Preparing for an Unpredictable Future: A Community Engagement Project

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Preparing for an Unpredictable Future: A Community Engagement Project

Capstone Thesis

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Drama Therapy

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Abstract

The COVID-19 Pandemic has upended lives across the world for the past two years, and it is hard for anyone to say if or when life will return to what we may have called “normal.” Communities must learn how to support and protect one another in rapidly changing circumstances, while holding space for the collective trauma and grief of this pandemic. In this thesis, there is a review of literature regarding trauma, collective healing within communities and families, and COVID’s impact on Jewish communities, with a particular focus on drama therapy. This is followed by a description of a workshop run within a grassroots Jewish community formed during the pandemic. This workshop used the guidelines of “action explorations” (Blatner, 2006; Blatner & Blatner, 2018) to support the participants to gain greater insight into their community through the “Hero’s Journey” (Minerson, 2017). The workshop allowed participants to explore the creation of their community, where they are in this moment, and where they want to go together, in the unpredictable future. Results suggested that the embodied, community-centered, and flexible approach facilitated deeper connection for participants of their own visions and needs for their future as well as that of the community. Future research should engage with the question of how we, as therapists and community leaders, support our clients and communities to survive, grow, and heal within collective trauma and uncertain futures.

Keywords: COVID-19, drama therapy, collective trauma, community engagement project.

The author identifies as a queer, cisgender, white woman of Jewish faith and wealthy family background living in New England.
Preparing for an Unpredictable Future: A Community Engagement Project

The beginning of the COVID-19 pandemic in my community came on the heels of a Purim celebration, a raucous gathering with shared food, singing, and community members dancing close to each other. A few short days after that event, we learned of at least two pre-symptomatic COVID positive individuals who were present, and moments after that, the doors of the synagogue closed for nearly a year. I spent the pandemic living in my childhood home with my parents, twin brother, twin brother’s girlfriend, and my maternal grandparents. My mother was raised Christian but is mostly non-religious; my father raised my siblings and I in a Jewish home. I was Bat Mitzvah’d at 13 at the local synagogue, but in the past few years I have also attended religious gatherings led by queer and trans young adults in my area who were interested in developing non-Zionist and explicitly anti-oppressive religious community and practice. Both the synagogue and these small, grassroots gatherings were halted by the social distancing and collective stress of our pandemic reality.

Jewish rituals are deeply reliant on community. Many prayers require a minyan, or at least ten adults, to occur. A few months into the pandemic, when it became clear we were not simply staying home for a few weeks before returning to normal, a new community rose. This community was made up of families who had recently lost close loved ones and needed to gather a minyan every day to perform the Mourner’s Kaddish. They began to lead Shabbat services on Saturday mornings, and I attended the Rosh Hashanah and Yom Kippur services they led during last fall’s High Holy Days.

I chose this community to engage with for this project because their existence represents a clear example of the adaptations we have all been forced to make in response to this pandemic. This community engagement project came as the devastatingly contagious Omicron variant
began to fade away from our county. We must ask ourselves, at this time, what comes next? How will we move forward, knowing that we cannot be sure when this pandemic will “end,” or what its ending will look like? The goal of this community engagement project was to support the local Jewish community to build a stronger sense of their identity; to recognize the road they have travelled to reach today; to recognize the tools, strengths, and strategies they used to get here, and to identify what they wish to bring into the next stage, and what they wish to leave behind. Ultimately, as a community, we hoped to build our capacity to face uncertainty and support each other. Our current, dynamic reality represents a traumatic transitional moment that calls for particular attention and care.

My relationship with this community was that of a facilitator, rather than a therapist, and I approached the construction and facilitation of the workshop from a pedagogical perspective, rather than a therapeutic one. Given that we were working with intense subject matter, I sought a trauma-centered approach to the workshop and drew from trauma-focused therapy texts to inspire and guide me. The importance of trauma-focused therapy work has risen in attention across the counseling field, and my education sought to underline the centrality of trauma in mental health in every course. Collective trauma is mitigated through collective healing. Groups are powerful structures for healing, learning, and growth because “through the mutual aid process, group members contribute to supporting and healing each other” (Giacomucci, 2021, p. 204). COVID-19 has underlined for us the unimpeachable reality of our own interdependence; if any of us are sick, the rest are at risk. Therefore, groups that emphasize and build on our own interdependence and ability to support one another are powerful options for responding to the trauma and grief of COVID-19.
Much of our literature on trauma focuses on the *after*; many protocols for addressing trauma require that the participant(s) be “safe” before beginning to address the unsafe time. Volkas (2014) writes,

“During a period of collective trauma, those who survive are focused on staying alive; they cannot take the time to fully grieve their losses. Once the events are over, the focus turns toward building a new life. The trauma is forced into hiding because its impact is so overwhelming and painful” (p. 43).

The COVID-19 pandemic is not over, and the instability and unpredictability that it brings continues, foregrounding “staying alive.” We cannot wait for safety to grieve, and we cannot wait for safety to heal, and we especially cannot wait for safety to show up for each other. We do not know when we will be safe again. This protocol will ask how we can support each other and ourselves during this lack of safety.

I facilitated the group as the drama therapist, with support from the leaders of the collective. As this is a Jewish community built from families, participants ranged from six years old to 60 years old. We used the metaphor of the Hero’s Journey to structure our work, placing ourselves somewhere past the beginning of the journey, and acknowledged that we do not know how far we will need to go or what exactly we’ll encounter (Minerson, 2017). Using embodied exploration, we spent time to recognize where we were at the Beginning, and how far we’ve come from that place.

I recorded a narrative description of the group, how participants responded to the project, and where we went together below. Following the narrative description, I created an art-based response to gather how I felt and my own personal reactions to participating in this engagement.
I approached this community and this project from both an Insider and an Outsider perspective. As a Jewish person from this geographical area, I connected with the rituals and felt affinity with the urge to bring community together. At the same time, I was raised in a mixed Reform and Conservative Jewish upbringing, while many of the leaders of this particular community hold Modern Orthodox or Modern Orthodox-adjacent Jewish identities. I had not attended the daily minyan before the workshop and was meeting many of the participants for the first time, while they knew each other. I was also holding my own unique experience of losses from the past year and a half, which included the loss of my maternal grandmother, maternal aunt, and paternal cousin, and engaging with a group that was formed to respond to loss, particularly of participants’ parents. My goal in this paper is to leverage these combinations of like and unlike, close and distant to present a portrait of the community engagement project that holds the third-party view of its impacts, while connecting to the emotional center of first-person engagement. As the facilitator, I took on the role of active Witness, allowing myself to be touched personally by the content of the workshop, while continuing to center the participants’ work and explorations.

In the Literature Review section of this paper, I explored existing literature that speaks to trauma, collective trauma and collective healing, working with Jewish populations during COVID, and the intersection of drama therapy specifically through all of these themes. I articulated the workshop plan and theory in the Methods section. In the Results section, I described the workshop as it was run with the community, as well as the impact of this workshop according to feedback from participants and my own artistic rendering. In Discussion, I expressed my understandings as a result of these explorations and suggested next directions for the field of drama therapy.
Literature Review

In building this literature review, I approached the community engagement project from the following assumptions. First, that the COVID-19 pandemic constitutes collective trauma, internationally experienced, with the specificity of impact based on a range of protective factors for different communities. Within the field of expressive therapies, there has been increasing literature focused on trauma-centered therapeutic work. Focusing on collective trauma pulled me away from expressive therapies interventions and into the broader world of psychology research. Some of these resources focused on therapeutic responses to COVID (Chasson et al., 2022; Falicov et al., 2020; Freeman, 2020; Stanley et al., 2021) while others focused on responses to different kinds of collective trauma, such as national disasters or war (Somasundaram & Sivayokan, 2013; Volkas, 2014; Walsh & Firestone, 1992). The second assumption that I made in seeking literature was that the best response to collective trauma is collective healing work. As such, I pulled literature focused on working within communities and families to address collective trauma. The literature on responding to collective trauma focuses on a diverse collection of communities, so I narrowed my research to look specifically at the impact of COVID-19 on Jewish communities and the strengths these communities have used to respond to the pandemic.

Throughout the research and process of developing the workshop, I used Adam Blatner’s literature on action explorations, or the use of psychodrama and drama therapy techniques for non-therapeutic work, (Blatner, 2006; Blatner & Blatner, 2018) to clarify my work as pedagogical, rather than therapeutic. Drama therapy as a field is well-positioned to adapt to non-therapy spaces, due to practitioner’s ability to titrate distance (Johnson & Emunah, 2009) which
enabled me to create a workshop structure that held participants further away from deeply emotional content, that would have required therapeutic support.

Trauma

The body of work centering trauma in therapeutic interventions has expanded significantly in the past twenty years. In 2014, *Trauma-informed drama therapy: Transforming clinics, classrooms, and community* (Sajnani & Johnson) was published with a robust exploration of the importance of trauma-informed drama therapy and a variety of case studies and research projects exploring how to best bring drama therapy interventions to support traumatized clients. This text outlines the “creative/expressive paradigm” of trauma therapy, “which asserts that allowing free expression of thoughts and feelings in an imaginative, creative context is a path toward well-being” (p. 14). This is combined with a socio-cultural paradigm, which recognizes institutional oppression as creator of collective traumas related to disempowered identities and experiences. In the case of the COVID-19 pandemic, which presents us with ongoing, chronic trauma, this text advises: “use of imagination provides distraction and relief in situations of ongoing stress” (p. xiii).

For the elements required to do this trauma work, we can look to a chapter within this book by Martin Redfern (2014). Redfern analyzed drama therapy and broader psychotherapy texts to identify key themes essential to trauma work. The first theme he identifies is preparation and safety building, noting that in every text he analyzed, therapists seek to identify and build their client’s strengths before engaging in traumatic content. While I was not operating as a therapist, and therefore was not conducting therapy work to address the collective trauma of COVID-19, Redfern’s guidance is helpful in considering how to approach these heavy topics with care and a safe-enough structure for all participants. The second theme is that of
representation, both the traumatic experience(s) and the client themselves in relation to the trauma. In the context of collective trauma and community building, representation will focus both on the individual and the collective. The third theme is that of honoring the past and moving toward the future. This theme will guide our closing work in the community engagement workshop.

Armand Volkas (2014) writes the chapter in *Trauma-informed drama therapy* on drama therapy in response to collective trauma. He defines collective trauma as “a psychological state shared by any group of people and can affect even an entire society” (p. 46). His article focuses on repair of generational harm between Chinese and Japanese descendants of the Nanjing Massacre. He speaks to the importance of collective repair for collectivist societies. Jewish culture is collectivist, and the community I am working with has consistently sought collective healing through the trauma of this pandemic. Volkas outlines various strategies for finding commonality with disparate perspectives and holding compassion for a variety of pain, harm, and healing needed.

In collective trauma, collective healing is necessary. The power of group therapy for individual and group healing is underlined powerfully in Giacomucci’s (2021) essay on mutual aid in group psychodrama. He writes, “Each member of a group possesses unique strengths, insights, and experiences, in addition to a shared group intention, which can be leveraged to empower the group-as-a-whole” (p. 205). Giacommucci reflects that group cohesion is essential to build the magic of “group-as-a-whole.” By working with a community that has been together for nearly 2 years, I had the privilege of leveraging their group cohesion from the beginning of the workshop.

**Working with families and community after trauma**
The models of trauma covered earlier in this literature review are mostly individually focused, even in situations where the individual is situated within a collective. For this community engagement project, I want the foreground focus to be on the community, with a secondary focus on the individual. The article “Traumatic loss and major disasters: Strengthening family and community resilience” specifically looks at the power of centering family and community resilience when responding to traumatic loss (Walsh & Firestone, 1992). Walsh encourages psychotherapists to use a multisystemic analysis when acknowledging and addressing trauma. She uses case studies from a range of collective traumas, such as community violence, natural disasters, wars, and terrorism. This approach expands our options for building on strengths present in the community and for sharing in learning and post-traumatic growth.

For deeper research focusing on community resilience in the aftermath of chronic trauma, I read an article addressing rebuilding community in post-war Northern Sri Lanka (Somasundaram & Sivayokan, 2013). This study uses psychosocial ethnography to study the impact of years of war on northern Sri Lankan communities and culture. The authors, both ethnic Tamils, describe their objective as: “to describe and understand the lived experience of ordinary people in a post war context in northern Sri Lanka from their inner psychology, outer behaviour, social structures and dynamics using psychological and sociological introspection and phenomenology” (p. 6). This study occurred over the course of many years, through enumerative interviews, focus groups, case studies, and participant observations. Many of the participants within the study were found through sampling mental health clinics, while others were referred by community members or through other participants: in the end, participation was composed of 60 case studies, 35 key informant interviews, and seven focus groups with about 20 participants each. The result was an expansive selection of data, which the researchers organized through a
trauma grid. Somasundaram and Sivayokan used Bronfenbrenner’s ecological model on the y-axis of the trauma grid, utilizing categories of individual, family, community, and society, with the x-axis reflecting negative and positive effects. This approach provides thick descriptions of the data. The researchers had powerful connections to the community they were researching, which gives them specific insights and awareness that serves the research. The article establishes the impacts of ongoing trauma on a community, providing opportunity to see where therapeutic intervention can serve and deepen the resiliency and development in a community.

A recent article coming out of Family Process Journal looks specifically at social service workers who have learned, through working with immigrant families during the pandemic, how to engage with the strengths and resiliencies within the community to support adaptation, flexibility, and communal support during the COVID-19 pandemic (Falicov et al., 2020). The writers noted that through the challenges of adapting their services to the pandemic, they were also able to witness innovative ways that clients and families supported one another and continued traditions in COVID-safe ways. This article emphasizes the importance of community-led services and social service workers who are responsive to the community’s stated needs, culture, and organizational structure.

**COVID-19 as chronic, collective trauma**

This community engagement project will look directly at COVID-19 as a chronic, collective trauma that our community has been surviving since March 2020. A qualitative research study published in 2021 explored the ways that COVID-19 have impacted individual’s mental health through metaphor-based inquiry (Stanley et al.). This article notes that much of the research on collective trauma studies its impacts retrospectively, but this study can capture the emotional reality of participants while the traumatic event continues to unravel. The study was
able to reveal implicit shared emotions related to the pandemic, with four mental models of “(a) uncertainty, (b) danger, (c) grotesque, and (d) misery” leading to four shared emotional categories of “(a) grief, (b) disgust, (c) anger, and (d) fear” (p. 1898). This study notes that traumatic experiences often lead to an unconscious stifling of emotional expression, but that collective emotional expression can be a source of collective healing through connection and the ability to access resources.

**Working with Jews in COVID**

There have been several articles addressing the ways that religion can support or impede an individual’s ability to cope with adverse circumstances, with recent research seeking to establish a scale measuring religious coping for Jews (Rosmarin et al., 2009). Religious coping is defined here as, “drawing on religious beliefs and practices to understand and deal with life stressors” (p. 671). Research occurred in two stages, with the first identifying positive and negative religious coping strategies through exploratory factor analysis, with concurrent validity evaluated through correlations with Jewish values and rituals. The second stage used a confirmatory factor analysis to confirm a 2-factor structure for JCOPE. The incremental validity of the scale was found through examining Jewish religious coping in relation to psychological distress as compared to other variables. The results indicated, among other information, that positive religious coping strategies, such as “I try to do the best I can and know the rest is G-d’s will” (p. 674), were associated with lower levels of distress. In engaging with the distressing impact of COVID on this local Jewish community, I emphasized and highlighted the positive religious coping methods already present to support them through the pandemic.

There has been some specific research about the impact of COVID on Jewish communities, and the ways that Jewish communities have particularly responded to the
pandemic (Chasson et al., 2022; Weinberger-Litman et al., 2020). Articles highlight the strengths that Jewish values, culture, and religious beliefs have provided communities to help them manage the unpredictability and constant change of the pandemic. For some, guidance from their religious communities helped them make choices around risks and safety that they trusted more readily than information from the state or federal government (Weinberger-Litman et al., 2020). In a qualitative research study on post-traumatic growth in pregnant Jewish women, Chasson et al (2022) examined correlations between self-compassion and optimism and post-traumatic growth, suggesting that interventions that seek to support individuals during traumatic experiences should support participant’s ability to access their own self-compassion and optimism. They also noted, “the need to cope with the current crisis from a position of vulnerability may offer an opportunity to discover personal and environmental resources, which may stimulate growth” (Chasson et al., 2022, p. 6), which is a phenomenon I was able to see with the Jewish community in my area. In studies of an Orthodox community that was quarantined early in March 2020, researchers found that “participants reported that the ability to participate in religious life remotely via communal prayer groups, study groups and life-cycle events was an important part of managing their quarantine” (Weinberger-Litman et al., 2020, p. 2278). Part of the goal of this community engagement project was to continue the positive work Jewish community groups such as the one I worked with are doing in their community through the next phase of this pandemic.

**Drama Therapy Strategies**

The workshop was attended by families and community members across ages. There is little literature in drama therapy that explicitly discusses working across age ranges, with a mix of family members and community, but I was able to draw inspiration from explorations on “life
story” work with older adults (Harel & Keisari, 2021). There are developmental tasks for older adults, which Harel and Keisari identify through Erikson as, “increase their sense of gratitude and acceptance of life (the components of ego integrity), and learn to overcome or cope with feelings such as regret, guilt and bitterness (the components of despair)” (p. 25). They identify drama therapy as well-suited to support these tasks. In developing the community workshop, I sought to allow for similar goals. Drama therapy’s ability to “evoke a story…bring together the personal and the collective…create an integrative view of the self… [and] open a way to imagining the future” (p. 1) are all central strengths that I mobilized with this community.

While this community engagement project is not therapy, I found context and ideas through research and investigation on drama therapy and family therapy together. The Jewish community in some ways operates like a family system, both through holding multiple family systems within its umbrella, and through working communally to bring religious support to these separate families. Kaynan and Wade (2018) brought together family therapy, therapeutic theater, and drama therapy in two case studies researching the impact of therapeutic theater on family systems. Kaynan and Wade noted that “acknowledging multiple truths coexisting within my family invited a deeper understanding of where unhealthy patterns, role functions and enmeshed boundaries emerged” (p. 14). Before the community project, I was asked if I was comfortable navigating conflict that could arise while exploring the community. The importance of acknowledging these conflicts and multiple truths, as emphasized in Kaynan and Wade’s work, guided my response.

**Summary**

The collection of texts reviewed show the depth of exploration in the drama therapy field, and further, around different kinds of trauma and some approaches clinicians can take to support traumatized communities. The texts on COVID-19 and its impact on Jewish communities provides context with which to understand COVID-19 as a collective trauma (Chasson et al.,
2022; Rosmarin et al., 2009; Weinberger-Litman et al., 2020). Furthermore, the literature demonstrates the benefits of addressing collective trauma using the strengths of established and self-appointed communities (Chasson et al., 2022; Rosmarin et al., 2009; Walsh & Firestone, 1992). These texts specifically outlined the strengths of Jewish community in addressing chronic stress, which inspired me to find ways within the workshop structure to highlight and elevate the strengths of the community I was working with as a source of support for their vision of the future. Finally, I was guided by research supporting therapeutic interventions with multigenerational communities to create a space that would welcome different stages of development and to create a structure minimizing disruptive conflict (Harel & Keisari, 2021; Kaynan & Wade, 2018).

**Methods**

I conducted a one-day workshop with this Jewish community as a part of their regular Shabbat services, which was followed by a meal and prayer. In preparation, I worked closely with two of the community leaders to better understand the goals of this community and their focus for a workshop of this kind. Through these conversations, a desire emerged to recognize the impact the past two years of pandemic has had on this community in a concrete way, and to open the possibility of making changes to habits that we may have formed while surviving. My goal for this workshop was to begin this conversation within the context of the community, using embodied methods to inspire future conversations and engagement. I provided language for a flier that the community leaders created to recruit attendees for the workshop, and together we co-created the title of the workshop, which was “Patching the Tent: Preparing for an Unpredictable Future. An Embodied Exploration of our Ohel Community.” The community leaders were able to orient me to some of the values of this community, particularly timeliness. I
created an outline of a workshop that allowed flexibility, so that I could adapt both to the participants present and the time constraints that could arise.

I came to the workshop with a range of warm-ups, each focused on different modes of engagement that I wanted to encourage. A verbal warm-up introduction was intended to support the participants to use metaphor and story to describe themselves. (Due to time constraints, I omitted this warm-up on the day). The sound and movement warm-up was intended to introduce participants to physical expression of emotions, to practice holding another person’s physicality in our own body as an empathetic exercise, and to play with spontaneity. The sound and movement warm-up was also intended to provide helpful information regarding the participants’ levels of energy and comfort with the work we were about to do.

Following these warm-ups, I used spectrograms to gather information for myself and the participants. The spectrogram is a sociometric exercise that “is flexible enough to accommodate a wide variety of group sizes and can be titrated as to intensity by using criterion questions appropriate for a desired level” (Dayton, 2005, p. 110). The first spectrogram asked how everyone felt about doing this drama therapy workshop, with rankings between “I wish I didn’t come, I regret showing up” to “I’m so excited and want to do 10 more.” The second asked about individual’s feelings of optimism and pessimism with regards to the COVID pandemic. The final asked everyone to line up according to their experience with this Jewish community, and their knowledge of the history of the community. (One end was “I just came here for the first time and I don’t know anyone, with the other end being “I started and regularly host gatherings of this community”). In this final spectrogram, I solicited a story from three different individuals, one on each end and one in the middle, about the history of this particular Jewish community. These
three stories of the community provided grounding narratives for the rest of the work we would do later in the workshop and allowed individuals to engage with multiple truths on the journey.

The next section of the workshop involves the use of physical sculpts to hold abstract ideas. This is a very common exercise in drama therapy workshops, but as many of the participants in the workshop are newcomers to drama therapy, I built in a warm-up to support beginning this kind of work. In the warm-up, the participants stood in a circle facing out. I named a series of prompts: “community,” “Ohel minyan,” “Tikkun Olam,” “quarantine,” and “rapid test,” built to move from open-hearted prompts with positive associations to heavier prompts with negative associations. When I named each prompt, everyone turned into the center with their bodies in a sculpture representing the word. We took in each other’s sculpts, and then turned back. I solicited two prompts from participants to encourage increased verbal participation and to assess engagement.

The central structure of the workshop was inspired by the Hero’s Journey in role theory, which sees a hero heading toward a destination, challenged by an obstacle, and aligning with a guide to achieve their goal (Minerson, 2017). In developing this workshop, I used the overarching metaphor of a journey through the pandemic, supporting the community to identify what they gathered in the beginning of this journey, what they need for the next stage, and what they would like to leave behind. The Hero’s Journey was developed in conjunction with Role theory by Robert Landy (Landy & Ramsden, 2021) through examination of classic story arcs. In an interview with Minerson, Landy notes, “it’s very portable and works with adaptation, in almost every culture I visit” (2017, p. 151). The Hero’s Journey is accessible for communities that have less experience with drama therapy but can connect with the arc of a story they know well.
Individuals were asked to “mill” through the space of the workshop and engage individually with themselves. I acknowledged that we had been doing a lot of connecting and sharing, and now we were looking internally. Using the three stories of the Jewish community that we found through the spectrograms, I asked participants to remember themselves at the Beginning of this community. I asked them to choose their own Beginning; whatever would feel most helpful for thinking about Beginning to Now to Future. Starting in motion, they found a physical representation of themselves at the Beginning and then slowed to stillness into a sculpt. After a moment to take in that sculpt and remember it, we moved around the space again, thinking instead of where we are Now, and finding that sculpture. Once these two images were found, the participants were divided into groups of three. Each individual asked the other two members of the group to each hold Beginning or Now, so that the individual could see those two sculpts side by side. They then shared those sculpts out to the rest of group. With more time, this section of the workshop could have involved questions and answers from the participants; due to the lack of time and the energy of the participants, I asked only one prompt. Each person was to think of two things they gathered between the Beginning and Now; one that they wished to hold onto, and one that they wished to leave behind. Choosing from a table of projective objects that included scarves, rocks, stuffed animals, and small figures, they would identify objects to represent those two things. They would then place those two figures onto the Now sculpture. After this activity, I asked participants to name anything they noticed or felt about these sculptures. Inspired by the sculptures the group made individually, I asked them to come together to create a sculpt of this Jewish community at the Beginning. They did three versions of this sculpt, much like the three versions of the story, to make room for three different possibilities to portray
something true, followed by three different versions of Now, which included the objects the individuals had brought from their sculpts.

Stepping back from these group sculpts, I asked people if they wanted to share about the object they choose to leave behind, and to drop this object into a box to symbolically let it go. This allowed participants to externalize some of the processing and feeling they had been holding within their minds, and to connect with the rest of the group. Once all the objects to be “let go” were placed in the bin, I asked if anyone wanted to share about what they wished to bring with them. As each person shared what they wanted to bring, they would step into the center of the room in a sculpt for the Future of this Jewish community. When everyone was in the center, in the sculpt for the Future, I asked them to move one thing, and move another, to find the sculpt that would feel right. I then asked any witnesses who wished to be a part of the Future to step in and join. We took three grounding breaths together, and then stepped away.

The prayer service that followed, as well as the shared meal, served as a closing exercise for the participants.

Results

The workshop consisted of nine participants, with three witnesses who joined in the space partway through the workshop. (A few children started in the circle but left the workshop soon after it began, and are not reflected in these numbers). These were individuals who were not able to attend the workshop on time, were uncertain about participating, but arrived late enough to see the work being done and were able to join in an active manner at the end. The community leaders with whom I had worked prior to the event informed me of the possibility of these witnesses joining us, and I prepared participants for that possibility at the start of the workshop. The role of witness was a more accessible position for those who wanted to engage in the exploration but
were resistant to or intimidated by the embodied work. Given the pedagogical focus of the work and our limited time, opening the space for witnesses rather than requiring active participation served the goal of encouraging and inspiring future conversations within the community.

The workshop was planned to be an hour and a half to two hours long, but the actual event took approximately 45 minutes, as I made adjustments to suit the group energy and our timing needs with regards to the evening services. We began the workshop approximately 15 minutes later than originally intended as we waited for some of those who said they would attend to arrive. As a result, at the beginning of the workshop I felt my own anxious energy around ensuring that we did not go over time, as well as the anxious energy of the participants who were doing something new and risky to them. One of the community leaders had informed me before the workshop that I would curry favor with participants if I was able to end on time, and that the workshop going over time would dramatically decrease the community’s capacity to stay present and appreciate the work being done. Returning again to my goal, which was to facilitate further conversation within this community, inspired by the connections and insights we would find in embodied exploration, I focused on the embodiment portions of the workshop and removed sections that encouraged conversation, which were the sections most likely to run longer than anticipated. I chose to skip the verbal warm-up, moving instead to a sound and movement warm-up with our names to quickly engage everyone in embodied play.

All participants were masked to prevent against transmission of COVID-19, and many wore bulky coats, which meant that I had more difficulty reading body language and reactions. In the various sculpting sections, participants exhibited a small range of movement, containing themselves mostly to sculptures with body parts close to themselves, mostly concentrated around the trunk area of the body.
The very beginning of the workshop included several children and a teenager, almost all of whom left through the warm-up, while one six-year-old participated through the entire workshop. The other participants were all adults of a range of ages. The workshop took place in an outdoor tent with a heater to warm the space. I was disappointed to lose the children from the workshop, but I recognized that they were used to doing their own activities during services, the only other time all the adults would gather in this space. As a newcomer to this community, I was less familiar with the cultural norms the community and families had established. I emphasized voluntary participation and did not push those who were not yet engaged to step in, rather allowing those who were interested to step forward.

During the spectrogram section of the workshop, participants grouped mostly on what could be described as the “positive” side of the spectrogram. Some individuals expressed anxiety at doing a drama therapy workshop, but all were arranged closer to the “excited to do this” end than the “wish I wasn’t here” end, with one or two directly in the middle. In response to the prompt regarding people’s feelings of pessimism or optimism about COVID, everyone attempted to group close to the middle, with a few leaning more toward optimistic about the future of this pandemic. There was a wider range of responses with regards to people’s relationship with this Jewish community, and we were able to identify three distinct stories about this community. A murmur of appreciation moved through the group as I explained the importance of holding these different stories in our minds.

Throughout the workshop, I felt the energy of the participants as somewhat dispersed and distracted, as children ran in and out of the space, those who were not present at the start of the workshop wandered in to act as witnesses, and the ground we stood on itself was uneven as we were outdoors. I had to adjust my own volume as I became accustomed to how loudly I needed
to speak through the mask to be heard. During our time standing in a circle, we were able to maintain more connection, both through shared movement and through the shared sculpts. When I asked for prompts from participants, they stated “Mourner’s Kaddish,” which is the prayer performed by mourners daily, and is a centerpiece to this community’s prayers together. Another said the name of one of the families that helped bring this workshop together, and the sculpts expressed the community’s appreciation and warmth to this family. I gauged, by the time between the offered prompts, that the group was hesitant to provide offerings for the rest of the group and hesitant to speak out in front of others. I decided to move on after those two prompts because I felt they would be better served by some internal, personal time, before they were asked to share with one another again.

The next section of the workshop, which involved moving about the space individually as I provided prompts to encourage individuals to develop the sculpts for Beginning and Now, was difficult to navigate due to the already-dispersed energy of the group and the volume control needs. I recognized that the longer we spent time in this state, the more likely members would start to feel distracted and disconnected, so I moved through this process more quickly than I would have in a different context. It is hard to say whether or not participants would have found more deeply connected or meaningful sculpts had they had more time. I believe the time they spent in groups of three, where they trained each other on their sculpts and were able to present them to the group, supported clearly articulating the movement they found, and allowed them the empathetic experience of feeling each other’s Beginning and Now in their own bodies. Before moving into the group sculpts of Beginning and Now for the community, they named themes they recognized in the Beginning sculpts, such as openness, curiosity, and seeking. In the Now sculpts, they saw comfort, holding, and structure.
The collective energy of the group began to coalesce into a cohesive movement near to the end of the workshop. I asked participants to share, if they desired, the meaning of the object they chose to “leave behind” before placing it in our “leave behind box.” A few participants, while briefly hesitant, stepped forward to share their objects, and were met with exhalations and nods of appreciation from the rest of the group. I felt a sense of a weight being lifted as each object entered the box.

One participant named the Jewish significance of the rock she had chosen as her object to represent something she wished to take with her; rocks, in Judaism, symbolize eternity. She appreciated holding a symbol of eternity to represent the loss of her father, and the losses that brought this community together in mourning. It was significant to hear her articulate the weight the community holds, particularly during a workshop that leaned mostly toward positive and uplifting themes of togetherness, joy, and support.

I was inspired by the impact of individuals taking space one at a time to move slowly and deliberately into the last sculpt, which was the Future for the community. The group showed new comfort with taking on sculptures individually as they stepped forward into the space together. Themes of openness, flexibility, and connection all underlined their visions for the future.

There were three people who joined the tent during the workshop and sat in the role of active witnesses. I spoke briefly to these members, inviting them to join as they wished, but recognizing for myself that without a warm-up it could be difficult to jump in. At the very end of the workshop, when the participants were in the large group sculpt holding the future of the community, I invited those watching to step into the sculpt as well, naming them as part of this community if they wished to be. Two of the witnesses stepped in with enthusiasm, stating that they would love to be there.
We moved directly from the last sculpt into the prayer service for the evening, where I was invited to lead an Aliyah, which is a prayer over the Torah portion. After the prayer service concluded, we shared a meal, during which time I was able to talk with some of the participants who shared their reflections.

After the workshop, participants shared that the event helped them engage with their relationship to the community in new ways. Some reported recognizing that, while this community was built out of grief and loss of loved ones, they had not fully grieved their own losses and could see that they needed to find ways to do that as well. Others reported that they had viewed the community as a force outside of themselves, but they recognized through the workshop that they could be a part of this community and have a meaningful impact on it. One participant noted that he was able to empathize deeply with members of the community he did not know, through the process of holding the sculpts they created in his own body. The workshop also revealed conflicts and distance within the community, simply through those that participated and those who did not. Some participants reported that they felt it was helpful to clarify the different relationships leadership had to the community.

Later that evening, I took time to artistically render the feelings and reflections I was having onto paper using colored pens (see Figure 1). I began with the reds and oranges, reflecting the feelings of excitement and energy. I thought of a vague image of fire, built from the warmth of the community and the warmth of the space we were able to build together. I drew a circular series of lines around that fire to speak to the containing space that held this community, with lines moving in somewhat opposing directions to represent the important role of those who chose to witness our embodied exploration. As I inventoried the range of feelings I was holding in the aftermath of the workshop, I noticed gratitude and reverence as the two predominant
emotions; gratitude at being welcomed into that space and being allowed to facilitate witnessing the resilience and power of this community, and reverence at the strengths and gifts they held.

**Figure 1**

*Artistic reflection on the workshop*

In my original plans for exploring the possibility of healing and growing as a community within the traumatic experience of the pandemic, I was hoping to work as a therapist with a population for whom I already had a therapeutic contract. I am grateful that misfortune allowed me to experience the role of a facilitator in a community-based project, and to see the impact of drama therapy techniques to engage pedagogically, with more emotional distance than therapy. I was able to encounter a new population with little previous experience, lead them through this
exploration, and leave them to the excellent work they were already doing with a few more tools and insight into their community.

**Discussion**

This community-based workshop shows the strengths that communities carry and the ability for communities to build protective factors against chronic stress such as that of the pandemic. My work as a facilitator in this Jewish community was to highlight and build insight into existing strengths and supports that the community carried for itself and its members, which would support the community to begin conversations about the direction and future of their collective in the continuing pandemic. I used drama therapy-inspired exercises through this pedagogical workshop to bring the tool of embodiment, which supported participants to access deeper insights about their own experience, connect empathetically with others’ experiences, and inspire conversation yet to come. Participants reported that the workshop enabled them to connect more deeply with one another and themselves than they had through the daily rituals of services. They also reported feeling increased clarity about the community, their place in relation to it, and the potentialities for the community’s future. This drama therapy-inspired, pedagogical workshop, with its narrow focus on supporting the *beginning* of a conversation, was able to highlight and support the longevity and protective potential of this community moving into the next phase of the pandemic.

The literature review supports an understanding of COVID-19’s impact on this Jewish community as an experience of collective trauma (Chasson et al., 2022; Rosmarin et al., 2009; Stanley et al., 2021; Weinberger-Litman et al., 2020), which should be responded to through practices of collective healing and support (Freeman, 2020; Volkas, 2014; Walsh & Firestone, 1992; Weinberger-Litman et al., 2020). Protective factors have been highlighted as central to
preventing the harm of developmental trauma in childhood such as adverse childhood experiences (Davis et al., 2019; Liu et al., 2020). This 45-minute workshop, run with nine participants and three witnesses, can only be considered a soft beginning for what could be extensive future research on the potential for minimizing the harm of collective trauma on a community through emphasizing protective factors, such as resiliency and community support, and through intentionally and collectively preparing for unpredictable and destabilizing futures. Due to my limited experience with this community in the role of a researcher, I am not able to report on the long-term implications of our work together. More information could be garnered through a series of workshops, with a wider selection of participants.

Future work in the field of drama therapy could explore both therapeutic and pedagogical approaches to supporting communities experiencing trauma to protect themselves and build resiliency. Most of the literature on trauma speaks of traumatic experiences in the past tense, and for many, the first step to healing is to be removed from the traumatic experience or circumstance. This strategy has always been incomplete, however. We have never lived in a time where we could reliably create safety for our clients outside of the rooms where we serve them. In the years of the COVID pandemic, clients and clinicians are either at risk of contracting the virus through in-person sessions, or are meeting virtually, where clients may need to leave their homes to find privacy. More than ever, we need therapeutic interventions that support clients during traumatizing experiences, clients who are actively surviving. The blueprint of this work is available in our most marginalized communities, for those at the intersections of multiple oppressions who have been working to survive chronic trauma from their communities, individual perpetrators, and broader systems throughout their lives (Lakshmi Piepzna-Samarasinha, 2018). Healing cannot just be for those of us who are able to find safety; we must
be able to support all our clients and communities grow, heal, and adapt from past and ongoing traumas.
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