The Role of Community in Meaning Making: Storytelling in Expressive Arts Therapy With Narrative and Traumatic Memory in Domestic Violence and Sexual Assault

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The Role of Community in Meaning Making: Storytelling in Expressive Arts Therapy With Narrative and Traumatic Memory in Domestic Violence and Sexual Assault

Capstone Thesis

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Abstract

This literature review examines the concept of body as home in terms of privilege versus human right. This thesis is a literature review examining the repercussions of the traumatized mind, body, nervous system, memory, and soul. This thesis discusses the literature in five sections, and through them, the urgency of community, of healing relationally is strengthened and suggested for future research and treatment interventions. This capstone thesis discusses the relationship between narrative and traumatic memory in expressive arts therapy and the role of storytelling in making meaning relationally. Meaning-making reorients us to our traumatic memories to reframe them in a more integrated way into our explicit memory with more ease and comprehension, thus enabling us to find ourselves in community once again. In my research, I sought information that brought to the forefront the tension in holding the dichotomy between community and isolation, with the reality in mind that being traumatized makes it excruciating, if not intolerable, to exist communally. Through relationship, the polarizing tensions of trauma and community are alleviated when we seek to make meaning in our lives as a way of getting from one place to another within ourselves. The work explained in this thesis is humanistic and expressive and honors what it took to survive. This literature review was written to present how, through storytelling in expressive arts therapy in community, a survivor can reclaim their body as their own and inhabit it wholly after trauma pervades it.

Keywords: trauma, expressive arts therapy, community, domestic violence, sexual assault, storytelling, narrative memory
Dedication

Authors personal journals 2021:

This is actually a love letter;
It's a love letter to anyone who has ever
Fought their own body,
For their body.

I want to thank all the incredibly brave and inspiring survivors I had the honor of sharing space with. My heart explodes and rearranges itself in every single session as I am continually astonished by the strength and resilience of the client’s I have collaborated with. I created this thesis to honor their stories and experiences. These dialogues around domestic violence and sexual assault are urgent and always. I am able to fully occupy my body as a home, and I have cherished places that feed my soul like a home and encourage my pulsating heart to keep going, I am able to move around with ease and abundance. In working in domestic violence and sexual assault, the space you’re holding is because of this palpable absence of home, of safety, the void of being separate from your body and the pain in missing it. What I don’t always get to tell the survivors I work with is that it is this raw, debilitating hurt of not belonging, the overwhelming expansiveness inherent in the liminality of homelessness, of needing yourself, that urges me to holding the space for them.
Introduction

The Role of Community in Meaning Making: Storytelling in Expressive Arts Therapy

With Narrative and Traumatic Memory in Domestic Violence and Sexual Assault

Through my extensive work in domestic violence and sexual assault as it intersects with homelessness, I have repeatedly observed the intimate connections people make through the consistency, trust, and vulnerability of a safe group. Transitionary houses, shelters, support groups, community spaces—I have felt how strangers grow to be family through healing together and learning from one another’s journeys by becoming inspired through the invitation to reclaim their bodies and reframe their narratives. Ta-Nehisi Coates (2015) wrote about what it is like for one to lose their body. I wanted to write about what it is like for one to reclaim their body as their own and inhabit it wholly after trauma pervades it.

In my work as a domestic violence and sexual assault counselor, I have seen survivors receive crisis, emergency-based care to address their basic needs. My thesis addressed the needs of a survivor moving forward with their life after safety has been established. In this past pandemic, virtual year, I dreamt of creating a platform that could exist as a safer space for people to gather and participate—through the act of collaborative witnessing and being witnessed, holding and being held, sharing and cohesion—to create a sense of containment and community. I hoped for an accessible space where resources, stories, and connections could be shared in abundance through the experience of the expressive arts therapies and the power of story to create a collective sense of belonging. My research for this literature review sought to answer how to do this with trauma survivors. The research was rooted in trauma and community as opposing tensions, with meaning-making bridging them, through the shared relationship of therapy, through the arts.
I have witnessed meaning-making from being relational with people, simply holding a space consistently to be vulnerable and to be witnessed—being listened to, being valued and respected, and being treated as a human being. I have observed the transformation that is possible when people are part of a group. Groups can bring hope and ease, as people get a glimpse into what is possible for themselves through therapy and connection.

When individuals are living the aftermath of trauma, it feels impossible to exist communally, as trauma reorganizes people’s nervous systems and fundamental ways of being in the world. Trauma re-arranges the way humans have previously existed. Thus, being relational in any capacity—therapeutically, artistically, communally—helps to weave meaning and values back into the lives of survivors. It is innate to human experience to seek or make meaning. This aids the ease in compartmentalizing incoming and existing information and data. Trauma being sensory fragments, rather than accessible recall of memories, can be addressed through the therapeutic intervention of art making to start to make meaning. The meaning takes place as the shift between traumatic memory and more narrative, linear modes of memory, positioning my research to investigate the role community plays in this process.

Survivors of domestic violence and sexual assault have experienced their role in relation to others as one without agency, power, or respect. The group therapy format is liberating by design as the versatility and equality of group members presents opportunity for participation and validation as “members gain through giving, not only in receiving help as part of the reciprocal giving-receiving sequence, but also in profiting from something intrinsic to the act of giving” (Yalom, 2005, p.13). In contributing and helping fellow survivors, people are actually healing themselves.
This thesis focuses on the dichotomy inherent in having been traumatized relationally and losing trust and safety with what the research shows is the most comprehensive way to heal, recovery within the context of relationships. The therapeutic relationship as well as the connections in community are essential as “people need people- for initial and continued survival, for socialization, for the pursuit of satisfaction. No one . . . transcends the need for human contact” (Yalom, 2005, p.24). Through the solidary of a group setting, survivors can start to feel the synchronous effects of “reconnection to others [as being] a key factor in finding wholeness because new meaning is ultimately created through relationships with others and within community” (Malchiodi, 2020, p.325).

Expressive arts therapy can hold a space for addressing the fragmentation of trauma and liminality through cultivating sense of self in community. Through my research, I sought data on the urgency in platforms for accessibility. I had several questions to guide my inquiry. How does community building look now, and how do people reintegrate the restorative and nourishing nature of ceremony and ritual in an individualistic society, especially in the time of a pandemic? Humans are neurobiologically wired to exist tribally, and it is fundamentally how we have survived as a species—so what does it mean to exist in a Western, contemporary society devoid of sustaining connection and intrinsic meaning? How can we show up for one another in our communal pain and grief to hold growth and healing alongside healthy disagreement and dialogue through the profoundly impactful, primitive, and often revolutionary mode of connection through the arts?

My research is based in the reality that is inherent in trauma:

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery . . . is based upon the empowerment of the survivor and the
creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation. (Herman, 1992, p. 133)

My research considers how therapy can go beyond designated sessions, recovery that encompasses sustainment, and longevity through nourishing connections in the community. This literature review demonstrates the difference in traumatic memory from any other type of memory and suggests storytelling in expressive arts therapy as effective treatment. This thesis represents domestic violence and sexual assault as urgent, ongoing public health concerns that people are experiencing regardless of age, race, ethnicity, socioeconomic status, gender, sexuality, and other identity markers.

In what follows, I review the literature in five sections and then conclude with future research and treatment recommendations. The sections build upon each other with the first defining the population, domestic violence, and sexual assault. The second section shows the differences between traumatic memory and narrative memory, emphasizing that traumatic memory is stored viscerally and kinesthetically as sensory fragments rather than chronological narratives. This leads into the benefits of expressive arts therapy in addressing these sensory channels and creating space and metaphor with which a survivor can get back in touch with themselves in their bodies. The fourth section discusses the breadth of storytelling through the modalities of expressive arts therapy and points to how language can be used to fully integrate the trauma memories. Finally, the fifth section demonstrates the urgency of community and collective healing, centering communal witnessing and processing of trauma and the weaving together of stories out of a necessity to communalize trauma.
Literature Review

Population: Domestic Violence and Sexual Assault

_Traumatic events violate the autonomy of the person at the level of basic bodily integrity._ (Herman, 1992, p. 53)

Domestic violence and sexual assault are community and public health concerns and should be treated as such. However, in this society they both go largely underreported and thus underdiscussed. The socially constructed stigmas inherent in this culture trap survivors into being stagnated by shame and guilt and are woven into the contours of their days, thus resulting in underreporting, minimal resources, bias, and inadequate, inhumane systems of care. This violating experience is deeply isolating and traumatizing.

Domestic violence is about power and control, not love and partnership. As Herman (1992) explained:

_The methods of establishing control over another person are based upon the systematic, repetitive infliction of psychological trauma. They are organized techniques of disempowerment and disconnection. Methods of psychological control are designed to instill terror and helplessness and to destroy the victim’s sense of self in relation to others._ (p. 77)

Sexual assault is a violation and invasion, and it is an act of aggression rather than sex, lust, or intimacy. Indeed, “the essential element of rape is the physical, psychological, and moral violation of the person” (Herman, 1992, p. 57). Often, when considering the trauma inherent in experiencing a crime, the scene can be regarded as separate and outside of oneself—an exterior horror. When considering the shattered psyche of rape victims, or the choiceless realities of people suffering from intimate partner violence, the crime scene is the body itself. This means
that working with survivors has to be rooted in a body-based approach of empowerment that
emphasizes a strengths-based model of creating choice. A trauma-informed approach to mental
health care is about agency and autonomy. It is survivor-driven, and the time together is a
collaboration.

According to Jane Doe Inc (JDI), in Massachusetts alone, “1 in 3 women and 1 in 5 men
report having experienced rape, physical violence, or stalking by an intimate partner in their
lifetime . . . in one day in 2019, Massachusetts domestic violence programs served 1,857
victims” (JDI website). These statics include reports of transgender people, who alone
experience intimate partner violence at an alarming rate of 54%. Zooming out to a national
perspective, “1 in 4 women and 1 in 9 men were victims of intimate partner violence resulting in
impact such as injury, fear, concern for safety, and/or needing services” (JDI). According to The
Massachusetts Coalition Against Sexual Assault and Domestic Violence (as cited in JDI), all
populations are affected however it is of significant note that “higher incidences of domestic
violence in already-marginalized populations point to societal factors that reinforce social
stratification, power, and control” (JDI website). Sexual assault has always been significantly
under reported however even with that fact, “there was an estimated 129,380 rapes reported to
law enforcement in 2018” (JDI website).

This type of violence is intricate, intentional, and everywhere. The compounding and
cyclical layers of abuse range from physical, emotional, and economic abuse, isolation,
intimidation, coercion and threats, minimizing, denying and blaming, using children, using
sexuality, using gender identity, using mental health diagnosis, using immigration status, using
privilege—essentially any tactic to diminish, dehumanize, and assert power and control
repeatedly over a partner. Herman (1992) stated that “in addition to inducing fear the perpetrator
seeks to destroy the victim’s sense of autonomy, this is achieved by scrutiny and control of the victim’s body and bodily functions” (p. 77). The treatment of a survivor will thus address the deep repercussions of losing oneself by emphasizing the fundamental need to get back to one’s body as a home. Survivors feel unsafe in their bodies, and they thus feel unsafe relationally.

The elaborate consequences of abuse and trauma such as this is what a group setting would aim to unpack with the unconditional and upmost respect of holding the space for all of the tension and dualities that arise. This setting can create containers and safer spaces for survivors to be supported and to understand and assert their value. It is crucial to keep in mind that this experience is so incredibly painful. These participants (specifically victims of domestic violence) have been in love with their abusers, and many are still in love with them and know how paradoxical that is. The impact of this experience is similar to that of a child growing through developmental trauma in which they are powerless but have no choice but to form attachments to the caregivers that neglect or abuse them. Children are incapable of meeting their own needs and therefore must rely on bodily cues out of an absence of tangible stability. The same is true for victims of domestic violence. The job of the expressive arts therapist would be to honor that knowledge that they have of their abuser’s triggers and ticks and to guide participants to an understanding that they are the masters of their situations, as they have been resilient in surviving it.

Examining the Difference Between Narrative and Traumatic Memory

Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think. (van der Kolk, 2014, p. 21)
There are differences between narrative and traumatic memory. The research explored demonstrates that trauma rearranges the nervous system and brain functions and fundamentally alters the way one moves through the world. In this thesis, the experience of trauma will be referred to as neglect, physical abuse, emotional abuse, sexual abuse, racism, sexism, homophobia and transphobia, homelessness, poverty, and not having one’s emotional, physical, and biological needs met. All of these variables are intersecting and compounding in the repercussions and available resources for survivors of domestic violence and sexual assault. Domestic violence and sexual assault are issues that are prevalent regardless of age, race, gender, ethnicity, socioeconomic status, or zip code, and the trauma resulting from such abuse is widespread and predominate.

From an evolutionary standpoint, people rely on their memories to keep themselves safe. The brain compartmentalizes previous experiences to act as a predictor of experiences to come. In this way, humans are wired schematically to understand how to behave in any given moment. Levine (2015) referred to this ongoing processing of memory as being “continuously in flux, perpetually in a process of forming and reforming” (p. 6). Directly opposing this continuity, however, is the stagnation of traumatic memories as being “fixed and static . . . . These harsh and frozen imprints do not yield to change, nor do they readily update with current information . . . [preventing] us from forming new strategies and extracting new meanings” (Levine, 2015, p. 7).

Just as people have different parts of their brains perpetually working together to inform their existence, people have different filters through which they end up storing and recalling a memory. Humans have explicit memory, which is declarative and episodic. This kind of memory contains the subcategories of memory that people can call on concretely. Often, these readily available memories are considered to be facts either of the world at large or of people’s particular
lives. It is “this intermediary function [that] promotes the formation of coherent narratives, the poignant stories that we tell to ourselves and others and which help us make sense of our lives” (Levine, 2015, pp. 16–17). In contrast to these modes of archiving, humans also have implicit memories, which can be emotional or procedural. These types of memories influence and encode behaviors at the subconscious level and thus “cannot be called up deliberately or accessed . . . . Instead, they arise as a collage of sensations, emotions, and behaviors . . . . They are primarily organized around emotions and/or skills . . . things that the body does automatically” (Levine, 2015, p. 21). It is through these types of memories that people are able to respond to crisis through learned motor actions, emergency responses such as fight, flight, or freeze, and habitual approaches or avoidance of attraction or repulsion, which are innate ways to stay safe while getting needs met, for example by not consuming milk if it smells sour. It is indeed these “compelling instinctual emergency responses [that] play a crucial role in the formation and resolution of traumatic memories” (Levine, 2015, p. 25).

The reason why narrative memory is easier than traumatic memory to comprehend is because we gravitate toward concise meaning, personal impact, and associations. In short, our ability to recall a full memory is influenced by our control of emotions and how much whatever particular thing meant to us at the time, combined with our associations of it in the present. Our memory of trauma is fragmented because it does not get stored like the rest due to its utter lack of sense or reason. Trauma overwhelms a body and all the systems that help it run. We have no safe ways to imprint this kind of violating experience. Thus, our breadth of memory systems is inaccessible when it comes to coding a trauma.
Our memories of trauma become disintegrated and stuck. This is the premise for what ultimately becomes the persistent, prevalent, unbearable symptomology that is post-traumatic stress disorder (PTSD). As Levine (2015) explained:

What should have evolved into a nuanced learned motor skill is overridden and becomes instead a habitual, survival-based reactive pattern . . . persistent maladaptive procedural and emotional memories from the core mechanism that underlies all traumas, as well as many problematic social and relationship issues. (p. 38)

To bring this back to the context of surviving sexual assault, for example, the dissociation that can occur during a rape is a split of self as the utmost resilience in keeping oneself safe in the moment where one’s body and systems were so overwhelmed that the individual had no preconceived notions of what to do. Alternatively, perhaps if one tried to fight and were overpowered and ended up instead in freeze, this creates a dissonance for the survivor in all future instances of touch out of an attempt to stay safe, creating for the survivor a “demoralizing confusion between a safe and a dangerous person is compounded by a survival-based bias to assume danger even where there exists only the most superficial of similarities [for example], the combined triggers of men and touch” (Levine, 2015, p. 39). These lasting impacts are evolutionarily unsustainable and deeply troubling to the human enduring them.

Using expressive arts therapy to address these fixed states as reintegration of the static memories promotes optimal functioning. The process of “renegotiation is a means of resolving these traumatic memories through the gentle release of chronic emotions and the creative restructuring of the dysfunctional responses. This provides us with an avenue of return to our pre-trauma capacity for balance and well-being” (Levine, 2015, p. 43). That humans have within them an innate capacity to keep themselves safe and in balance at all times is what makes this
process so difficult. What they once enacted to keep themselves safe now obstructs their ability to live freely in the present. Their bodies and brains function optimally in homeostasis, which is why human beings are so adaptable and resourceful when faced with hardship and challenge. They are continuously shifting and acting to get back to equilibrium, but in doing so they change and grow. Paradoxically, due to this plasticity, the change that occurs as a result of trauma is comprehensive.

Trauma produces actual physiological changes, including a recalibration of the brain’s alarm system, an increase in stress hormone activity, and alterations in the system that filters relevant information from irrelevant . . . . Trauma compromises the brain area that communicates the physical, embodied feeling of being alive. (van der Kolk, 2014, pp. 2–3)

The trauma then stops people from growing as it has completely rearranged and reshuffled a person’s entirety.

Traumatic memory controls people’s lives and haunts the contours of their days being that it is not condensed as their other accounts of memory are. While “ordinary memory is essentially social; it’s a story that we tell for a purpose” (van der Kolk, 2014, p. 182). Traumatic memory only reenacts what is frozen in debilitating, agonizing detail. “Because of the nature of trauma, events are often not accurately remembered, but they are relived…those relived experiences often present themselves through the action-oriented, sensory nature of expressive arts” (Malchiodi, 2020, p.244). Without the deep work of integrating these traumatic bits, traumatic memories will continue to preoccupy people’s ability to move on, as the nature of this type of memory is tied to specific triggers. As van der Kolk explained, “when one element of a traumatic experience is triggered, other elements are likely to automatically follow” (p. 182).
While “normal memory integrates the elements of each experience into the continuous flow of self-experience by a complex process of association . . . the sensations, thoughts, and emotions of the trauma were stored separately as frozen, barely comprehensible fragments” (p. 182), thus making traumatic memory unpredictable and unmanageable.

**Trauma and the Expressive Arts Therapies**

_The effects of trauma are often stored in body memories and . . . verbal therapies can’t release the trauma victim from this condition._ (Carey, 2006, p. 24)

As unresolved trauma resides in the body, through implicit memory, its residual effects are experienced on a sensory level. These sensory fragments of “what happened” lend themselves to the entry points and impacts of expressive arts therapy. According to the International Expressive Arts Therapy Association (n.d.), “The expressive therapies combine the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development” (para. 1). The expressive arts therapies have the rare and expansive ability to address a person fully, through the depths of their sensory channels with a breadth of modalities, kinesthetically engaging the different parts of individuals. According to van der Kolk (2014), “This sets the stage for trauma resolution: pendulating between states of exploration and safety, between language and body, between remembering the past and feeling alive in the present” (p. 247). The expressive arts are somatic, sensory, rhythmic, holistic, and primitive and thus lend seamlessly to addressing trauma through an embodied experience brought on by engaging with the arts and visceral associations. Research has demonstrated that trauma significantly alters people’s ability of “being in synch with oneself and with others requires the integration of our body-based senses-vision, hearing, touch, and balance” (van der Kolk, 2014, p. 124). The arts move people through realms deeper than language, through their
senses and their capacities, to make meaning that often feels spontaneous, intuitive, or impulsive but is instead an expression of an inner world. The arts as processes have helped humans return to psychological and social equilibrium. Expressive arts therapy uniquely integrates one’s right and left hemispheres of the brain, which has the potential to take the fragmented, stagnant experience of trauma and weave it into the declarative and narrative modes of memory.

Expressive arts therapy is an integrated approach to addressing the entirety of a person through a process called intermodal transfer, in which the therapists moves through different ways of engaging and inviting expression with the client. These shifts in modalities can take the forum of art, music, dance/movement, drama, play, and writing, providing a harmonious experience between mind, body, and soul. The notion that intermodal transfer deepens a therapist’s experience with a client, allowing them to holistically address themselves throughout their body and life, acknowledges that people’s senses are typically engaged simultaneously. With these processes, the client is prompted to tap into their inner resources to connect with their deepest capacities to ultimately shape and guide their own healing, growth, and change. The modalities of expressive arts therapy are inherently rooted in strengths-based and empowerment approaches to tune into one’s bodily intelligence to work with the medium and experience they are most resonating with. Tuning inward to gauge and understand oneself and how to exist in the world in a way that serves one is a profound lesson in trusting oneself and the breadth of one’s own capacities, much of which has been fundamentally stripped away from a trauma survivor.

The expressive arts therapies provide a framework for addressing fragmentation and splits of self through the container of the arts, or “the deep divide between our sense of self and the sensory life of our bodies” (van der Kolk, 2014, p. 95). Trauma survivors often find solace in the expressive therapies as they have endured situations that are un-languagable. Having no
possible way to name nor categorize what has happened to them, they are physically unable to store these memories in any logical way. Thus, these experiences get trapped in their bodies and have uncontrollable repercussions. The job of the expressive arts therapist is to acknowledge these symptoms and trauma reactions in an effort to help reframe them as adaptive coping necessary to survive, turning them toward resilience rather than pathology. Highlighting the body’s unique capacity to keep itself safe, Levine (1997) identified the body’s responses to trauma as key to eventual trauma resolution and integration. In this way, the therapist honors what it took to survive and using the body to help guide and create healing.

It is essential to understand the fact that “after trauma the world is experienced with a different nervous system that has an altered perception of risk and safety” (van der Kolk, 2014, p. 82). Traumatic memory differs from narrative memory in the fundamental ways they are stored and recalled. Most incoming stimuli gets compartmentalized in the brain immediately without much awareness or intent. Trauma gets stored in the body, and people’s behaviors and inability to recall have everything to do with the ways in which trauma gets trapped in the body. Bessel van der Kolk (2014) broke down the dissociation that occurs as a result of trauma and explained that “trauma is primarily remembered not as a story, a narrative with a beginning middle and end, but as isolated sensory imprints: images, and physical sensations that are accompanied by intense emotions, usually terror and helplessness” (p. 70). The very nature of the intermodal transfer, and all of the versatile ways expressive arts therapy lends itself to the human experience as a whole and is thus able to address someone fully, is what makes the breadth of this field applicable to trauma treatment.

The arts are a more manageable entry point into dealing with trauma. Somatic and sensory approaches provide a deeper space to express and communicate than talking alone, as
much of this content cannot be easily accessed by language. Given that “all trauma is preverbal . . . trauma by nature drives us to the edge of comprehension, cutting us off from language based on common experience or an imaginable past” (van der Kolk, 2014, p. 45). The possibilities of expression in any modality create a safer space to approach the trauma. Much like the experience of a particular smell propelling an individual back to vivid, visceral association or a song immediately linking one to a specific memory, the invitations offered through expressive arts therapy have the power to elicit deep and strong reactions.

Since the arts are sensory-based and action-orientated, choice in even the smallest way is being handed back to the survivor. However the client chooses to interact with the material will be self-driven, and even in these small ways, the power of choice is re-introduced to them. Carey (2006) observed:

A massive shock to the system, whether physical, psychological . . . elicits powerful feelings for which words are inadequate, yet image, sound, movement, and story can offer a welcome release. The arts help both to express and to contain otherwise overwhelming emotions. (p. 10)

The goal of the therapist is to make their clients feel safe enough to start exploring avenues of getting back to themselves, through themselves. As van der Kolk (2014) wrote, “People who feel safe in their bodies can begin to translate the memories that previously overwhelmed them into language” (p. 277). Therapy is effective when it is deeply rooted in connection and trust. Art has the liberating potential of expressing facets of the soul. Merging these concepts together seems like the most natural way to heal, as “creativity and healing are united in their common focus on transforming our deepest pain and afflictions into affirmations of life” (Nietzsche, 1967). When thinking about the perspective of the shattered psyche of a rape
victim, art does not change the pain—it just helps to hold it, and it is “through acts of creative expression, we transform suffering into embodied learning and change” (Halprin, 2003, p. 29). Through this impactful act of holding, of containment, therapists can create a space for people to explore themselves safely. Indeed, “the therapeutic power of art rests not in its elimination of suffering but rather in its capacity to hold us in the midst of that suffering so that we can bear the chaos without denial or flight” (Levine & Levine, 1999, p. 31).

When this exploration of the soul is done in a group, the group members end up validating one another through their shared creative humanity. When the expressive arts therapies engage with aspects of community work through ritual, it can resonate on a deep level that promotes community building and connections. Bessel van der Kolk (2014) explained, “our brains are built to help us function as members of a tribe…most of our energy is devoted to connecting with others” (p. 80). When expressive arts therapists are able to hold the space for people and witness them through growth and change, they validate their very existence as a human. Liminality is the natural progression of life, just as fragmentation is a part of existing. It is how expressive arts therapists support people through these transitions and aid them in attending to their splits of self that make healing possible. As Rogers (1993) noted, “the transformative power of being deeply understood is often underestimated” (p. 7). This is especially true when sharing a space with a trauma survivor, as much of what they are going through has been stigmatized and shamed in public discourse.

Many people engage in therapy that still bases itself in treatment plans rooted in verbal language alone and the implicit assumption that human experience resides in the brain through words and narrative memory, which is not the case for traumatized people. Instead, as Carey (2006) explained:
By working through the safe haven of metaphor the therapist can maintain the safe distance . . . [needed] from direct confrontation of traumatic material until [they] show signs of readiness for the invitational track of therapy and can gradually move closer to directly confronting these events. (p. 33)

Expressive arts therapists must consider the “physical helplessness at the core of trauma, and that the inability to take effective action under the immobilizing emotions of the trauma conditions plays a role in development of long-term PTSD” (van der Kolk, 2003, p. 33). It is this frozen state that prohibits trauma survivors from being able to move past their trauma. Expressive arts therapists can help survivors create this “meaningful, physical action . . . the trauma survivor needs to be empowered to take effective physical action” (Carey, 2006, p. 33) by engaging them through body-based approaches of healing and recovery that can exist with or without language.

Neuroimaging scans have shown that when people are prompted to recall a particular traumatic event, “the left frontal cortex shuts down . . . Broca’s area, the center of speech and language. In contrast . . . the right hemisphere associated with emotional states and autonomic arousal . . . the amygdala . . . the center for detecting threat, light[s] up” (Carey, 2006, p. 27). This demonstrates that “words can’t integrate the disorganized sensations and actions that have become stuck” (Carey, 2006, p. 27), which further strengthens the assertion that, in these circumstances that have been unfathomable to try and reconceptualize, the arts can offer support.

Daria Halprin is an expressive arts therapist who focuses on the power of movement as “complex language which contains all the sensations, feelings, emotional states, thoughts and memories we have experienced in our lives” (Halprin, 1999, p. 136). Halprin advised that “By using this language consciously, we are able somatically (through the psychical body), emotionally and symbolically to re-access a range of life-responses and reactivate feelings and
images associated with certain life experiences” (p. 136). When expressive arts therapists apply this approach to working with the trauma client, they can physiologically address the ways in which the trauma resides in the body through doing and creating. From here, they can extend the therapeutic intervention through the intermodal transfer to expand on what the client needs to do in the here and now to alter their connection and thus their reaction to the trauma. Mitchell Kossak (2015) wrote about the repercussions of trauma when doing expressive arts therapy, and what we need to know to appropriately guide a client through their processing in therapy. He wrote:

The senses get dull or overwhelmed in times of tragedy and trauma. One of the things we can do as expressive arts therapists is to help facilitate experiences where the unspoken or unspeakable feelings can be expressed in safe and helpful ways…by tuning in to these deeper impulses through artistic expression, we can begin to understand what these impulses are trying to communicate. (pp. 48–49)

Through this discovery, expressive arts therapists can choose how to proceed in shifting the trauma.

These approaches to the deep soul work of the therapeutic relationship have the rare ability to change the way people navigate themselves through life moving forward. Expressive arts therapists have the opportunity through the arts to hold the space for people to enter into where language cannot ever suffice. Facilitators can lean into these heightened sensory channels to create a third space during the therapeutic relationship in which growth is possible.
Sensory Fragments and The Significance of Storytelling in Making Meaning

When making meaning is successful, it often manifests as creative expression of a post-trauma identity of health and well-being and a new and inspirational story of why one’s life has been altered but not broken by traumatic events. (Malchiodi, 2020, p. 31)

Through storytelling, one activates their own autonomy while simultaneously accessing relatedness. So, agency and connection are activated and engaged, two of the most fundamental aspects of bodily integrity. Now that the client has ideally been immersed in expressive arts therapy, the integration of the trauma into story, and eventually language, is the next essential step in moving past the most destructive and debilitating symptoms of PTSD. Malchiodi (2020) remarked that “when speaking of trauma recovery, this creative level can be defined as the experience of meaning making through imagining new narratives via the arts” (p. 75). The invitation to reclaim and reframe their narrative, on their terms and in their way, is a profoundly impactful exercise in resiliency and empowerment for a survivor. Additionally, sharing their stories in a group or community-based format is a collaborative way to begin to dismantle the shame and stigma attached to domestic violence and sexual assault that further contribute and perpetuate the insulting lack of sustainable resources for survivors.

The most important considerations of this work are trust and pace. There is no rushing safety. Establishing consistency is layered and nuanced, yet without it, the ability to get someone back to baseline after they have been triggered suffers. The work of integrating trauma memories through expressive arts therapy and storytelling have endless potential to re-traumatize a client, which is why the dedication to body-based, somatically-rooted expressive arts therapy work has to come first in treatment. It is through these practices that clients begin to regain and strengthen their capacity for self-regulation. With the expressive arts, therapists have the opportunity to
create distance through metaphor, which is extremely helpful in managing the magnitude and likelihood of re-traumatization.

As expressive arts therapists, the storytelling can ease itself into language as the use of the arts helps to reduce the intense, intrusive, abrasive nature of plunging directly into piecing together language of the trauma. The reworking of the trauma story, after accessing safety in the body through expressive arts therapy, is essential in activating what is stuck. Even after physical safety is established, the facts that client’s “perceptions about self and others are often irrevocably changed after horrific events and that these altered perceptions often become dominant narratives in addition the traumatic event itself” (Malchiodi, 2020, p. 244) are important to consider.

Herman (1992) highlighted that “the structure of the narrative to foster an intense reliving experience within the context of a safe relationship” (p. 183) is what can eventually put the trauma into a memory that feels safe for the survivor. In this way, the “goal of recounting the trauma story is integration, not exorcism . . . [and] the fundamental premise of psychotherapeutic work is a belief in the restorative power of truth telling” (Herman, 1992, p. 181). Recalling the trauma and working through it extensively is inherently uncomfortable and often times retraumatizing itself. However, it is the experience of doing so in the collaborative containment of the safe therapeutic relationship that is ultimately healing for survivors. Malchiodi (2020) connects the use of explicit memory through the timely construction of narration with the activation of implicit memory through doing in expressive arts therapy, “narrative therapy is one approach that is resonant with expressive arts. Narrative therapy focuses on the process of meaning making directly through the individual’s life story” (p.329).
Storytelling and narrative are ingrained aspects of humanity, culture, and worldview. The expansive effect of meaning-making in reframing people’s stories carry an abundance of potential in choosing how they want to heal. Storytelling in expressive arts therapy can help to re-frame experiences in new ways as clients can make stories from visual art, music, sound, movement, dance sculpture, playwriting, poetry, acting, writing, and anything the imagination fosters.

Malchiodi (2020) noted that:

They convey the somatosensory nature of stories because of the nonlinguistic nature of these forms of arts expression. This implicit, embodied narrative that is at the core of arts-based work goes beyond the limits of language when we consider communication of traumatic events and body’s memories. (p. 250).

The creativity in allowing the client to enter into a new relationship with their experience where they are the creators is profoundly impactful. Siegel (as cited in Wylie, 2004) wrote, “it wasn’t what happened to them . . . but how they came to make sense of what happened to them that predicated their emotional integration . . . if you can make sense of your story, you can change it” (para. #25). This notion of editing, of meaning-making, is what expressive arts therapists engaging in trauma treatment can provide. The biggest trap of trauma is that it is stuck and rearranges one’s entire way of being in the world. Our culture believes in closure to move on. Therapy can help clients engage with their trauma and their narratives in a way that helps them to create closure by first addressing the sensory fragments of their trauma through the expressive arts therapies, pulling everything out to then reintegrate it in a way that feels cohesive to them.

The incongruent narratives of traumatized clients have been studied extensively over the years. Siegel (as cited in Wylie, 2004), in trying to piece together the parts of the brain with the
framework of attachment theory, came to wonder, “if the hippocampus is blocked during a trauma, you could be vulnerable to flashbacks and dissociation because, while you’d have the implicit memory of the event, you'd have no explicit, declarative memory of it?” (para. #31). The role of the therapist is to provide a safer space to explore and discover these different, often dissociated or contradictory facets of memory, as “memory is a reconstructive process that is continuously selecting, adding, deleting, rearranging, and updating information—all to serve the ongoing adaptive process of survival and living” (Levine, 2015, p. 3). The fact that people’s bodies alarm them when something feels unsafe is evolutionarily how humans have progressed as a species. With trauma, however, the body and nervous system are hypervigilant and perceive every trigger as being potentially life threatening. The experience of assimilating the trauma story is for the survivor to be able to move on with more ease and choice in their life.

Through the making of the story, “we organize the things that happen to us. It’s also our way of telling time . . . explaining why things were as they were, lending logic to our decisions and bringing meaning to what might otherwise be a collection of unrelated events” (Stone, 2004, p. 3). Through this connection to arts-based processes, writing, creativity, and therapy, people can collaboratively “create stories by impressing order on the chaos of time, organizing the flow and direction of confused events into logical narratives, with cause and effect, believable beginnings and satisfactory endings” (Madanes, 1999, para #21).

From this foundation of building back wholeness, expressive arts therapists can start to see ways to incorporate working with shifts in self to transform through storytelling. Through the boundless notion of storytelling, expressive arts therapists have the unique opportunity to address trauma, memory, fragmentation, and cohesion. As van der Kolk (2014) wrote, “telling the story is important; without stories, memory becomes frozen; and without memory you cannot imagine
how things can be different” (p. 221). This lack of memory regarding trauma, dissociation, is due to the brain being far too overwhelmed to make any logical sense of the trauma because of how un-languagable trauma itself is to an individual’s personhood and systems. Trauma gets stored through visceral and kinesthetic experiences rather than language-driven, meaning-making, sequential timely systems that compartmentalize most of the brain. Thus, “discovering your Self in language is always an epiphany, even if finding the words to describe your inner reality can be an agonizing process” (van der Kolk, 2014, p. 236). In empowering the people expressive arts therapists work with to reclaim their own stories, therapists can be revolutionary with clients in creating a space that can hold everything they bring.

The ability for people to change what is no longer working for them as individuals and groups based on their identities and lived experiences is a tool expressive arts therapists have to channel. This is the rare capacity to see ourselves as something more and better than we presently are is dependent on our story-making abilities, and is a form of knowledge, it derives from the power and centrality of the imagination . . . the power of the imagination links the past and present to the future, and gives us the possibility not only to know things, but to create whole new realities. (Taylor, 2001, p. 28)

There is urgency in becoming interested in exploring the narratives people tell themselves, as the stories they believe have the power to affect the patterns of their thoughts and therefore their bodies and placements in the world.

People can truly nourish each other’s humanities when they tell and listen to one another’s stories. This way of working expressively and collaboratively with trauma can help offer “perspective on your terror and sharing it with others can establish the feeling that you are a
member of the human race” (van der Kolk, 2014, p. 236). As healers, expressive arts therapists can work to optimize the liminality much of their clients are stuck in. Expressive arts therapists can highlight their special capacity to use themselves as instruments of change through simply meeting the clients where they are at and recognizing that what is felt as a painful circumstance and moment in their lives does not have to keep them stagnated. Expressive arts therapists can urge clients to use their own stories to shape what comes next.

Expressive arts therapy can ground clients in their own embodied intelligence by engaging them holistically, recognizing “the whole person in the therapeutic process” (McNiff, 2009, p. 3) through the use of different modalities to address their senses. Malchiodi (2020) emphasized the use of expressive arts therapy in “reintroducing individuals to how the body communicates sensations and emotions related to trauma” (p. 27). Expressive arts therapy creates the potential for making meaning in healing from trauma being that it is imbedded with choice, intention, reflection, and creation. As Malchiodi wrote, “The experience of any profound psychological trauma challenges what has previously been meaningful in life for survivors. Recovery from trauma means developing a new understanding and worldview that attributes new meaning to what was experienced” (p. 324).

If this research were to be successful in sustainable treatment, it would emphasize that “what art can do, in its best and worst forms, is . . . lay bare the way that it is used as a marker of boundaries and a sign of belonging in the culture at large” (D’Souza, 2018, p. 10). The invitation to creatively change what is rightfully one’s own, in intentional collaboration with others, towards an outcome larger than everyone involved is the enduring treatment I sought to construct through this research.
Community

It is the collective sense of belonging that manifests tangible change through sharing identity and common experiences, even when those experiences may include shared adversity, marginalization, or oppression. (Malchiodi, 2020, p. 58)

This final section of my literature review focuses on community, as it is the foundational framework that holds this suggested treatment approach together. Clients who have experienced trauma live in constant distress, as they “alternate between isolation and anxious clinging to others . . . their capacity for intimacy is comprised by intense and contradictory feelings of need and fear” (Herman, 1992, p. 56). People grow and experience life in relation to others. Thus, it is through expression of themselves fully in expressive arts therapy and through the telling of their stories in sharing with other people that healing and reintegration can happen. Community exemplifies that humans deeply need one another in a shared survival.

My work as a domestic violence and sexual assault counselor in homeless shelters, and hospitals has repeatedly shown me the deeply intimate, raw, and powerful connections people form when they are healing through a trauma together. The experience of intimate partner violence is pure torture. Betrayal and broken trust leave a survivor questioning their own thoughts, behaviors, and actions. I wanted to investigate, with research that demonstrates the complex effects that trauma has on relationality, why healing through trauma together helps so profoundly in lifting people up and in shifting the perspective from victim to survivor.

The communal experience of art making, processing, and connecting, on an individual and group level, synchronizes the feeling of being a part of the human race. Relating with people through the arts not only engages them intimately through their shared humanity but also invites them to participate collaboratively, on their own terms, in their own ways. Collective practices of
restoration are not new. In fact, “as anthropology has shown, the practice of healing has traditionally been carried out within a ceremonial context, in which artistic media carry symbolic significance” (Knill et al., 2005, p. 17). Bessel van der Kolk (2014) states that “since time immemorial human beings have used communal rituals to cope with their most powerful and terrifying feelings” (pp. 333–334) demonstrated how healing communally is profoundly impactful. Expressive arts therapy is innovative, compelling, and enchanting, and ritualizes healing through ceremony. This activates people through their senses and, in that way, can reconnect them to their felt sensations and their bodily intelligence. They inherently promote agency and trust by positioning people to make spontaneous, intuitive or curated choices in the moment that decide what will come next, whether this be an intermodal shift or a deeper dive into the modality already at work. Intuition is often considered inaccessible to clients who have experienced trauma, as they have been fundamentally made to question their own being. In group processing, the support of collective healing empowers people to trust their own process and to trust those around them, sharing space and recovering simultaneously.

Community is the most primary way that humans have survived as a species historically in that humans are neurobiologically wired to exist communally. That being said, how do we turn toward each other to listen, connect, and heal? Leah Lakshmi Piepzna-Samarasinha (2020) amplified the deep paradoxical reality inherent for many people, especially survivors of abuse, neglect, assault, racism, sexism, ableism. Receiving care is frightening for people because they have been in situations where care is violent or conditional. The tension in holding this dichotomy is enormous. I want to help facilitate and hold a space where people can work toward putting that down, to create a little ease in their lives, even if only slightly to honor what it took to survive.
There are endless ideas and definitions of community. In effort to define community, I started asking my clients what community meant to them. Words make worlds, and the connotations and implications of a word carry a significance I was careful not to overlook. We have to define community for ourselves, but actually doing so concretely is ambiguous and nuanced. We assume community exists because of the frequency with which we have come to lean on the word itself, but if it does indeed exist, there is this need to pronounce it. I once heard community described as an uncontrolled environmental that we project ritual and tradition onto. Maybe the breadth of community and what it stands for is actually the perfect opportunity for us all to establish what it is we want in our lives, to truly consider the vastness of connection in defining who we will be to each other. Community is not a resilient term, and we are always after resilience. Even all the intersections of violence are about community; the most ugly and unbearable moments in our history have also represented community. Community is such a vast topic that when we define it, we reduce it.

When I think of community, I think of the micro and macro ecosystems of support I have in my life that keep me inspired and motivated and ensure my general wellbeing. I think of family in the most expansive way possible: I think of chosen family, neighbors, collaborators, peers, and colleagues. I think of connecting with someone in line at the grocery store, dropping off food and flowers on the porch of a loved one, lending books to friends, sending love letters in the mail, and getting to hug someone that I miss. I think of public art as a meeting place for participation and intention, meals as an opportunity to gather, and protests as a radical example of being civically engaged. I seek community that gives people permission to be themselves and supports them in that. I think of connections as being sacred, as roots we tend to and nourish. I
dream of community being a consistent container of safety and stability in an unpredictable society. The collaborative concept of asking and receiving help outside of transactions.

The emergence and development of community began to interest me significantly as I came to realize that it is not so much the attributes that make someone feel as though they are a part of a cohesive group, a framework larger than themselves, but rather the variables that make people feel as if they do not. I began to accept being unable to say definitively what community is as I started to lean more into the consequences inherent in its absence. People know when true reciprocal connection is missing. They palpably feel that void. The sense of not belonging is truly one of our deepest, most painful hurts.

What does it mean to return to our communal roots? To live collaboratively in connections that help nourish and sustain us. To live in the ease of knowing someone has your back when you need assistance, guidance or support. In the aftermath of rape or intimate partner violence, the survivor is unable to locate themselves safely in their body or elsewhere. This loss of self is a debilitating, devastating injury. The experience of trauma through relationship, especially intimate partner relationship, leaves a survivor ostracized relationally moving forward. Isolation and loneliness strike so harshly because they innately alarm people’s systems; the body perceives them as a threat due to how socially wired they are. Lieberman (2013) questioned collective dissonance in treating social and psychical wounds by explaining the way our brains have “evolved to experience threats to our social connections in much the same way they experience physical pain” (p. 4) by activating the same neural circuitry. So, there is an intrinsic dichotomy in someone who has been traumatized. Indeed, “the traumatic event thus destroys the belief that one can be oneself in relation to others” (Herman, 1992, p. 53).
Given that this society has trouble even naming the realities of domestic violence and sexual assault, it has an even bigger resistance to actually addressing them. The societal tone in response to these assaults is passive and limiting when the urgency of this public health crisis continues to deepen. Healing from trauma in the forum of intimate partner violence is layered and terrifying, just as the abuse itself is, as the survivors’ “sense of self has been shattered. That sense can be rebuilt only as it was built initially, in connections with others” (Herman, 1992, p. 61). Without reestablishing oneself relationally, the trauma will continue to be haunting. As Herman (1992) explained, “reconstructing the trauma [itself] does not address the social or relational dimension of the traumatic experience . . . . Unless the relational aspect of the trauma is also addressed, even the limited goal of relieving intrusive symptoms may remain out of reach” (p. 183). The experience of accessing containment and stability in one’s own body through expressive arts therapy is paramount to being able to then reintegrate oneself relationally and communally.

The common phrase “it takes a village” is a stand-in to imply that it is our relationships that have determined our survival evolutionarily. Lieberman (2013) wrote about Maslow’s famous hierarchy of needs in an effort to emphasize the fact that “love and belonging might seem like a convenience we can live without, but our biology is built to thirst for connection because it is linked to our most basic survival needs” (p. 43). Lieberman remarked that while people obviously could not survive without tangible biological needs such as food, water, and shelter, as an infant, one’s only way to these needs is through another person, usually a primary caregiver. In this way, the very capacity for consciousness and self-awareness is inherently relational. Dr. Edith Eger (2021), a clinical psychologist, lecturer, and author as well as a Holocaust survivor who has dedicated her life to helping us understand trauma, resilience, and the power of choice,
offered a compelling reminder of the urgency of community. In her account of surviving, she stated, “that’s what it took in Auschwitz, if you were just for the me you didn’t make it. We had to commit ourselves and go beyond the me me me and forum a family of inmates” (22:40-22:57).

The instinctive, powerful links of connection people create and hold in order to navigate their lives are what positioned me to research a communal container as a thicker, more complete way to treat trauma survivors. Herman (1992) insisted that

the damage to relational life is not a secondary effect of trauma, as originally thought.

Traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link individual and community.

Mardi Horowitz defines traumatic life events as those that cannot be assimilated with the victim’s ‘inner schemata’ of self in relation to the world. Traumatic events destroy the victim’s fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation. (p. 51).

Just as traumatic memory could not be crammed into a preexisting compartment of memory, survivors have been similarly unable to figure out the relational tropes trauma has left them in, rendering an utter hopelessness in moving on.

The debilitating despair that results from trauma is devastating to the survivor who desperately wishes to be free and safe. The “restoration of social bonds begins with the discovery that one is not alone” (Herman, 1992, p. 215). Herman posited that “the therapeutic impact of universality is especially profound for people who have felt isolated by shameful secrets. Because traumatized people feel so alienated by their experience, survivor groups have a special place in the recovery process” (p. 215). My experience in the field of domestic violence and
sexual assault has shown me that “sharing the traumatic experience with others is a precondition for the restitution of a sense of a meaningful world” (p. 70). However, the company of this makes a difference in the healing. It is the company of other survivors that will be most helpful in accessing feelings of collection and participation, of belonging. Survivors feed off of each other’s journeys and resilience like fuel, “mirrored in the actions of others, the survivor recognizes and reclaims a lost part of herself” (Herman, 1992, p. 214), and in doing so feel less intolerable and less alone.

The space of survivor support groups is soulfully impactful in reminding survivors that they are part of the human race—that they resonate, exist, and belong. Herman (1992) wrote:

Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self, of worth, of humanity, depends upon a feeling of connection to others. The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience. Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatizes; the group bears witness and affirms. Trauma degrades the victim; the group exalts her.

Trauma dehumanizes the victim; the group restores her humanity. (p. 214).

In moving through all of this dissonance, the survivor is rewiring their brain, re-writing their story, and learning how to exist in the world on their own terms, through themself, for themself. The survivor re-establishes what it means for them to feel safe and important and comfortable in their body and in the environments they inhabit. In this way, the survivor comes home to themself by creating home within themselves, and re-learning how to wholly occupy their bodies.
Discussion

The very act of sharing a story with another human being contradicts the extreme isolation that characterizes so many of our lives. As such, storytelling carries within it the seeds of community. (Stone, 2004, p. 3)

Over the years, I have observed the intimate care of crisis emergency-based work of domestic violence and sexual assault, which led me to researching how expressive arts therapists could shift our platforms of care to be sustainable in addressing all the nuances of a person and their unique needs in the world. I was interested in how therapists can set people up to continue to feel containment, support, and safety, even after treatment ends. The complex process of trauma and recovery pans out differently for everyone. In approaching these relationships therapeutically, it is necessary to consider the full range with which people can be shattered. Understanding the breadth of fragmentation acknowledges that “trauma inevitably brings loss. Even those who are lucky enough to escape physically unscathed still lose the internal psychological structures of a self securely attached to others [and] . . . in addition their sense of bodily integrity” (Herman, 1992, p. 188). In recognizing this, expressive arts therapists can better aid people in integration.

When someone is traumatized, it feels impossible to exist communally, as trauma reorganizes one’s nervous system and one’s fundamental way of being in the world; it re-arranges the way one has previously existed. This challenges people to try to proceed with their lives unnaturally, as everything about us—our brains, our minds, and our bodies—is geared toward collaboration in social systems. This is our most powerful survival strategy, the key to
our success as a species, and it is precisely this that breaks down in most forms of mental suffering. (van der Kolk, 2014, p. 168).

Thus, being relational in any capacity—therapeutically, artistically, communally—helps people to weave meaning back into their lives. It is innate to seek, or make, meaning; this aids the ease in compartmentalizing, which people do instinctively. Trauma being stored as sensory fragments, rather than accessible recall of memories, can be addressed through the therapeutic intervention of expressive arts therapy and storytelling to start to create meaning.

In the truth telling, the trauma story becomes a testimony . . . the universality of testimony as a ritual of healing. Testimony has both a private dimension, which is confessional and spiritual, and a public aspect, which is political and judicial. The use of the word testimony links both meanings, giving a new and larger dimension to the patient’s individual experience…the transformed trauma story as simply a “new story” which is “no longer about shame and humiliation” but rather “about dignity and virtue.”

Through their storytelling . . . patients “regain the world they have lost.” (Herman, 1992, p. 181)

I am interested in the impact of first regaining safety in the body, and power in the narration of the trauma story to then reintroduce community engagement. Collaborative efforts to generate change given that “we are profoundly social creatures; our lives consist of finding our place within the community of human beings” (van der Kolk, 2014, p. 112). A shared, collective experience, or a community, illuminates the body as healer in establishing a dynamic equilibrium. My research demonstrates that through the consistency and trust of a communal container, survivors make meaning by integrating their experiences into a more cohesive narrative. The expressive arts are the most natural way to heal, given that art is considered “not
as the vocation of the genius but as a universal way of living . . . to take on the heroic task of giving meaning to the universal nothingness” (Levine & Levine, 1999, p. 25). Through this reframing, survivors address the difference between traumatic memory and narrative memory.

The work of the expressive arts therapist in supporting their client’s recovery from trauma must take into account the story of the trauma and how it can be re-framed through “integrating the cut-off elements of the trauma into the ongoing narrative of life, so that the brain can recognize that ‘that was then and this is now’” (van der Kolk, 2014, p. 183). Herman (1992) asserted that “recovery unfolds in three stages. The central task of the first stage is the establishment of safety. The central task of the second stage is remembrance and mourning. The central task of the third stage is reconnection with ordinary life” (p. 155). Expressive arts therapy has the potential to support survivors through all three of Herman’s suggested stages by first reconnecting a survivor to their body through somatic expression, establishing safety within themselves. It then has the tactile and tangible ability to work with the second stage of remembrance and mourning by crystallizing what they are processing through the range of modalities available. The third stage is reconnection which this thesis suggests happens relationally and communally.

Humans have the innate capacity to exert profound skills in keeping an internal balance within themselves. However, traumatic events fundamentally alter their abilities to do so, thus resulting in prolonged damage to their entire ecosystems and micro and macrocosms. In my future work as an expressive arts therapist working with trauma survivors, the intended treatment would be to highlight this in the reintegration of connecting communally through the arts.

The expressive arts therapies can help to hold a space for this integration and healing, as art is innate and holistic. Artmaking was humans’ first mode of communication. It has been at
the forefront of every cultural shift and revolution; it uniquely possesses the power to address the totality of humanity in abundance. The research has demonstrated the body and brain’s inability to filter incoming trauma cohesively, essentially altering humans’ archival systems by an incapacity to assign or compartmentalize the trauma. The brain stops communicating with itself, and “as a result, the imprints of traumatic experiences are organized not as coherent logical narratives but in fragmented sensory and emotional traces: images, sounds and physical sensations” (van der Kolk, 2014, p. 178), which can be addressed through the modalities of expressive arts therapy.

Eventually, through storytelling in expressive arts therapy, the story of the trauma will somehow feel manageable to the client. The survivor will continually learn to hold it with more and more ease as time goes on. Although the healing itself is not linear, the resilience keeps compounding, and the story becomes a more bearable part of living. This does not, however, mean that the work of healing ever stops. It is not the case that one fully “gets there,” as is often sought and desired. Instead, “new conflicts and challenges at each new stage of the lifecycle will inevitably reawaken the trauma and bring some new aspect of the experience to light” (Herman, 1992, p. 195). Through this resilience, and one’s innate bodily intelligence, through practice and communal support, one does eventually stop becoming debilitated by these shifts and learns to weave them into their current life’s story in whatever way feels most appropriate.

The range of all the modalities available in expressive arts therapy allows individuals to experience themselves in depth as they take their inner worlds to these exterior, more tangible realms via what they have artistically produced though their processing. It is through this palpable expression that they are able to first recognize and then hold all the dichotomies and dualities that arise in them, to dwell in them to be able to sort them out and move through them
with more clarity and comfort. The range of expression beyond verbal communication invites the survivor to be empowered in the creating and re-framing of the trauma story. The survivor traumatized by violations to their bodily dignity, and survivors incapacitated by having their autonomy striped away, completely live in the complexities and intricacies of cognitive dissonance as they try incessantly to figure out what has happened to their life and why.

**Future Considerations**

Given that this literature review prioritized trauma in regard to memory dysfunction and offered only an introduction to the complexities of it, there are infinitely more ways trauma rearranges and stagnates a person. This thesis did not attempt to address the rewiring of the brain and nervous system outside of mentioning that it occurs. The neuropsychological and neurobiological effects of trauma were not fully researched here.

Additionally, further research in the impacts of community connections can introduce the massive tasks ahead in shifting expressive arts therapists’ care to be rooted in modes of transformative and restorative justice. Future work in public health will show the differences between accountability and punishment and what the movement of domestic violence and sexual assault has to benefit from these approaches.

Further writing and research could allow for more space to emphasize the fact that trauma is inherently political, and moving forward in this work, I will be rooted in attempts to dismantle this very insult to human beings everywhere. Humans are socially conditioned and constructed from before birth, which perpetuates the systems in place that continue to be marginalizing. Given that clients healing from trauma of abuse and assault have been strategically ostracized, the ideal treatment is sustainable and comprehensive. McNiff (2004) stated that “the circulation of energy within the art and healing experience is the most practical and effective feature of the
work we do” (p. 212). Expressive arts therapists can collaboratively craft what it means to restore, repair, and rejuvenate a meaningful life with someone. This process will always be different with every person expressive arts therapist have the honor to hold a space for.

Storytelling in expressive arts therapy has the opportunity to empower survivors to use action oriented and sensory based processes to create narratives that feel safe enough for them to share with their communities. The restoration and power of doing so aids the survivor in integrating their traumatic memories as well as reintegrating back into their body, and community.
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THESIS APPROVAL FORM

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

Thesis Advisor: Dr. Ara Parker

Ara Parker