. Then, I consider how therapists can apply these ideas and findings moving forward in this field for the sake of research and effective treatment.

Below, I suggest three interventions based on the information in this thesis. As I stress throughout this thesis, it is important to avoid retraumatization, which is a possible risk with all of these interventions. They are presented in the order of least likely to cause retraumatization to most likely. All of the interventions are meant to bring the community together in a safe space to foster collaboration and processing, as well as to inspire a start to the process of healing.

Collaging with symbolism. With trauma and its effects on brain function, more complex activities can become inaccessible and difficult. “Because collage uses images created by others, it can be less intimidating than drawing or painting for clients who are unused to artistic tasks. By using ready-made images, clients are one step removed from the experience when choosing and combining images, not actively creating them” (Hinz, 2009, p. 130). With this in mind, collage can be a lighter mental load, as a blank page and writing utensil may be too overwhelming. In collaging as a group, the activity would foster connection and an opportunity to practice effective collaboration with low stakes if mistakes are made.

This intervention stems from experience of collective artmaking in the Expressive Arts Therapy Studio class (M. Kossak, personal communication, February 25, 2018). In this activity, the students all created art in their own sections of a large roll of paper, and after doing so, looked at the connections within the art itself, as well as what emotions and experiences it evoked. With multiple experiences collaging inside and outside of classes, as well as with a

group I ran in Spring of 2019 at the Cambridge Women's Center (Cambridge, MA), these experiences and readings inspired this idea. In the groups I experienced and ran around collage, connection to self and each other seemed a bit easier to reach, no matter how much difference or silence amongst group members.

For this intervention, the therapist would have magazines, scissors, and glue abundantly available for participants, with one large piece of paper that every participant could add to. There should be ample space for each participant to have a fair amount of their own workspace, if they choose to work that way. This time also invites low-pressure collaboration as an option with the opportunity to share magazines and tools and real estate of the paper.

After a set amount of time (forty-five minutes to an hour would be good), the therapist would have all participants look at the whole of the collage and just take in and note what they see. After some time to journal about the big collage, all participants would enter a discussion of repeating themes and images they see throughout the entirety of the collective collage. Participants would then have an opportunity to process the feelings and sensations that come up with noticing the emergent symbols and images. This intervention has a likelihood of being versatile for a range of severity of post-traumatic stress, as well as level of involvement for each participant.

Pillow fort processing room. Pillow forts are naturally a comfortable space. Tanaka (2014) explored the felt sense of safety in forts created with various materials. In her research, soft materials all induced a felt sense of safety once inside the fort, while some of them also induced that felt sense during the construction phase of the forts. As brought up in van der Kolk (2014) and Schwartz's (2020) research, working with trauma requires attention to feeling safe. The fort is also a container for the experience and what comes up, as well as being separate from

the chaos of disaster recovery. It is like a form of a circle, which is a focus point to face the self outside of external stimuli (Karampoula & Panhofer, 2017). This closed off space also creates a workspace to work with symbols.

By decorating pillows with one symbol each (up to four different symbol pillows that can then be repeated) that have meaning to all or most members of the community, a processing and liminal space can exist. In this space, survivors can do the work and focus on rebuilding and finding strengths, without standing in front of the destruction from the earthquake, which can lead to becoming frozen (a trauma response).

The inspiration for this intervention spurs from experiences in a group work class (D. Albert-Proos, personal communication, January 25, 2018). For this intervention, the therapist would have each member of the community bring in a picture, drawing, or actual object that is meaningful and does not trigger them.

After taking time to share about their significant objects and settle into compassionate listening space with each other, which creates a safe container for sharing for all participants, the participants would have time to freely create art in response to what was in the room. Although the artmaking would likely be on an individual level at this time, with the focus on response and the shared experience of the collective trauma, the likelihood of individual art echoing each other is high. “Being reflected by multiple people in a group has a powerful effect on individuals; they see themselves being echoed by others and therefore heard and accepted by a whole and not solely by one person,” (Karampoula & Panhofer, 2017, p. 30). After this time, participants would lay out their work for each other, and the therapist would seek the repeating images and symbols along with participants. This would create another layer of reflection and mirroring.

From this, the group would focus on four images or symbols that come up to decorate provided pillowcases. Each side of the four walls of the room or pillow fort would focus on one symbol in the ultimate setup, where all pillows of the same symbol would be set. With each individual creating their own pillowcase, there would be plenty of repetition and physical comfort on each side.

In this pillow fort, the participants return again and again, session after session. It is a collectively safe space away from the chaos and pain of physical and emotional recovery that focuses on support and taking advantage of a shift in environment that the participants themselves had created together. Powerful work can be accomplished in this space.

Additional possibilities involve participants taking a pillow home between sessions. It could be different symbols at different times, or the same one week after week. This would help the participant practically (participants may need pillows), provide a source of comfort, and also provide an anchor and reminder of the work and safe space available to them in between meetings. In addition, the therapist and the participants would have the option of bringing in material to sew onto the pillowcases that is meaningful to them (Homer, 2015).

Making sense of the mess. In this intervention, the therapist would have survivors bring in pieces of rubble or broken items from the earthquake. According to Hinz (2009), the found objects or rubble could serve as something to project onto, as well as provide a way to engage with discovering inner resources as participants work with making meaning from these pieces. Found objects need to be something the participant can work with and still be engaged and present in the activity for.

Together, survivors would create an art piece, or symbol, out of their individual objects. This piece would be temporary, and all participants would be able to take their piece back, which

would serve as a reminder of the activity. In experiences in Expressive Arts Therapy Group Work at Lesley University (D. Albert Proos, February 15, 2018), my experience was that bringing in physical pieces and then being able to take them home, as well as a new piece of work, was helpful for closure of the work and integration of what we experienced and worked on in class.

In this, participants would have a physical experience of finding a way to rebuild together. This could foster community, as well as individual PTG, much like the workers in Fukushima during the 2011 Japan earthquakes experienced (Matsumoto et al., 2016). After co-creating this symbol, participants would receive their own papers and art supplies to make a representation of the symbol, that they could then take home with them after. In an article about making scrapbooks in a bereavement group, Kohut (2011) stated that the scrapbook “ultimately...can be used to incorporate the loss in the future for the bereaved individual” (p. 123). The found pieces, and the art and symbol that comes from the exercise can be a three-dimensional version of this.

After this, there would be an opportunity to process and discuss the experience together, as well as what came up for participants in the making of the symbol. This intervention would likely be too triggering for many survivors, so it is more suited for those less likely to develop PTSD. Another post-intervention possibility is to passively interact with their object, which came from the traumatic event. Allen (1995) talked about taking a found piece for art intervention, and then leaving it outside to see it interact with nature and letting it “return to earth” (p. 37). This could be a powerful process to help in later integration of the traumatic event and would be good to lightly hint at as the participants of the intervention are preparing to leave.

Overall considerations for interventions. One of the key challenges of a disaster is incorporating the experience into an empowered reality for survivors (Schwartz, 2020). The symbols that are already meaningful to the community, as well as the symbols that emerge from the traumatic experience, can be the building blocks of a new space. One just needs to take care with the possibility of symbols relating to the trauma itself and bringing forth dissociation or flashbacks. Addressing physical urgent needs along with psychological needs that are foundational could be a very effective approach to starting the groundwork for a thriving community in the future. Exercises like making art on pillowcases that participants can take home would have this effect, as the item becomes not just practical, but also meaningful.

Discussion

After the disaster of an earthquake, things are not the same. The ground the survivor stands on has literally shifted. There is no returning to what their life once was. The goal of post-traumatic growth (PTG) is to integrate what has happened and let traumatic experiences have a place in one's life as they allow their life to change. Recovering from a disaster that occurs, such as an earthquake, is not optional. However, there is the choice of how to approach recovery. According to Schwartz (2020), choice is a vital part of resilience in recovery. If concepts and ideas of full recovery and PTG are applied to the small increments of original physical recovery, there can be a deeper purpose and feeling of building towards a better life. With support and encouragement of creative thinking (which requires a creation of safe space), survivors can experience even a small amount of joy in the early process of disaster and trauma recovery that also touches into their autonomy and capacity to choose their future. This is often a big part of what gets lost in the throes of a traumatic event. One can forget the power they have when they are viscerally reminded of their powerlessness in a disaster. "A sense of purpose

helps place difficult life events into a larger context, which makes it easier to stay motivated toward [one's] goals rather than sinking into hopelessness" (Schwartz, 2020, p. 89). Frankl (2006) also supported the sense of purpose in helping to move through traumatic times.

Jones (2018) said, "It seems that vulnerability is inversely related to the amount of control one has over one's life, and is one of the causal factors as to whether pain becomes trauma" (p. 32). It appears that the sense of agency in a survivor of any trauma is vital, even more so if the survivor's capacity for autonomy (due to systems, family, or self) was already weak. In preparing for the inevitable occurrence of challenging times that cannot be controlled, it is important that an individual has as much access to their agency as is safe and possible. "The question around trauma is, can we cope with the event or not, by restoring a measure of control, even if it's only control of something like an art work?" (Jones, 2018, p. 30). Art is a beginning of social change.

With the emergence of oppression and racism being a key component of disaster recovery, perhaps a piece of activism non-POC (people of color) can do is to create liminal spaces for POC to have their voices heard. This can be a space where POC release the load of always carrying the story of their experiences that privileged and non-POC do not experience themselves. One real-life instance of this was the Capitol Hill Autonomous Zone (CHAZ), as of June 2020, where protestors took over a few blocks of Seattle, Washington, including an abandoned police station, once police removed their own barricades after a days-long standoff with protestors. In this area, protestors spoke about needed social change, free food was available, and White members of the community were encouraged to show up to support and protect Black protestors in this space (Allam, 2020; Miller, 2020). Especially in the experience of distribution issues of care and supplies disproportionately affecting POC in the coronavirus

pandemic, perhaps it is a White person's responsibility to begin to take on some of the weight of the experience of Black community members.

Conclusion

In this thesis, I have reviewed and made the case for using expressive arts in trauma recovery related to overall natural disaster recovery. It is my ultimate intention that by looking at what helps mitigate psychological harm in the disaster of an earthquake, current trauma theory can be reviewed and reconsidered in its approach. Much work has taken place in the creation of current trauma theory, as well as in the treatment of PTSD. It is my sincere hope that the psychology field further explores if the ultimate goal of treatment is post-traumatic growth (PTG), as well as incorporating more difficult and resistant case studies and viewpoints into the work. My hope is that we further explore current vulnerabilities and raise up research of minorities and underserved sections of the population, which will enrich the field's depth.

With PTG as one potential outcome that is desired for healing from traumatic events, it does appear that it is in the survivor's best interest to take action to improve their life and create change and supports for themselves that will help them move on from the trauma. At the same time, this does not negate the social systems' responsibility to support their process. Healing from trauma can feel insurmountable, and there is a responsibility for the greater culture to not erase that reality, but to provide structures and vehicles with which to move forward into a life that does not revolve around trauma and helplessness. Additionally, these systems need to consider the harm they have perpetuated through continuing processes that actively cause harm to minorities and POC.

Organizing information around trauma and recovery is complex, as the process of recovery is not instant or quick. There is a need to at least temporarily manage the symptoms of

trauma, as well as have the capacity to be in touch with those symptoms in order to gain insight on how to heal further. This makes talking about trauma and recovery in the form of academic language a large challenge. Today, in the age of widespread collective trauma due to the coronavirus pandemic, this work is important, and there are plenty of opportunities to creatively find better ways to heal and work through trauma in a more efficient and inclusive way. The creative and liminal space of art and its' images and symbols can be a powerful way to make this happen.

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THESIS APPROVAL FORM

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Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA**

Student's Name: _ Julie Grebenau

Type of Project: Thesis

Title: A Place to Keep the Chaos: Using Expressive Arts to Mitigate Post-traumatic Stress Disorder in Disaster Recovery

Date of Graduation: 05/22/2021

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor E Kellogg, PhD