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Group Scriptwriting for Male Survivors of Childhood Sexual Abuse: A Community

Engagement Project

Capstone Thesis

Lesley University

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Drama Therapy

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Abstract

The objective of this community engagement project was to explore the experiences of a group of male survivors of childhood sexual abuse via a writing process through a drama therapy-based lens, which included the use of scaffolding sessions with projective writing techniques, the use of aesthetic distance, verbally sharing written works to the witnessing audience, and embodied feedback and response by the witnessing audience to the performer. The participants were part of a grant-funded male sexual abuse survivor support group at an American outpatient, in-office mental health counseling group practice. All sessions were held in audio-video telehealth sessions. There were five members, all of whom were white/Caucasian, cisgender males between the ages of 50-70. This group was held for one hour, once per week, for a total of six weeks. This process resulted in feedback from the members following the performance. Topics included identifying growth, the traumatic experience being an event and not an all-encompassing or defining characteristic of the individual, identifying repeating patterns and reactions, feeling triggered and having more to say than able to include in a brief project, being able to work with the trauma without “falling in,” experiencing mixed feelings that at times made the process more helpful or more challenging, and reporting that listening to others’ stories was the most beneficial part. For future considerations, this author recommends holding this group twice per week and for eight weeks instead of six weeks to allow for more processing. This added processing time could help address stirred or activated feelings.

Keywords: Scriptwriting, male childhood sexual abuse, post-traumatic growth, support group, drama therapy, witnessing audience.

The author identifies as a cisgender, heterosexual, white/Caucasian female from New England.

Introduction

At least one in four men are sexually abused or assaulted in their life during either childhood or adulthood; many of those men experience mental health challenges, and fewer receive help (Ellis et al., 2020). Ellis et al. also states that men are less likely to report sexual abuse or assault as opposed to females, due to the stigma that men face due to societal expectations and impressions of masculinity. Due to less reporting of these experiences, there is less research that centers around male survivors and their experience, and even less arts-based research. This thesis offers a community engagement project which explored group scriptwriting with male survivors of childhood sexual abuse. Though this was conducted in the community engagement setting and not that of “therapy,” the impressions the participants reported from the activities held may be indicative of how scriptwriting may be effective or ineffective in a formal therapy setting.

I joined an existing male childhood sexual abuse survivors’ support group and offered six weeks for them to explore their experiences in a group scriptwriting process. This was offered in an outpatient, telehealth office setting.

As the researcher for this community project, I had some assumptions and questions about the group and population with whom I was working: Male survivors of childhood sexual abuse are adults in need of healing, not just from the traumatic event, but from an unacceptable status quo that in effect deepens stigma (Ellis et al., 2020), for the consequences may be worse than the act of betrayal itself. I was curious about how men cope with overwhelming emotions from their inner child’s reality with their adult brain and how to help the wounded child to know that they are safe and if it is ever possible to ever revisit those emotions safely.

When healing from trauma, a survivor may process one part, and other parts can loosen without ever having to focus on them, like removing a log jam in a river. With this healing, there is an ebb and a flow; it moves forward and back. It may not always be growing, but there are major healing milestones over a period of time. The processed emotion is quiet, not explosive; it does not mean that there is no charge; it is just not triggered. My project consultant, Dr. Steven Durost, has used the following metaphor in his work with groups:

Imagine if a t-rex chased you in a field. You survive, and you go to another field. Your body may still have a reaction, being fearful of being in a field. You may not have a sense of what makes a safe field. Over time, the body dials it down. Maybe then only fields with blue flowers are dangerous, if there were blue flowers in that field. Then eventually only fields with t-rexes are dangerous. Then only t-rexes are dangerous. Then just: be cautious. The processed memory has a life-affirming level, like a yellow caution light (S. Durost, personal communication, August 27, 2019).

There is no deadline for trauma. It processes in its own time.

When working with male survivors, it is important to understand how harmful the male stigma can be; according to Chapleau et al. (2008), “Male rape is problematic and currently under studied. Because male and female victims experience similar social sanctions and negative sequelae, it follows that similar social forces and ideologies work against rape victims of both genders” (p. 3). Many men have been told not to cry or reveal their emotions. Some men may feel confused and ashamed when a male perpetrator has harmed them and may have confusing thoughts about their sexuality. Sometimes the act feels physically enjoyable, which can increase feelings of shame and self-blame (Pettersen & Plantin, 2019). Many survivors may even find ways to blame themselves to try to maintain some semblance of control. If they believe they

permitted the abuse to happen, then they were in control. It is much more frightening to admit that something happened to them that was entirely out of their control. Or it may feel safer than fighting off; essentially fawning or “permit[ting]” (Cheapleau et al., 2008, p. 13). How can we help males to understand the wrong that was done against them and to experience and explore their natural feelings and instincts in a safe and manageable way?

The men in this group are not just survivors of sexual abuse. They are *male* survivors of sexual abuse, in a western society where males are not supposed to be over-powered or show weakness. So often, men may bury their problems deep, below layers of depression, fear, anxiety, substances, anger, risky behavior, and a façade of feeling okay while stifling a gut-wrenching secret of betrayal, shame, and guilt, eating away inside (Petterson & Plantin, 2019).

Based on the experiential nature of this project, I identified some group norms as well as disclosures:

- This work is being published for the author’s capstone thesis project and will be available on the Lesley Digital Commons archives.
- Although the group has already established their support group setting at the (virtual) therapy office and may deal with evocative material, this offering is not therapy. However, it is possible that the member may potentially find the group to feel therapeutic.
- The author encouraged the members to evaluate their need for metaphor and distance throughout the project to maintain boundaries.
- Although not a requirement, three members were enrolled in individual counseling at the group practice, and the remaining two were enrolled in individual counseling outside of the group practice. Members were encouraged to speak with their own individual

therapists about any residual effects from their experiences if they felt it necessary or were inclined to do so.

These norms and disclosures were included to ensure members understood the objective of this group, to recognize potential risks or benefits, and to recognize the limitation that the group is a community engagement project and not in fact therapy. It was also important to clarify that members have their individual therapists as a resource, if need be, as to emphasize the extent and boundaries of this project.

As practitioners who work under a code of ethical principles and operate with state-regulated clinical licenses, we constantly wrestle with this complex question of clinical obligation. Furthermore, we consider the dual nature of the roles in the therapeutic theatre-making processes... Is it possible to be clinically responsible for all when creating therapeutic theatre? (Hodermarska, et al., 2015, p. 181)

Although this community engagement project was not technically subject to a code of ethics for counselors, since I am studying clinical mental health counseling and drama therapy, I felt that it would be necessary to refer each participant preemptively and specifically to their own therapist, as to not overlap this project with therapy or practice out-of-scope or out-of-role.

During the six-week project, the group facilitator (the licensed clinical mental health counselor who normally led the group) was present to provide additional support in ensuring that the group stayed within the assignment's boundaries. For example, if he noticed a member looking off to the side for a prolonged period, appearing either confused by the directive or stuck and needing alternative options, he would send a private message to me requesting details or alternative options. This ensured that all members were thoroughly supported and that appropriate options were given that would help to keep them grounded in their safety and

strengths. Oftentimes, this included reminding or assisting members in finding a more heavily veiled metaphor or writing in third person as opposed to first person.

Due to struggle with stigma and status quo, coupled with little research, men may experience the trauma from their childhood sexual abuse differently than females (Ellis et al., 2020). A scriptwriting intervention could allow for the male survivor to either move closer to the subject matter if he has over-distanced himself from it or to move away from it if he is under-distanced. If we relate this objective to the Expressive Therapies Continuum (Hinz, 2009), the over-distanced male may be moving from the cognitive (mental representation) level to explore the symbolic (personal meaning and significance) level, while the under-distanced male may be moving from the symbolic level to explore the cognitive level. Scriptwriting also allows for self-expression, to put evolving narrative into words, and to allow those stories and experiences to be heard by fellow support group members who are open to witnessing the experience with compassionate curiosity and sharing any connections to the work.

I have a professional interest in working with clients who have experienced trauma, especially trauma that stems from abuse and/or is sexually based. Having heard about the male childhood sexual abuse survivors support group, I realized that much of the work and training I had been exposed to was almost exclusively dealing with female survivors. I felt called to and drawn to learning more about the male population. I found myself wondering if males were not abused as often as females and that is why there was less research about it, or if there was another underlying reason.

In preparing and orienting myself to this research, I attempted to scaffold an approach based on my own beliefs, assumptions, and philosophies. Regardless of sex and/or gender, any survivor of sexual trauma can benefit from the six key principles of a trauma-informed approach:

safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues (SAMHSA, 2014). It would be important to be aware of any sex and/or gender specific issues as they come up, name those issues, and determine whether or how they may inform or change the nature of the work being done. I also believe that human beings have an innate and powerful ability to heal and transform. I often find myself modeling ways of discovering self-compassion and trusting inner-wisdom with a cheerleader-type of spirit. I feel that if I believe a person is a victim, they will believe they are a victim; if I believe they are a survivor and honor their unlimited potential, they will grow into the survivor's role if they have not done so already. There is a piece about transforming the loud and distorted role of "victim" into the courageous and wise role of "survivor" - but then also learning about the many other roles that the person is capable of playing well beyond the roles related to their trauma; people are so much more than their traumatic experiences. I believe that writing, sharing, performing, and reciting can offer individuals ways of having control of their narrative, and continuing to recognize and grow their strengths can even change and transform their narrative as they themselves change and transform in their post-traumatic growth and healing.

I often think of the following imagery: when one encounters a traumatic event that deeply changes them, it is as if this glass bubble around them has broken. Some pieces may even shatter. In healing, the person is trying to put the pieces back together. Some pieces may not fit the way they used to, some pieces cannot be found, and some new pieces are picked up along the way and create new shapes. The person may not be exactly as they were before, but instead they may rebuild an image with new pieces. Through expressive arts-based interventions, people may find that these glass pieces they pick up are colorful and vibrant, creating a new stained-glass

sculpture, bending light from all colors of the rainbow, and projecting them outward in all directions.

Literature Review

Much of the literature that exists outlines the data, experiences, and treatment of female survivors (Cook et al., 2018). This indicates that there is a strong need for more advocacy, awareness, and research for male survivors. Much of the literature in this review consists of data and treatment for female survivors of sexual abuse. While a trauma-informed approach is important in treatment, based on societal beliefs, expectations, and stereotypes, some of the data may not include the unique nuances of the male experience.

Despite the rate of childhood sexual abuse occurring at 16% in males (approximately one in six men), most studies focus on the long-term consequences of childhood sexual abuse on women (Dube et al., 2005). This statistic is most likely largely underestimated, as men are less likely to report such experiences in comparison to females (Ellis et al., 2020). McDonald and Tijerino (2013) surveyed a small pool of study participants ($N = 39$) consisting of male childhood sexual abuse survivors and found the following:

Table 1

Reasons for Not Reporting Child Sexual Abuse and Adult Sexual Assault to Police

Reasons	Childhood Sexual Abuse Incidents	Adult Sexual Assault Incidents
Nobody would believe me	14 (36%)	5 (71%)
Shame/embarrassment	14 (36%)	2 (29%)
Did not know could report/Normal at the time	14 (36%)	0 (0%)
No family support	11 (28%)	0 (0%)
Fear offender	8 (21%)	1 (14%)
No evidence	7 (18%)	3 (43%)

No confidence in criminal justice system	5 (13%)	4 (57%)
Other	2 (5%) ⁵	1 (14%) ⁶
Previous bad experience	1 (3%)	1 (14%)
For sake of family	1 (3%)	0 (0%)

Note. Number of Incidents in Childhood Sexual Abuse: (N=39)⁴(%), Number of Incidents of Adults Sexual Assault (N=7)(%)

The “other” reasons consisted of not wanting the perpetrator to be in trouble and because they did not think reporting was necessary for their own healing process (McDonald & Tijerino, 2013). With societal stigma making it more difficult for males to report instances of child sexual abuse, there is a great deal of information that is unfounded on the male survivor experience, and therefore there is less research on the most appropriate course of treatment. McDonald and Tijerino identify men reporting struggles with dissociation, alcohol and drug use, being overly involved in work, and engaging in sexual promiscuity as ways of zoning out or numbing out the effects of their continued trauma. Although a small sample size such as the one in McDonald and Tijerino’s study cannot generalize the male sexual abuse survivor experience, it reflects upon the experiences of the participants in the sample. Few studies of adequate sampling exist due to the under-reported nature of the male survivor experience. Therefore, even small samplings could potentially shed light regarding the perspectives of other survivors. There is a clear need for male survivors of childhood sexual abuse who seek help to have resources, but there is not nearly enough research on effective treatment.

Sivagurunathan et al. (2019) identify the barriers for mental health services for male survivors of childhood sexual abuse through their qualitative study. They conducted semi-structured interviews with 11 mental health service providers throughout Ontario who had worked with male childhood sexual abuse survivors for at least five years. Common feedback

they received in the interviews was that there are few male childhood sexual abuse programs that exist, that there are also institutional barriers (long wait lists, referral requirements, high service fees, lack of cultural sensitivity), attitudinal barriers (behaviors, perceptions and assumptions made by service providers that are dismissive or alienate clients), and systemic gaps (limited education by service providers). “Findings indicate that it is imperative to re-examine the current delivery of services for male CSA survivors. Increased education for service providers, collaboration between organizations, and reduction in attitudinal biases regarding male CSA is crucial” (p. 836).

Trauma and the Brain

Levine (1997) wrote a metaphor connecting the myth of Medusa to how one confronts trauma:

In the myth of Medusa, anyone who looked directly into her eyes would quickly turn to stone. Such is the case with trauma. If we attempt to confront trauma head on, it will continue to do what it has already done - immobilize us in fear. Before Perseus set out to conquer Medusa, he was warned by Athena not to look directly at the Gorgon. Heeding the goddess's wisdom, he used his shield to reflect Medusa's image; by doing so, he was able to cut off her head. Likewise, the solution to vanquishing trauma comes not through confronting it directly, but by working with its reflection mirrored and our instinctual responses (p. 65)

Humans are more likely to develop trauma because we have played both predator and prey and built so many protective measures that we second guess our instincts that would normally save our lives (Levine, 1997). This is essentially a physiological origin; with the highly evolved neocortex (rational brain) over-controlling our natural responses instead of simply

elaborating. When the instinctual response is overridden and cannot complete its natural cycle, trauma can occur (Levine, 1997). Four traditional symptoms that could gradually occur consist of hyperarousal, constriction, dissociation (including denial), and feelings of helplessness (Levine, 1997). Other early symptoms may include hypervigilance, intrusive flashbacks or imagery, extreme sensitivity to light and sound, hyperactivity, exaggerated startle response and emotional responses, nightmares or night terrors, abrupt mood swings (rage, temper tantrums, shame), reduced ability to manage stress, and difficulty sleeping (Levine, 1997). Levine connects the emotional and physical symptoms of trauma to how the trauma “energy” acts within the body itself:

Traumatic symptoms are not caused by the “triggering” event itself. They stem from the frozen residue of energy that has not been resolved and discharged; this residue remains trapped in the nervous system where it can wreak havoc on our bodies and spirits (p.19)

When considering the neurological and physiological effects of trauma, it makes sense that not only does treatment warrant a psychological modality, but also an action-based and experiential modality. It has been shown in numerous pieces of literature that trauma can affect the brain. According to Bremner (2000), trauma can also affect the ability to learn new things and remember, as trauma and stress can alter the volume of the hippocampus. Closely linked to the hippocampus is the medial prefrontal cortex, which regulates emotional and fear responses. Dysfunction in that region may “underlie pathological emotional responses in patients with PTSD” (p. 5). Additionally, in a study consisting of an experiential drama therapy group and a talk therapy group for female survivors of domestic abuse, Kirk (2015) found that the women in the experiential drama therapy group demonstrated improved measures on the Clinical Outcomes

in Routine Evaluation – Goal Attainment form and Clinical Outcomes in Routine Evaluation – Outcome Measure form, suggesting improvement in executive functioning.

When working with survivors of sexual abuse, it is important to consider the neurological and physiological changes that occur; the individual may not only be struggling with the trauma itself, but also the feeling of losing control over the programming of how their brain can function. Through repeated practice, it is possible to create and shift neuropathways over time, which can lead to new behaviors and new emotions (Pittman & Karle, 2015). I was curious about the use of writing and performance as a way of expediting this shift and if the use of this intervention over time could shift into a productive narrative and ultimately alter neuropathways to reduce symptoms that result from trauma.

Stages of Trauma Recovery and Determining Aesthetic Distance

One challenge with a group approach is recognizing everyone's stage of recovery from their trauma and determining the degree of aesthetic distance needed for them when warming them up to a prompt. When a participant began to write about material and it felt overly evocative for them, I may have advised that they veil their story in metaphor or write from third person. Alternatively, if someone was deeply emotionally detached, I may have advised that the metaphor be less subtle as to help the writer make strengths-based connections regarding their experience and growth. Since this project only lasted six weeks, it was important to focus predominantly on creating a sturdy foundation of safety and strengths for all the members to keep the experience grounded and within my scope. The stages of recovery used to determine this aesthetic distance align with the framework outlined by Judith Lewis Herman (1992) which include *safety* (naming the problem and restoring a sense of control, bringing the client into the present with a focus on self-care, flexibility and inclusivity), *remembrance and mourning* (story

reconstruction and transformation of the traumatic memory, safely shifting focus to past resolve in a goal-directed manner), and *reconnection* (learning to “fight,” reconciliation with ones’ self, reconnecting with others, finding a “survivor mission,” and trauma resolve, shifting focus back to the present and future). It is important to assess the stages each individual is in and attend to the group in a way that does not offer prompts that are ineffective for those in later stages or unhelpful for those in earlier stages of the trauma framework. Being able to work in metaphor and play with aesthetic distance can help to prevent material from being overly evocative or unchallenging.

Landy (1996) describes aesthetic distance as the optimal balance between cognition and affect that helps clients access all their resources. When actively used in drama therapy, aesthetic distance can help clients regulate and allow them to process and integrate traumatic experiences safely (Bleuer & Harnden, 2018). This drama therapy concept of determining the amount of aesthetic distance needed, relates to working within ones’ window of tolerance, which refers to “the optimum level at which information can be taken in and processed” (Ogden et al., 2006, p. 371). It encompasses “both intense emotion and states of calm or relaxation, in which emotions can be tolerated and information can be integrated” (Corrigan et al., 2011, p.2). Hypo-arousal and hyper-arousal states can affect one’s ability to process information. According to Porges (2012), Polyvagal theory connects autonomic functions of the central nervous system to trauma responses. The freeze response occurs when the dorsal vagal shuts down in the parasympathetic nervous system; meanwhile, the increased localized functions in the vagas nerve in the sympathetic nervous system will activate the flight response (movement away) or fight response (movement toward). Polyvagal theory bridges the idea of activating the ventral vagal branch which serves the social engagement system and instills safety and environmental orientation.

When social engagement is activated, it allows one to be mindful in the present moment, grounded, curious, open, expressive, and playful (Porges, 2012).

Letter writing and journal writing as a form of therapy exists to assist clients with moving through their traumatic event in a way that does not exclusively focus on the post-traumatic stress disorder (PTSD) itself, but rather the post-traumatic growth, personal growth, and community integration as ways of moving through stages of trauma healing and transformation (Keenan et al., 2014). Using a post-traumatic growth mindset can assist with preventing re-traumatization, allowing individuals to free themselves from symptoms and fears, arousing deep physiological resources and consciously using them, rather than remaining ignorant to their power to change the course of their instinctual responses (Levine, 1997).

In love we are swept off our feet; in trauma our legs are knocked out from under us. By reestablishing a connection with [his] legs... [he] became grounded in his own body and with his social world. Regaining our ground is an important step in healing trauma (Levine, 1997, p. 121)

Processing the trauma in this manner could help over-distanced and over-distanced individuals alike begin to “edit” the ever-changing narrative they have for their trauma and to tell their stories from a foundation of strengths and safety.

Telling Stories as a Group

The process of telling our stories is difficult because we had been told (ordered, threatened, frightened, or emotionally coerced) not to tell, and the old echoes may be quite loud at times, although nobody but us hears them. It is very important for us to tell... We hold it in, and we are clothed and guilt and shame; horror and disbelief. How could that have happened? How could I have let it happen? And that is what many

perpetrators predict: we will not tell. They have the power and they can take away our innocence and our ability to speak. They have that power until we know and we believe that we can tell... the telling of our stories is cathartic. Disclosing what happened provides us with one of the first authentic opportunities to begin to express our sadness, shame, and anger. Telling may be difficult, yet we know how it can help cleanse us of a grime that weighed us down. The process of telling may often begin with ourselves, hearing and listening to the messages... we continue to reach out as we reach inside to clean out this dark and hidden closet, gathering strength and courage, affirming ourselves as victor and not victim (Grubman-Black, 1996, p. 75-78)

Gartner (2005) attests to the importance of telling one's story in some manner when identifying seven ways for male survivors of childhood sexual abuse to regain and manage emotions: visualizing advising a victim's parent, visualizing oneself as a child, looking carefully at children, arguing with oneself about oneself, writing letters, keeping a journal, and expressing oneself through art. Writing and artistic means can provide a unique outlet to survivors for making sense of their trauma while focusing on aspects of growth. There is potential merit in offering writing interventions through a drama therapy lens when working with survivors:

- Use artistic means and techniques to “achieve a balance of distance in the viewers” (Furman, 1998, p. 248). With drama therapy, a facilitator has an ability not only to scaffold interventions and play with aesthetic distance for the benefit of the performer(s), but also to analyze the relationship between the performer(s) and the witnessing audience. The facilitator and performer(s) can determine what message the witnessing audience should take away from the performance, and perhaps

what the performer(s) can benefit from or take away from the witnessing audience.

- Establish “strong narrative and clear characterization” (Wood, 2019). The performer(s) can control and adjust their storytelling. A trauma survivor may struggle with a repeated narrative or belief, as the decrease in hippocampus volume (works for memory and learning) creates challenges in transferring short-term memory to long-term memory, creating repetition and feelings of the presence of a past traumatic event. The hippocampus has the ability to regenerate neurons, although that function slows down when stress becomes present (Bremner, 2000). Action-based methods and experiential approaches, when repeated and safely implemented every time, may help with grounding, stress-reduction, and creating new neurons that function to reinstate more productive thought patterns and narratives to manage, reduce, and/or eliminate symptoms of trauma.
- Discover more “insight and inner wisdom... through a shared audience experience with compassionate curiosity, empathy, and sharing” (Salas, 2009, p. 447). When a performer invites another person who agrees to listen with compassion and perhaps respond as to how the story touched upon their own story or personal experience, it can provide the performer with validation, connection, and perspective. It can be challenging for a survivor to convince themselves of certain messages or thoughts, but a compassionate third party can sometimes be more believable, as there is no bias or agenda. Hearing outside thoughts, opinions,

responses, and/or reflections can provide a sense of being seen, heard, and/or understood.

- Build interpersonal connectivity among group members and giving them “the chance to develop expressiveness, empathy and connection to others, a sense of teamwork and belonging” (Salas, 2009, p. 450). While connecting to the witnessing audience who may not share an exact experience can provide helpful perspective, creating a piece with a common goal with individuals who may better understand some of the challenges of being a survivor can provide a deep sense of understanding and connection. Witnessing other survivor’s journeys can also provide one with perspective on how they may choose to attend to their own journey and healing as well.

This sense of belonging is established between members in the shared space.

Traditionally a stage, occasionally a therapy room, and more recently a telehealth space. “The absence or presence of a formal stage does not affect its analogy to the sacred space. If anything, it reflects a change in the approach to the sacred” (Penzik, 1994, p. 28). The sacred space is neither a room nor stage, but the act of creating the piece, or as Osipovich (2006) says, “the nature of theatrical performances lies in the encounter itself (p. 465). Though the group participants chose to read their pieces which could be viewed as therapeutic writing, the structure of the group itself practiced projective technique and the final product was not just a reading for others, but rather used a witnessing audience to offer an embodied reflection or response as feedback. These written works were scaffolded using core processes of drama therapy, mainly dramatic projection, dramatherapeutic empathy and distancing, the interactive audience and witnessing, embodiment, and the life-drama connection.

Method

The five members were all white/Caucasian cisgender males between the ages of 50 and 70. The five participants were existing members of the group, having been active in the group from two weeks to seven years. They were invited to partake in a group scriptwriting project held for one hour, once per week, for six weeks. The final week included a reading with opportunity for embodied response. During each session I recorded written notes, and after each session I reflected on the experience by creating a written artistic piece.

I joined the male childhood sexual abuse survivors' support group in August 2019, following my first-year residency at Lesley University's clinical mental health counseling and drama therapy master's program. Initially, I established a role as a participant-observer to the group for a Power, Privilege and Oppression cultural analysis project, focusing on a specialized demographic unrelated to the author's own. Upon beginning graduate studies, I knew I wanted to work with both children and adults healing from trauma, particularly sexually-based trauma. Despite the short-term nature of the cultural analysis project, I was offered to continue my stay in the group, and while under careful supervision, to learn to co-facilitate the group with the group's founder, a (male) registered expressive arts therapist and licensed clinical mental health counselor. I continued to work with this group throughout the remainder of my schooling, to build rapport, provide consistency and a level of trust, and to more fully research and understand the unique struggle of not only being a survivor of childhood sexual abuse, but a male survivor.

Each member agreed to participate in this community engagement project, naming an interest in benefitting their own post-traumatic growth as well as contributing to creating more literature to spread awareness, destigmatizing what it means to be a male sexual abuse survivor, and potentially leading to informing improved manners of treatment. Although having an

established rapport and trust made offering these activities feel more natural to myself and a couple members, this means that the results of these interactions may be different from a similar six-week series where a facilitator has no rapport with the group. Furthermore, I held existing notions from previous encounters with these members. These notions inhibited my ability to provide the experience in an impartial manner. Some previous understandings of individuals also helped to inform and set up the process, specifically, having previous knowledge of some members' window of tolerance and preemptively evaluating the amount of aesthetic distance that may be required.

I led the activities, was supervised by my consultant, who is a registered expressive arts therapist (REAT) and licensed clinical mental health counselor (LCMHC) and was joined by a fellow intern at the practice who also has a special interest in helping male survivors. This community engagement project invited male survivors of childhood sexual abuse to join in a group scriptwriting project over six weeks.

The scaffolding of each session included:

- A check-in and warm-up: The warm-up involved a prompt where four photographs were shown, and members were invited to create a monologue or written piece in response to the photographs. Porr et al. (2011) conclude that visual stimuli can evoke thoughts and feelings that are deeply connected to ones' personal worldview. The intention of photo prompts was to allow the member to begin to dip into their own creative process so that they may find their own personal connections within their created pieces.

- The scriptwriting activity, which often included psychoeducation about trauma, reviewing concepts of metaphor and distancing, and reviewing strengths and safety.
- A closing and check-out: Typically, the prompt was “what will you do to take care of yourself this week?”

The check-in and check-out processes were also intended to provide information to track mood, behavioral patterns, and/or thought patterns for each member from the beginning to the end of each group as well as throughout the whole process. During the first group session, the members decided that they would prefer to write their own individual pieces rather than one single group piece, as they wanted to truly listen to one another's stories. The final session held on week six consisted of a reading of the script by the members. After reading their pieces, each member was given an opportunity for embodied response/reflective feedback to the piece they witnessed. My assumption for their choice for individual readings rather than a group script was to connect with one another as interactive witnesses so that their experience could be fully seen, heard, and understood, and not potentially upstaged. Each member would then be fully engaged in each individual story rather than collective experience, and potentially provide members with more insight and inner wisdom (Salas, 2009).

“Aesthetic distance is a concept central to existing dramatherapy theory and can be briefly summed up as the moment when the tensions of an emotional paradox are felt simultaneously and catharsis occurs” (Jenkyns, 2002, p. 15). Aesthetic distance was used in the warm-up, psychoeducational moments, and in the writing process itself. This was demonstrated and modeled in the warm-up by first offering photos of inanimate objects in the first week, animals in the second week, then possibly offering photos of people in the third week. The

intention of designing the progression that way was to introduce projecting a story onto more symbolic beings and using metaphor. Then, members may choose to project onto animals which are easier to assign human personification in story but are still non-human. Given that some members were still under-distanced from the traumatic event, the opportunity to project onto a human photo was not provided as it would have been too evocative and therefore inappropriate to offer. Members regularly discussed their level of distance from their traumatic event and what level of metaphor may be helpful for their work. Then, in the writing process, they were better informed and equipped to determine for themselves if it would be more appropriate for them to write about objects, animals, people unknown to them or people known to them.

Due to the ongoing COVID-19 pandemic, this process took place entirely online using the Zoom platform. The final reading remained closed to only the members who were involved in the scriptwriting process, without a witnessing audience. Given the sensitive nature of the subject matter and the limitations of the group (duration, longevity, and facilitator expertise), though having a witnessing audience can reap benefits of validation of the experience, there is also the risk that the effects may be “invalidating” or the participants feel “unrecognized” and misunderstood (Jacques, 2020). Ray and Pendzik (2021) also address validation and recognition, where in their study they allow participants to edit the script to maintain integrity of their own stories, permitting them to have control and involvement but without the stressful, intrapersonal performative aspect. While working with individuals who could potentially often feel invalidated by their challenges and were still healing from the lack of control from their trauma, I felt it important to allow them control in their process, to validate their decisions, and to model compassionate listening and validation so that they would be able to be that audience for one another. Virtual sessions can still provide effective connections, and although a sensory

component may be absent in virtual sessions that is present during in-person sessions, that absence can heighten a safe amount of instability and present playful opportunities (Regula, 2020).

I was curious to merge interventions of therapeutic writing with drama therapy approaches to solidify a narrative based in the foundations of each member's strengths. Much of the drama therapy work utilized dramatic projection, dramatherapeutic empathy and distancing, interactive audience and witnessing, and the life-drama connection. Embodiment was mostly used as a mechanism for the witnessing audience to reflect and respond to the work shared, since I was fearful at the start of this project that embodiment could be too evocative or vulnerable for survivors of sexual trauma. The written word, however, could provide a tangible and concrete product that is welcome to be edited at any time as the member continues their healing journey, and should they wish, may choose to embody it in the future if they feel safe enough to do so.

Results

There was a total of five participants in this group. For anonymity purposes, they will be referred to as Participant A, Participant B, Participant C, Participant D, and Participant E.

Participant A had been in the group for six or seven years, Participant B had been in the group for two weeks, Participant C had been in the group for five years, Participant D had been in the group for seven years, and Participant E had been in the group for a few months.

I recorded information by way of privately taking notes and by recording my reflections after each session through a written artistic representation.

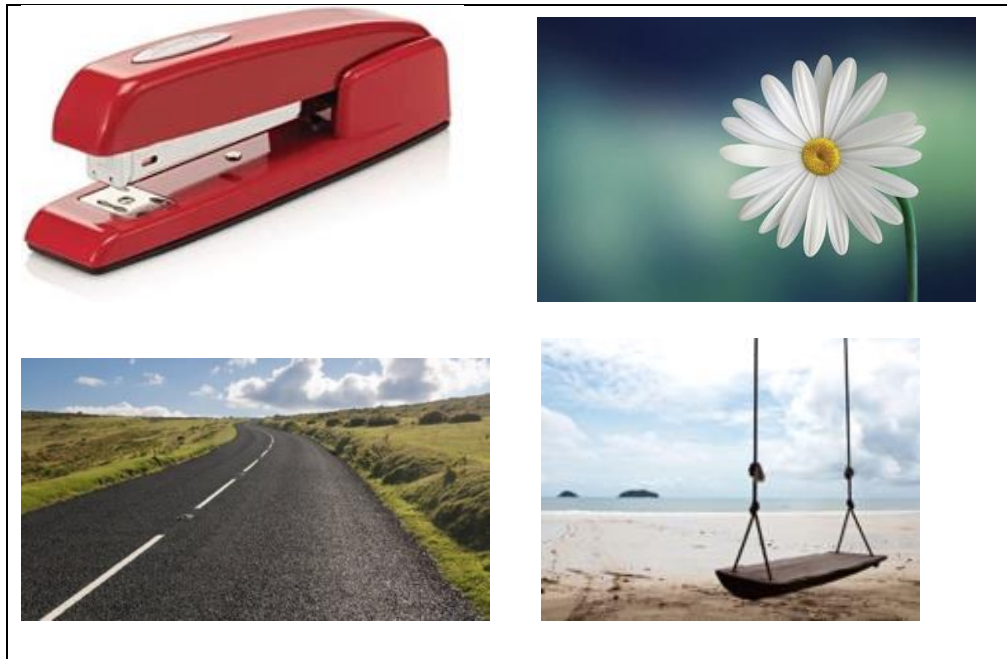
Week One

In week one, the group briefly checked in. Themes of flashbacks and strange dreams, major life changes, sobriety, and new therapy modalities were mentioned. The members were

then invited to view a series of four photos and select one to briefly write about. I chose photos of inanimate objects to provide the most aesthetic distance in the first week.

Figure 1

Photos of Objects from Week One



Participants A, B, and D selected the swing. Participant C selected the daisy and participant E selected the open road. Three of the five participants named their objects, while the other two did not name them. After each participant read their piece, they discussed their vision for this project. Participant C envisioned a coffee house poetry reading from the sixties, where each participant is onstage taking turns reciting their pieces. Participants were agreeable to this concept. Upon checkout, they were prompted to describe in 10 words or fewer their intention for the new year. Four out of five of the participants intentions involved self-esteem, while one out of five identified addressing interpersonal conflict.

I wrote an artistic piece based off the image activity:

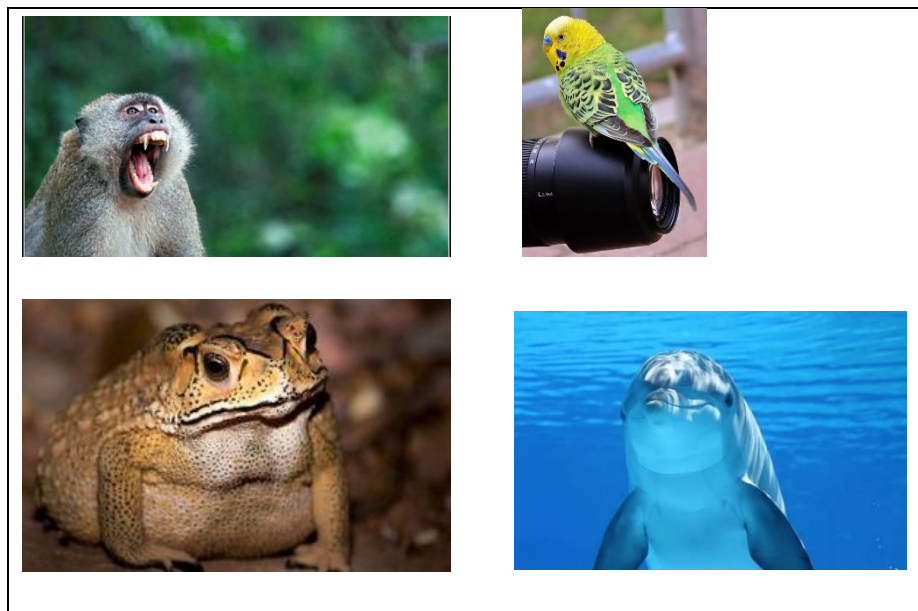
I am the swing set. I overlook the sea and gently sway in the wind. The salty air has dried my wooden seat, and my ropes are split and splintering. I see an island in the distance and wonder who may live there, overlooking the sea, wondering about me.

Week Two

In week two, check-in themes included the death of a loved one, finding ones' voice, repairing relationships, and therapy experiences. Participant E appeared in the group for only a moment to let the members know that he would be absent due to illness and that he would return when he is feeling better. The group moved into the activity; instead of photographs of inanimate objects, photographs of animals were selected. I chose photos of animals this week to lessen the aesthetic distance. They are not human; they are living beings. I selected animals under the assumption that it may be easier to personify or apply human traits.

Figure Two

Photos of Animals from Week Two



Participant A selected the monkey, reflecting on its cute appearance but having an ability to bite back. Participant D selected the toad, playing a game of being caught and let loose. Participant B selected the dolphin, identifying it as smart, curious, and fun, but needing space. Participant C selected the parakeet, giving it a name and story about escaping and never looking back.

The group then identified on a 0-10 scale how over-distanced they are from their trauma (0) and how under-distanced they are from their trauma (10). The members participated in a discussion on what it means and how it feels to be over-distanced: numb, empty, emotionally unavailable, in denial; and what it means and how it feels to be under-distanced: hyper-vigilant, sensitive, anxious, like the event is still happening. One participant ranked a number indicating that they were often over-distanced from their trauma, two members ranked that they are neither over nor under-distanced from their trauma, and one member ranked that they were highly under-distanced from their trauma. Participants found that they have been more over-distanced or under-distanced at different points in their healing, and that sometimes that feelings can even change during the day. Branching off this discussion, further topics included having control over their story and the ability to change it over time as they gain perspective, how telling it can feel helpful or hurtful, and using metaphors to provide distance as needed.

During check-outs, the members discussed how they will take care of themselves this week. Themes included coping with grief, spending time with family, writing, and creating a music video to inspire the writing project.

My artistic piece based off the activity:

I am a toad. I have lumps and bumps. I blend in so no one can find me. Even though they don't see me, they are disgusted by the idea of me. I am happy to not always be seen for that reason. I can enjoy hopping around and swimming, lumps and all, unseen.

Week Three

Week three check-in themes included wanting to be a spokesperson for sexual abuse and recovery, strange dreams, relationship challenges, and therapy. Participant E was absent again, which did not seem to affect the group beyond their expressing that they hope that he recovers quickly and well. Participants then began to outline thoughts they had for their pieces. Participant B identified an adult that was helpful to them as a child. Participant C drew inspiration from a vision board he created. Participant A discussed topics of taking back the dignity and self-respect that he once felt was lost. Participant D remarked that he wished he did not have to have post-traumatic growth.

For the week three check-out, participants identified what they will do to care for themselves this week, which included themes of obtaining necessary items, gathering inspiration for the writing piece, finishing the writing piece, and writing part of their piece but not finishing.

My artistic reflection (poem):

With the good comes the bad, we always must have both.

And with the terrifying times, comes post-traumatic growth.

Into every life must fall a little rain;

Yet we never want anyone to endure such agonizing pain.

If I could take away those hurtful parts and only leave the good,

I would do it in a heartbeat, you know I really would.

Unfortunately, I cannot make it so that you will forget,

but maybe you and I can practice a new mindset.

I cannot promise it will go away, or that it will be fast,

I cannot promise that it will heal the wounds from the past.

Baby steps are new and wobbly, unbalanced and sometimes falling,

but you are always moving forward even when you are crawling.

So own that you are here today and taking steps so well,

because even when you cannot see it,

you are growing

cell-by-cell.

Week Four

In week four, all participants were present. Check-in themes included COVID-19, hiking, relationship repaid, fraudulent charges on a bank card, the grief of a loved one, coping with loss, vacationing, bad dreams, and processing thoughts of abandoning authority during childhood sexual abuse.

Participant E brought up that even when trying to write from a strengths-based and post-traumatic growth-based perspective, he could not help but immediately think of the trauma, which made writing impossible. Finally, he decided to write the story from the third-person perspective to create distance and he was then able to write. Participant A remarked how he could tell his story one way on one day and a different way on another day. Participant B decided to write a piece where there is a contrast between a good person and a bad person and chose to write a piece that establishes the “essence” and emotions to stay away from overtly describing trauma(s). Participant D remarked that freely speaking is a strength of his, and that he would consider recording himself speak and then write down what flows.

In checking out, themes included repairing relationships, focusing on health, exercise, therapy, dealing with fraudulent bank charges, and taking time off from work.

My artistic reflection (cinquain):

Victim

Past, present

Remembering, forgetting, learning

Touching forbidden feelings safely

Survivor.

Week Five

In week five, all participants were present. Check-in themes included spending time outdoors, dreams about relapse, processing abandoning authority during childhood abuse, re-writing, sleep disturbances with depression, seeking employment, and recognizing stunted emotions. The participants naturally flowed into a conversation where they were sharing successes and challenges of their writing process and offered appropriate support. For instance, when one member said he had trouble framing his story more optimistically, another member suggested backtracking in the writing process and taking an approach that would be less disheartening. The participant replied that he wanted to be truthful and push himself. Unprompted, the group quickly listened and became receptive to one another's writing process and led the discussion accordingly.

My artistic reflection (free verse):

I cut off my emotions, so I don't have to feel overwhelmed by this pain.

I feel overwhelmed by this pain because what happened cut into my emotions.

This is serious - look at my face - am I smiling to you? Take me seriously!

I will make jokes about this - if it's funny, maybe it won't hurt as much.

Why are so many people suddenly them?

I need to numb out, so I don't feel.

Nope, there it is - raw emotions.

I can be your bodyguard – but can you be my punching bag?

Just let me retreat to the safe place in my mind.

All of these things can feel so good, and sometimes they hurt so bad.

Thank you brain for protecting me - I can take it from here.

Week Six

In week six, all participants were present. Themes included new family members, unknown paths that led to purpose, finding people from the past, sleep disturbances, physical health, nightmares, outdoor exercise, and relationship repair.

Each participant read their pieces. One participant wrote a comparison piece about the contrast between a mentor and a perpetrator, one participant wrote an essay with the theme about taking back his own power, one participant created a visualization chronicling his journey through the lens of strength and growth to accompany his piece, one participant wrote a poem with the theme of altruism, and one participant wrote a mini essay validating the pain of his own experience. Between each piece, the witnessing participants responded by using their bodies to create a tableau. They held their pose, inhaled, exhaled, and let it go, while the participant who read their piece watched the live feedback and internalized what each physicality meant to them, knowing that they were seen and heard.

My artistic reflection (journal-style):

I want to say that I am speechless - but I need to write something. I am blown away by this group. Five men who, before this group, did not know one another. They share their most vulnerable challenges, successes, and emotions... And they lift one another up. They listen to one another so deeply and with such profound understanding of their experiences and share from such a heartfelt place. They give me honest and sincere feedback about what is working for them and what is not working for them. [A] has spent decades healing and acts with utmost altruism, a true veteran of survivorship. [B] while new to the group has bravely shared and offered support, immediately connecting with others. When I think how much [C] has grown, he continues to recognize more ways of achieving peace and harmony in his life, developing deeper insights and thinking of others. [D] has bravely challenged himself in this project, touching the dark hole and coming back from it; and I hope that he recognizes that his sharing is not weaponizing, but is being used to raise awareness and used to identify treatment modalities for survivors that may or may not work. [E] has transformed immensely in the time I have known him, from being overwhelmed to beginning writing, to identifying other approaches to his creative process.

This project is not about me putting it together or writing it - it is not about a proven or unproven approach. It is about five men who are so selfless, while working on their own mental health, that they are willing to put their experiences out there for the sake of helping others, raising awareness, and improving treatment. This is anonymous advocacy in its most vulnerable form. These men are willing to look at that one sensitive moment or series of moments from their lives that have been an enormous challenge. I could not speak more highly of this outstanding group of men. They are the ones who are trying to pave the way for future survivors. They are truly remarkable people.

Discussion

In week two, the group participants examined their own levels of feeling either under-distanced or over-distanced at the time of this six-week project as well as throughout their journey of trauma recovery. As a result, some members wrote a piece that was realistic and/or naturalistic, while others wrote about a character that somewhat resembled them, an item that resembled their journey, or even created a diagram of strengths and traits. It was important for each member to feel comfortable and safe enough with their stylistic choice, to use composite characters, and to decide how much of their piece they would choose to disclose throughout the process. Some members felt safer speaking more vaguely about their piece, while others would remark more candidly about themes or characters they were utilizing. It was important to cater to the needs and energy of the group (Sternberg and Garcia, 1989). The needs and energy of the group led them to choose to create individual pieces rather than one group piece. Creating individual pieces allowed each member to read and speak their own story and to be heard by others. Not only was the writing a part of the process but hearing others as well as finding connections and relations to others' stories and experiences was a vital part of this experience. Some members found the writing process productive, others found it painful or stirring at times, but many members agreed that hearing the stories of others was the most supporting and connecting part of this six-week project.

The participants' impressions following the project included identifying growth, "what happened to me is not who I am," identifying repeating patterns and reactions, feeling triggered, having more to say than able to include in the brief project, being able to work with the trauma without "falling in," noticing that their mixed feelings were stirred, making the work helpful at times and difficult and other times, and feeling that listening to others' stories was the most

beneficial part. “Performing in front of an audience validates the alternative narratives created, giving them a public scope that intensifies their healing potential” (Ray & Pendzik, 2021, p.2).

The main elements to this research study included utilizing aesthetic distance (Landy, 1996) dependent upon everyone’s window of tolerance (Ogden et al., 2006), providing psychoeducation on post-traumatic growth (Keenan et al., 2014) to lead into a strengths-based narrative framing opportunity, and utilizing the support as well as compassionate witnessing of fellow group members. When seeking feedback, some members found that the process was painful or stirring at times, and some members found the writing process to be productive, helpful, and that it provided them with some new perspectives or insights.

For future recommendations, to decrease the chances of triggering individuals, it would be helpful to increase the duration of each session and perhaps the length of time for the project as well. Two hour-long sessions held once per week for eight weeks could be more beneficial to allow for a longer warmup, more processing time, and more time for closure as well so that the participants are able to leave the experiences in the group space. Although these group sessions were framed to focus on strengths and post-traumatic growth, sometimes even thinking of the productive repercussions of trauma still reminds an under-distanced individual of the trauma itself, therefore making the prompt too evocative with too little time to fully process and cognitively reframe. With this improved scaffolding, participants are more likely able to experience an improved sense of closure after the group rather than holding the remnants from feeling stirred or activated.

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