Bearing Witness to Trauma:

An Intersubjective Approach to Cross-Cultural Art Therapy for Trauma

by

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A Culminating Project and Contextual Essay

Submitted to the Faculty of the Graduate School, Mount Mary University

in Partial Fulfillment of the Requirements for the

Degree of Doctor of Art Therapy

Milwaukee, Wisconsin

November 2017

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Abstract

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This dissertation project, comprised of an artist book and contextual essay, investigated the use of therapist-made art as an intersubjective tool in cross-cultural treatment of severely traumatized refugees and clients from the Middle East, Eastern Europe, and Latin America. The focal subject of the investigation was a hermeneutic inquiry into how therapist-made art aided the formation of a deeply empathic, intersubjective space between therapist and client. In addition to facilitating attunement and understanding, the researcher's art served as a proxy witness to the clients' cultural and emotional experiences in relationship to their traumatization. As verified by the clients in clinical interviews, the contemplative sharing of therapist-made artwork created a visual empathic dialogue that supplemented and, in some instances, replaced verbal therapeutic dialogue. The outcomes of this study demonstrate a paradigmatic shift from typical uses of therapist art to process the therapist's experiences with clients to the application of therapist art as an intervention that may facilitate a healing intersubjective space between clients and therapist.

Keywords: art therapy, trauma, intersubjectivity, cross-cultural, refugees, therapist-made art, visual dialogue, context of trauma

Acknowledgements

I want to express my gratitude to Dr. Lynn Kapitan, whose guidance kept me on the path to carry out this work. Thanks to Heather Leigh for her companionship throughout the doctoral program and this endeavor as well as for reminding me to use my art to find my way when things were not clear. Juanito, your patience with me as my own patience dwindled in the final months of this work was invaluable.

Dedication

This research is dedicated to the clients who allowed me into their lives as I worked on this research. It was a gift and an honor to accompany you on your life journeys. You all have made me a better therapist and a more enlightened individual in this world.

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CHAPTER 1: INTRODUCTION

Background

Over the course of my work as a school psychologist and art therapist in public schools and community settings, I have been drawn to a population of clients from countries across the globe who have sought treatment for trauma. Although I share many human commonalities with these clients, there also are vast differences in our lives that I must somehow come to understand in order to connect with them and help them resolve the trauma. In reality, trauma leaves both children and adults with difficulties and symptoms that are beyond my personal experiences, rooted as they are in complex social, historical, and cultural contexts that also are quite different from my own. Moreover, because my clients are immigrants to the United States, they are simultaneously immersed in their adaptation to life in a new country. Their acclimation is often characterized by ambivalence due to the fact that their immigration is typically a forced relocation to find suitable living conditions. In many instances, my clients are refugees escaping life-threatening circumstances in their home countries.

Working within these circumstances, I gradually came to appreciate the value of an art therapy construct that I define as an "intersubjective art process." Art has been central to the psychological space that my clients and I construct, where our mutual knowledge, relationship, and therapy coexist. As a foundational process in my practice of art therapy, I often create art for the purpose of exploring my understanding of the client and the effects of trauma. I then share this artwork and the insights it has provided me with the client. Creating, sharing, and discussing my artistic reflections on my clients' situations creates an enhanced form of communication where my understanding of the client can be expanded or corrected. As such, I believe that art can function as a key component of the intersubjective space we create together as we seek understanding and meaning within the context of trauma, cultural adaptation, and life experience. In this introduction, I will review theories and practices of

intersubjectivity, art therapy, trauma treatment, and cross-cultural counseling in support of an art therapy treatment model that supports an intersubjective art process.

Overview of the Proposed Treatment Model

Prior to delving into a review of literature, a more thorough description of what I mean by an intersubjective art process is in order. Art has been used as a means to communicate the terror and overwhelming emotions of traumatic events by making nonverbal elements of traumatization verbal (Gantt & Tinnin, 2009; Hass-Cohen, Findlay, Carr, & Vanderlan, 2014; Naff, 2014; Talwar, 2007; Wilson, 2004) and by supporting visual and verbal dialogue (Moon, 1999; Robbins, 1973). The creation of art, verbal and nonverbal therapeutic dialogue, and the implementation of interventions all occur within an intersubjective space shared by the therapist and client (Robbins, 1973; Schaverien, 2000; Skaife, 2001; Zinemanas, 2011). That is, "our subjectivity (our moment-by-moment experience of ourselves and the world) emerges within a dynamic, fluid context of interfacing subjectivities" (Buirski & Haglund, 2001, p. 56); because who we are emerges from who we engage with in our world, "we can never completely bracket our subjectivities to observe things as they 'really' exist" (p. 3).

Applied to the context of therapy, the intersubjective relationship is one in which both the conscious and unconscious subjectivities of the client and therapist become engaged in a process of mutual, reciprocal influence that serves to promote change in the client (Buirski & Haglund, 2001; Natterson & Friedman, 1995). It can be argued that the intersubjective space of art therapy promotes recovery from trauma through the components of:

- empathy (Courtois & Ford, 2013) and validation (Buirski & Haglund, 2001) to contain and integrate affect (Carr, 2011);
- co-creation of meaning from narratives of the client (Solomon & Siegel, 2003);
- reciprocity in therapist and client interactions (Buirski & Haglund, 2001; Quillman, 2013); and

- impact of the relationship on the therapist, the selected sharing of which contributes to the therapeutic process (Buirski & Haglund, 2001; Quillman, 2013).

Art within an intersubjective treatment model can be used for communication and dialogue (Spring, 1994), the development of empathy (Franklin, 2010), and to engage in inquiry regarding the client's life experiences (Fish, 2012).

Relevance to Practice and Body of Knowledge

A review of current literature in art therapy with refugee clients emphasizes the following treatment goals: (a) to process traumatic events, (b) to contain feelings, (c) to enhance coping skills, (d) to create a sense of safety, and (e) to strengthen ties with their native countries (Chu, 2010; Kalmanowitz & Lloyd, 2005; Sanderson, 1995; van der Kolk, 1996). However, the trauma framework does not explicitly take into account the diverse and complex realities of those individuals who have suffered from extreme political violence and trauma, as well as, oftentimes, torture. Clinical and theoretical considerations need to encompass the loss of homeland, post-traumatic stress, and torture as a distinct constellation of complex trauma, as well as the sociocultural issues of coping in a foreign context. There is only scant literature in the field of art therapy that examines such concerns (see, e.g., Kalmanowitz & Lloyd, 2005). Papadopoulos (2007) stressed that with refugee populations, traumatic reactions do not necessarily follow a commonly perceived trajectory of negative reaction to resilience to growth. Instead, individuals may experience all or none of these phenomena or may experience them in a different sequence.

Moreover, it is not the nature of an event that leads to a traumatic response but rather the individual's emotional response to an event (Boals & Schuettler, 2009). This means that a key aspect in the resolution of trauma is the generation of new systems of meaning as they relate to traumatic events. This process is particularly important for torture victims whose experience has turned them into helpless, dependent, and desperate people rendered worthless by means of brutal, repeated assaults on their core existence (Silove, 1999). Kalmanowitz and Lloyd (2005) found that cultural artifacts, visual media, and art imagery can be used

to process cultural and traumatic memories with a goal of creating new memories in which to see oneself as a whole person with an identity that can live beyond torture or other traumatic events. However, as Losi (2002) emphasized, trauma needs to be defined and addressed within the client's sociocultural context rather than with conceptions that have been imported from another cultural perspective.

Lifton (as cited in Ribkoff & Inglis, 2011) used the term "survivor by proxy" for the role of the therapist working with clients who have suffered torture and severe trauma. He posited that in order for a client to integrate traumatic experience into a new self-concept there needs to be an intense, deeply entered interpersonal experience with another person who internalizes and reflects back the pain suffered by the survivor. This process may occur within a therapeutic dialogue only if the therapist is willing to endure the survivor's hardship and the pain. In my experience, the same process can be supported through the "proxy" witness of artwork created for that expressed purpose. Art provides a visual representation of joining with the mind and feelings of the client. According to intersubjectivity theory, a person's constructs of reality develop from their early life patterns of emotional experience; when replicated in some form within the therapeutic relationship a new self-foundation is formed from which meaning and a sense of continuity are constructed (Buirski & Haglund, 2001). Solomon and Siegel (2003) explained that this linking of two minds requires an emotional communication in which there is attuned, reciprocal communication. Both current neuroscience research on the mirror neuron system (Gallese, 2003) and the art therapy concept of using art for "visual empathy" (Franklin, 2010) support Lifton's notion of a "proxy survivor" who is necessary for post-traumatic growth.

Also pertinent to my study is the use of art by art therapists both during and following therapy sessions with their clients (e.g., Miller, 2007; Wadeson, 2003). Therapist art making in my treatment model is intended to mirror clients' emotions, perceptions, and life experiences as well as to communicate nonverbally with them. Moon (1999) considered the utility of art made by the therapist to support communication by means of an imaginative dialogue. He viewed art images as visual

communication grounded in the received facts and external reality of the client. Fish (2013) elaborated further on how therapist art making can provide a literal, transient translation of how the clients' experiences are understood in order to engage in a therapeutic exchange. The value that art provides is far beyond the purely verbal. Therapist-generated art can create a level of attunement with clients that engages the intersubjective space of healing.

CHAPTER 2: REVIEW OF THE LITERATURE

Intersubjectivity and Human Development

Intersubjectivity theory provides a perspective on human development as well as an orientation to psychotherapy. As explained by Stolorow (2007) and Jordan (2010), the experiences humans encounter in the world depend on the relational context in which they live. Thus it can be argued that all human existence is based upon some form of intersubjectivity. Beginning in infancy, a person's actions, feelings, and behaviors develop from a shared psychological space with caregivers. Through their constant interaction adults and infants engage in mutual emotional regulation; the regulation of affect on one has an emotional effect on the other. This relationship, in turn, influences the sense of self for both adult and infant (Bohleber, 2010).

Bohleber (2010) offered an example of how an individual's personal reality is co-determined by the relational environment and the unique meanings ascribed to occurrences and relationships. A father and son may be engaged in a relationship in which they both pull away from each other. The well-intentioned father wants to be direct with his son, but the son perceives the actions of the father as overly critical. Thus, the father retreats from the relationship, feeling rejected and questioning his ability to be a good father. The son, in turn, becomes angry and feels devalued by his father. He questions his self-worth. In this example, the subjectivities, feelings, and behaviors result from the intersubjective, emotional bond between the two persons.

According to Buirski and Haglund (2001), an intersubjective space is formed and subsequently continually shaped by internal, psychological experiences that are held by, overlapped with, and negotiated via social interactions with others. Within any interpersonal relationship, the conscious and unconscious subjectivities of the two people exert a mutual, reciprocal influence. If it is true that the subjectivity of a person is constructed and continuously interpreted within a relational context, then we as individuals do not actually have a separate intrapsychic world that is distinctly bounded from the environment. Instead, our

psychological experiences exist within the ongoing interplay of the psychological lives of others within a relational world (Natterson & Friedman, 1995).

Buirski (2005) explained that over time certain patterns are formed from the interweaving of abilities, temperament, and the negative and positive realties of one's life. These patterns create our subjective, personal realities and the way we organize our experiences. A fundamental component of this subjective world is affect. Each person has an affective core that also originates from intersubjective interactions. Buirski (2005) argued that both the experience of emotions and one's emotional needs emerge from relationships, which in turn create patterns that color one's sense of self and of others throughout life. Essentially, attending to affect helps us organize our understanding of internal and external circumstances, alerts us to what is happening, and guides us to satisfy our needs.

Neurology of Intersubjectivity and Interconnectedness

According to Jordan (2016), because people experience psychological growth through relationships, they have a biological imperative to engage in connections with other people as a part of survival and flourishing. Siegel's (2012) work reflected a similar position that emphasizes the interrelatedness of the brain, mind, and interpersonal relationships. The mind is understood to be the subjective experience of a person that emerges from an interweaving of neuropsychological and relational processes and experiences (Siegel, 2012; Solomon & Siegel, 2003). More specifically, relationships actually shape those neural structures in the brain that create representations of experience, leading to a worldview. Thus, when a person's mind engages in the process of meaning making, social interactions are involved in some way. Connections that flow from social interaction and relationships stem from emotions; emotions, in turn, integrate internal and interpersonal worlds within the human mind.

Over time, those interactions among individuals that produce connection, compassion, and relational continuity eventually create new neural pathways through the co-construction of intersubjective experiences and shared stories. In

psychotherapy, research suggests that such neural development enhances clients' sense of self, self-regulation, and connection to community while also transforming their subjectivity (Solomon & Siegel, 2003).

Jordan (2016) cited examples of the neurological foundation of interpersonal connections in support of a relational-cultural theory of psychotherapy. Accordingly, the neurological factors that influence relational processes are:

1. Mirror neurons: A set of specialized neurons comprise a brain structure that generates involuntary neurological reactions during personal interactions, supporting understanding and connectedness with others and helping a person to have an "as-if" experience of the emotional states and mind of another person (Buk, 2009; Franklin, 2010; Gallese, 2003).
2. Social pain: The neurology of the social pain of exclusion and isolation involves the same neural pathways as physical pain. That is to say, social suffering sets off the same alarms and urgency in the brain as do physical cues. Touching a hot stove activates the same alarm as being socially isolated or suffering from homophobia (Einsenberger & Lieberman, 2004).
3. The vagus nerve: When individuals receive positive social cues and engage in positive social interactions, the brain's vagus nerve is stimulated, which, in turn, regulates and decreases reactions to stress (Porges, 2002).
4. Dopamine: When individuals engage in close, connected relationships, dopamine (the "feel-good hormone") is released. The absence of dopamine has been correlated to the development of addiction (Jordan, 2016).
5. Oxytocin: Increases in levels of oxytocin have been correlated to enhanced trust, kindness, and generosity, as well as greater attunement to positive cues within environments. There also is decreased activation of the amygdala or "fear center" of the brain (Olff et al., 2013).

All of the above biological factors are relevant to trauma treatment in various ways. They reflect the core importance of interrelatedness with regard to psychological well-being and recovery from trauma as well as the depth of the damage and pain

suffered by people when they have experienced interpersonal traumas. In my clinical experience, it can be helpful for survivors of severe trauma to understand that biology can contribute to their post-traumatic psychosocial difficulties and their suffering. They are not at fault for reacting with fear to trauma triggers or for feeling such deep pain, as these experiences are rooted in unconscious neurological processes. However, at the same time, they can be encouraged that the development of positive relationships can ameliorate trauma-induced neurological issues.

Trauma

Marsella (2010) argued that trauma is an experience that is both biological and cultural. The neurological and biological consequences of trauma are universal to all humans and exist across cultures. Apart from universally shared physiological repercussions of trauma, however, a given individual's experience of trauma is bound by culture, which dictates how to make sense of traumatic events as well as the types of symptoms that manifest (Marsella, 2010). This cultural perspective on trauma has been supported within the field of art therapy. Gantt (2013) defined trauma as "a subjective personal experience that is both intertwined with culture and independent of it due to our human physiology. It is a brain-based phenomenon which we interpret through a cultural lens" (p. 234).

This framework for understanding trauma is well suited to cross-cultural therapy with trauma survivors. For example, within my study, a Romani woman's post-traumatic reactions and symptoms from being raped are linked to the ongoing activation of her limbic system, which continued to produce fight, flight, and freeze responses to triggers in her daily life. However, the meaning attributed to the violence she suffered also must be understood within the context of the discrimination she lived with throughout her life and in response to her rape. Likewise, a different client's struggle to manage her emotions and engage in her daily life following the murder of her son in Venezuela depended on calming her biological responses to stress as

well as working through what occurred with the extreme sociopolitical conditions of a country plagued by violence, corruption, and a lack of justice.

The Contextualization of Trauma

Within my study, as I considered the cultural aspects of traumatization, I employed a contextual framework. Van der Kolk (1996) noted that PTSD is the only diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* that is characterized by context. In order to receive this diagnosis, an individual must have been exposed to or threatened with death, sexual violence, or serious injury. The experience may have been direct exposure or witnessing or learning about a close friend or family member being exposed to traumatic events (American Psychiatric Association, 2013). Van der Kolk (1996) pointed out that all other mental illness diagnoses are based solely upon intrinsic, individual factors, whereas the development of PTSD is linked to intrapersonal reactions within the sociocultural context in which an individual exists over time.

In his work with refugees and trauma, Papadopoulos (2002) moved beyond the limited, cause-and-effect perspective from which trauma is oftentimes defined. He cited the tendency to view traumatization as being a linear process in which events lead to symptomology and then subsequent outcomes for individuals. Brown (2008) posed a similar argument that trauma occurs within a psychosocial framework comprised of the external cultural realities of a person's life, combined with the person's intrapsychic representations of those realities.

Andrade's (1996) research with traumatized refugee children took on a broad conceptual framework that was similar to Papadopoulos's (2002) aforementioned concept. She expanded the understanding of trauma to a model in which refugee trauma was viewed as political and social in nature and situated within a historical process. As such, community and familial responses significantly impact the consequences and resolution of trauma. Within Andrade's model, traumatization is assessed informally

with consideration of the social conditions that at times maintain traumatic symptoms rather than ameliorating them. For example, a family member may minimize a traumatic event suffered by a child and as such compound the damage caused by such events. Individual responses to trauma must be understood within social contexts in understanding the damage induced by traumatic events as well as integrating health contexts into the life of the survivor to promote recovery.

Another similar contextual framework is the ecological model of trauma (Harvey, 1996), which takes into consideration the interaction of the individual and the aforementioned contextual factors in trauma. This model is based on the interconnection of "a person + traumatic events + the environment" (Harvey, 1996). The three factors form an ecosystem that is unique for each individual. Within this model, personal variables include factors such as age, developmental stage, intelligence, coping skills, and demographic characteristics. Event characteristics include the frequency, severity, and duration of the traumatic occurrence(s), as well as the degree of terror and humiliation associated with the event. Environmental variables include the location where an event occurred, the level of support and resources that were available following the event, the community's way of responding to and coping with trauma, safety following the event, the values of the society, and the political and economic characteristics of the setting. When individuals struggle to recover after a traumatic event, the assumption is that there is a poor fit between the individual and the environment (Harvey, 1996).

Collective Trauma

In looking at the contexts that influence traumatization, it is essential to recognize that although trauma is often conceptualized as being an event that happens to individuals, it also affects groups and entire communities (Papadopoulos, 2002). This is especially relevant in situations where there is political violence affecting traumatized individuals as well as producing consequences for a community or society (Dokter, 1998; Papadopoulos, 2002). Collective trauma disrupts the stability and expectations of normal social life. Ruptured social bonds and feelings of betrayal then begin to characterize community life

(Hutchison & Bleiker, 2008). In addition to betrayal, other emotions such as fear, anger, and resentment influence attitudes, behaviors, and actions. These, in turn, impact personal and collective identities, worldviews, and social understanding (Hutchison & Bleiker, 2008). In their response to collective trauma in Nicaragua, Kapitan, Litell, and Torres (2011) utilized a creative arts-based model for creating social transformation that offered "an emancipatory process for strengthening the whole person—psychoeducational, spiritual, relational, and political" (p. 71). They argued that support for individual change supported other levels of changes in families, communities, and oppressive structures within the affected society.

In contrast to individual trauma, which is tied to events or relational experiences, Alexander (2012) defined *collective trauma* as a product of collective imagination. He explained that although individuals' experiences of pain and suffering contribute to collective trauma, the collective identity of a group also is affected and becomes intimately linked to a narrative of social polarization between those who suffered and those who are responsible for the suffering. A sense of societal repression and severed social bonds also occurs (Alexander, 2012). Martín-Baró (1988) argued that such social trauma leads to a disintegration of the social fabric within a society in which people begin to perceive as some groups as being "bad" and others "good."

A collective trauma narrative is created and maintained through social discourse and cultural media, including political speeches, protests, plays, movies, music, and the ordinary storytelling of day-to-day life. This results in overwhelmingly negative narratives that generate a loss of feelings of safety and an impaired sense of agency (Alexander, 2012). A collective depiction of reality based on the collective trauma comes to reside within public imagination and to play a key role in the development of group identity and understanding of a group's history across generations. For example, in Venezuela, the sociopolitical situation is discussed in almost every social event I attend. The ongoing narratives relate to the lack of safety and the need to avoid certain places, primarily the part of the city where the supporters of the government reside. There is much

conversation about how great Caracas was and how it has deteriorated, with little recognition of all of the current cultural activities and opportunities that continue to exist.

Narratives based in collective trauma can subsequently contribute to the continuation of intergroup conflicts over time due to collective feelings of helplessness, victimization, shame, and detachment in relation to others (Chaitin & Steinberg 2014). Elbedour, Bastien, and Center (1997) conducted a study in Gaza and the West Bank to research how conflicts influenced individual and collective identity. Their findings suggested that when an individual's identity is formed in a situation of threat, conflict, and social chaos, the person will develop a strong group identity and a weak individual identity. Within this, identification with one's social group becomes "good" and the "enemy" group becomes a target for hatred. The group identities are subsequently passed on over generations and, as such, the threats, conflict, and chaos between groups are continually reenacted.

In Venezuela, I have seen this exhibited in the frequently expressed beliefs by the middle class about individuals who are from the lower economic class as well as wealthier individuals, who they perceive as all being *chavistas* or supporters of the government. As such, members of both the upper and lower classes are perceived as ignorant and/or morally corrupt. This has developed into these classes of people being judged as being "bad" by the middle classes and is one example of how the society has ruptured. In addition, the conflict among groups has resulted in people calling strangers *chavistas* whenever they feel that they are being mistreated.

Another symptom of collective trauma is the acceptance of abnormal conditions and reactions as being normal (Martín-Baró, 1988). A personal example of this was that after several weeks of living through violent protests in Caracas, it became very natural for me to accept what occurred on the streets as something to be expected and scheduled around. In the initial weeks of the protests, I experienced distress when hearing bombs go off and stayed inside. However, once this became "normal" after a

period of time, I did not have an emotional reaction to the explosions and would calculate whether to go to a nearby store based on how far away the explosions seemed to be.

Watkins and Shulman (2008) described how social erosion generated by collective trauma is unique in terms of how it creates despair. Trauma that is sanctioned by society against certain individuals, whether unwanted refugees or impoverished minority groups, can generate a sense among all levels of society that no one cares and that a person's life is expendable. Also, when a community is damaged or destroyed by war, political strife, or other disruption, it ceases to be a source of support in the lives of individuals. This, in turn, hinders the community members' recovery from traumatic events. Social divisions also contribute to the oppression of certain individuals or groups in justification or denial of what has occurred by those viewed as being responsible (Robben, 2005).

Diverse Outcomes of Trauma

A framework for the holistic assessment of trauma includes the evaluation of diverse potential impacts of such events on individuals and communities. Papadopoulos (2007) provided a framework within which it cannot be assumed that traumatic events will necessarily lead to a state of detrimental traumatization given the uniqueness of individuals. Papadopoulos delineated three reactions to trauma: negative, positive, and neutral. The negative results of trauma fit into three categories:

1. Ordinary human suffering: Feelings of loss and hurt are the most common, human response to tragedies in life.
2. Distressful psychological reactions: A more severe form of common human suffering characterized by a stronger experience of discomfort, but not requiring intervention by clinicians.
3. Psychiatric disorders: The severest form of the negative consequences of exposure to trauma, requiring professional treatment.

Conversely, Papadopoulos (2007) stated that trauma also can generate responses that lead to positive transformation and the creation of new meaning in life following or during the traumatic events. He noted that individuals may or may not be aware of this psychological change. Tedeschi, Tedeschi, Park, and Calhoun (1998) referred to positive outcomes of trauma as post-traumatic growth, which can emerge from endurance and courage related to traumatic occurrences. Likewise, Saakvitne, Tennen, and Affleck (1998) posited that post-traumatic growth can come from enhanced hope and faith as well as positive shifts in spirituality, internal psychological functioning, and interpersonal relationships.

Finally, Papadopoulos (2007) cited a neutral response to trauma, which is commonly discussed as resiliency, which refers to some individuals' ability to be unaffected by traumatic events or conditions. In reference to trauma, this suggests that a client has resumed a previous level of psychosocial functioning following a traumatic event without any internal or external changes.

A key feature of Papadopoulos's (2007) framework is that individuals can experience each of these possible responses to trauma within different functions of their lives simultaneously and at different points in time. Also, of import is the idea that traumatic reactions do not necessarily follow a commonly perceived trajectory from negative reaction to resilience to growth. Instead, individuals may experience all or none of the phenomena or experience them in a different sequence. With this being the case, the therapist must not make assumptions about the impact of trauma, but instead needs to explore the potential for different effects in different aspects of a client's life.

When applying this framework to my work with survivors of severe trauma, I have found that it takes considerable time for them to identify positive outcomes of their traumatic events. Their high level of distress—from symptoms and concomitant struggle to life from day to day—makes it hard for them to see beyond the pain that they have and continue to suffer from. When new perspectives begin to emerge, it is generally after an extended time in therapy during which their experiences have been heard and validated. As the trauma story is told and retold numerous times, it at times can begin to shift to contain more of a

sense of newly found strength or a positive strand in a storyline that had previously been left out. My experience has included witnessing clients' acknowledgement of having overcome seemingly insurmountable difficulties—such as a client who survived living on his own for months in a jungle in Africa—or the recognition of how they might have used their trauma experiences to become activists—such as a transgender client who found a new sense of personal power as he began to envision returning to his country as an advocate for sexual and gender minorities.

The Biology of Trauma

Trauma is a phenomenon that disrupts the mind, brain, and body. Trauma changes the brain in ways that alter what people think about, how they think, and how the brain manages their ability to think. A starting point in addressing the neurology of trauma is to consider activity in three core parts of the brain: the frontal cortex, the limbic system, and the brain stem (D'Andrea, 2012; Umar, 2012; van der Kolk, 2014).

According to van der Kolk (2014), the frontal cortex is the rational, cognitive part of the brain. The most recently developed part in human evolution, the frontal cortex is responsible for logical, rational, and cause-and-effect thinking. The more primitive parts of the brain are the limbic system and brain stem, which manage the body's physiology as well as the identification of comfort, safety, threat, hunger, fatigue, and desire. The brain stem specifically regulates automatic functions such as sleeping, eating, breathing, and the nervous system. The limbic system is involved in the regulation of emotions and the encoding and retrieval of memory (van der Kolk, 2014). Specific to trauma, the limbic system processes information faster than the frontal cortex and reacts to danger faster. This means that the emotional brain interprets information before the rational brain does and sets the autonomic nervous system and hormones into action to react to a perceived threat, whether through a fight, flight, or freeze response. The fight or flight responses to the event serve as a way to orient an individual toward dealing with

what is occurring. However, someone who becomes overwhelmed may freeze rather than attempt to fight or flee (D'Andrea, 2012; Umar, 2012; van der Kolk, 2014).

Within the parameters of my study, which was based on the creation of the trauma narrative and the cultural contexts in which traumatic events were embedded rather than the management of symptoms, the most relevant elements of the neurological impacts of trauma relate to memory. Solomon and Heife (2005) explained that recollections of traumatic events are encoded and stored in the limbic system in such a way that it creates memory dysfunction. An alteration in physiology during trauma causes the brain to encode what occurred nonverbally rather than verbally, making it difficult for individuals to recall and integrate traumatic memories. This loss of function has a significant impact because memory is at the foundation of much psychosocial functioning, as it serves three main functions: (a) the imagination and maintenance of the self, (b) the development of social connections, and (c) a guide for expectation and actions in the future (Hass-Cohen & Findlay, 2016).

The maladaptive encoding of traumatic events is attributable to the deactivation of the left hemisphere of the brain, which hinders a person's ability to organize events logically and to put feelings and descriptions of events into words. Thus, memories of traumatic events are not easily remembered, described, or discussed (van der Kolk, 2014). Some elements of memories may not exist while other elements may be intensely ingrained and vivid. There also may be a combination of both experiences (Brewin, 2007). Additionally, traumatic memories are stored in such a way that they subsequently generate overwhelming visual images of the event, terrifying thoughts and feelings, and distressing physical sensations. The emergence of these memories can create a type of retraumatization with increased symptoms of anxiety, depression, and PTSD (Solomon & Heife, 2005).

Ehlers and Clark (2008) described other unique characteristics of trauma memories. When traumatic memories are triggered, sensations and perceptions encoded at the time of the original event can be experienced as if they are being experienced in the present. As such, a person may experience emotional and physical distress in the moment and not perceive the

experiences as being based on recollections from the past. The memories can be experienced as affect and emotions without any narrative recollection of an event. For example, a survivor may experience intense anxiety or a panic attack due to trauma without any memory of an event, when the emotional states are triggered. Along with emotions, physiological and behavioral reactions also may be triggered. Because such memories are nonverbal, they can skew a person's understanding of the present moment (Ehlers & Clark, 2008; Terr, 1983).

Terr (1983) cited studies that reflected that although nontraumatic memories can be modified once they are stored within long-term memory, traumatic memories are not as easily amenable to change. In her study of 20 children who suffered traumatic events prior to the age of 5, Terr concluded that trauma leads to enduring visual images of the events, and that behavioral memories of trauma emerge through behavioral enactments of the incidents via play or actions. She posited that when visual memories are triggered, they induce a behavioral repetition of trauma that leads to a cycle of creating more behaviors and more visual images associated with the original trauma. Terr also noted that unlike nontraumatic memories, which change, traumatic memories remain vivid and unaltered over time.

The type of memories discussed thus far can be considered *explicit memories*: conscious, verbal recollection of events and facts. *Implicit memories* also are relevant to traumatization (Uram, 2012). These are unconscious memories experienced in the present without a sense of something being recalled. They become automatic procedures for acting, such as driving a car or reacting in response to a perceived danger. When implicit memories related to trauma are triggered, an individual physiologically reexperiences the original trauma. Trauma-related, procedural memories can result in maladaptive and automatic ways of behaving as well as in relating to and reacting to others. These coping behaviors and ways of interacting with others are rooted in anxiety and avoidance (Solomon & Siegel, 2003; van der Kolk, 1996).

In discussing their work with survivors of trauma, Briere and Spinazzola (2005). also stressed the influence of memories on interpersonal interactions. Memories are comprised of beliefs about the self, others, and the world. They can contain intense sensations, feelings, and thoughts. Ultimately, they can become unconscious relational expectations based on feelings or fears of abandonment, a sense of distrust, an alertness to danger, and a sense of the self as being bad. Subsequently, "if-then" scenarios become implicit ways of acting with and perceiving others. Trauma-based triggers can cause individuals to relive a past, relational experience in the present and lead them to act out if-then scenarios, for example: "If I am vulnerable, then I will be hurt, and if I get hurt, then I must be to blame" (Briere & Spinazzola, 2005). An example of this in my experience was a client who had suffered ongoing bullying as a child and adolescent. Years later, when working as an adult, she frequently accused coworkers whom she felt were more adept at their jobs than her of mocking her at meetings. This woman would become angry at the accused individuals, stating that they had been criticizing her even though such interactions had not occurred. She engaged in an unconscious relational experience of process of "If I feel weak or less than competent, someone must be attacking me." When working with survivors of relational trauma, the therapist needs to look for signs of such relational flashbacks. There are exceedingly difficult to uncover, however, because when individuals are triggered their sense of reality is grounded in their unconscious experience.

Both reactionary, implicit memories and intrusive, explicit memories can be brought up by sensory and perceptual stimuli such colors or smells (Ehlers & Clark, 2008; Uram, 2012;). Such triggers are distressing for individuals because they are exceedingly difficult to identify. Because of this, the thinking part of the brain attempts to understand and explain a current experience. This results in individuals attempting to create narratives for what is occurring without an accurate understanding of what is truly happening in the present moment (Uram, 2012).

Categories of Trauma

Having provided a cultural and neurological framework for understanding traumatization, I will now discuss different categories of trauma: (a) individual, (b) cumulative, (c) relational, (d) torture, and (e) intergenerational.

Individual Trauma

Oftentimes the starting point for understanding trauma is an event. Major types of events that fall into the category of trauma as defined by Briere and Scott (2015) are child abuse, mass interpersonal violence, natural disasters, large-scale transportation accidents, fires and burns, motor vehicle accidents, rape and sexual assault, physical assault by a stranger, domestic violence, sex trafficking, torture, war, witnessing the homicide or suicide of another of person, life-threatening medical conditions, and emergency worker exposure to trauma. This typology, however, is limiting in that it views trauma solely via catastrophic types of occurrences.

Feelings of helplessness and powerlessness are central to the impact of traumatic events. In addition, chronic and unpredictable stress can lead to disruptions in personality, a lack of confidence in the future, and an erosion of basic trust in relationships. Individuals also may develop comorbid disorders such as depression, substance abuse, panic disorder, and generalized anxiety disorder (van der Kolk, 1996). In my clinical experience, I have found that these chronic conditions have a substantial influence on the psychosocial functioning of survivors of torture. In many instances as I work with clients, the foci have been on topics such as managing panic attacks at work or developing health coping mechanisms. As is the case with the participants in this study, oftentimes individuals seek treatment years following their initial traumas. As such, the initial symptoms have become more embedded and developed into chronic conditions that must be addressed alongside the issues of trauma.

Cumulative Trauma

In looking at trauma, it is essential to take into consideration that trauma can occur either as a single incident or be cumulative with ongoing recurrences of a type of event. Physical and emotional abuse are examples of the latter. Trauma also may be experienced as different types of events over a prolonged period of time, such as chronic physical abuse or residing in a community that is enduring political violence.

Briere, Kaltman, and Green (2008), as well as Cloitre et al. (2009), found that cumulative trauma leads to greater complexity of symptoms and that the impact of trauma can be summative. Individuals who suffered childhood physical abuse and rape, for example, have been found to be more prone to experiencing subsequent traumas during adolescence and adulthood (Briere et al., 2008). Interestingly, the results from Cloitre et al. (2009) suggested that symptom complexity is not correlated to chronic exposure to a particular event or to the duration of an event, but instead to the occurrence of multiple, co-occurring traumas. An example from my research project is a young adult of Romani descent who suffered a rape. Although the rape was the core traumatizing event for her, the client was rejected by her ethnic community for being raped and was isolated in her home. She was unable to seek medical attention for several days following the incident while she waited for her husband to return from a trip. Then, after she tried to report the event, the perpetrators began harassing and threatening her on an ongoing basis. The accumulation of these events severely impacted her sense of agency as well as her connection to others and humanity as a whole.

It is important to note that Briere and Scott (2015) found that victims of cumulative interpersonal trauma are statistically at greater risk of additional interpersonal traumas throughout their lives. Additionally, cumulative trauma can lead to combined symptomology of PTSD and depression (Boals & Schuettler, 2009; Sulimana et al., 2009).

Relational Trauma

Within the constructs of chronic and cumulative trauma, a central consideration is relational trauma. A core element of trauma with significant implications for the psychosocial functioning of individuals, relational trauma refers to such interpersonal violations as emotional abuse, sexual abuse, neglect, assault, domestic violence, and terrorism (Banks, 2006). These traumas can be especially damaging when they occur in childhood. In fact, the factor most highly correlated with the development of symptoms of complex trauma is relational trauma during childhood (Sulimana et al., 2009). Therefore, it is crucial to assess the extent and currency of the relationship between survivor and perpetrator and the degree of betrayal experienced.

O'Connor and Elklit (2008) have posited that posttraumatic stress disorder could be viewed as sometimes originating in an attachment disorder with symptoms resulting from disrupted or poor attachments between children and their caretakers. Caretakers of children and infants have the role of responding to signals of distress by holding, caressing, feeding, and smiling, all of which supports coping and gives meaning to infants' and children's experiences of these events. From these interactions, the caregiver also reflects back emotions and thereby fosters the child's creation of meaning from experience (O'Connor & Elklit, 2008; Pearlman & Courtois, 2005).

Because relational trauma has neurological implications as well, it is essential to recognize the depth of the impact of isolation and other forms of social suffering. Moreover, the therapist cannot assess and gain insight into the impact of trauma without taking into account both the relational and developmental contexts within which the trauma occurred (Crittedon, 2012). Individuals manage and understand traumatic events differently depending on their developmental stage. For example, it is not the same experience for a 2-year-old to have a severally depressed mother as it is for a 16-year-old. Saakvitne et al. (1998) also

stressed the important influence of psychosocial stages of development on the consequences of trauma, citing the different implications of developmental milestones individuals may be dealing with at the time of a traumatic event.

Torture

Another type of trauma to be understood is torture. Elsass (1997) described torture as being "among the most gruesome [of] human manifestations because it is planned and stems from social order" (p. 1). Torture can be defined as an extreme form of violation that is psychological as well as physical in nature. The use of torture has a sociopolitical objective of turning the victim into a helpless, dependent, and desperate person. Perpetrators of torture use psychological and physical techniques to undermine the victim's values, beliefs, self-concept, and personality development (Elsass, 1997). Consequently, the survivor's self-image, self-identity, and self-esteem are greatly damaged (Herman, 2015; Silove, 1999). At the core of its effects is the breakdown of a person's personality, which, according to Elsass (1997), "challenges the torture survivor to remain a human being under inhumane conditions" (p. 1).

In their research on torture, Saporta and van der Kolk (1991) noted the effect of overwhelming an individual's coping mechanisms. Survivors are affected by the incomprehensibility of the acts, their inability to escape, and the intensity of their biological responses. Related acts include attempts by the perpetrator to make the victim accept the torturer's version of reality and values. The need to suppress rage against perpetrators as a matter of survival can lead to social withdrawal, a lack of initiative, and learned helplessness that may lead to an overall passive orientation to the world (Martin, Cromer, DePrince, & Freyd, 2013).

It is important to note that denial and dehumanization can occur in circumstances subsequent to the violence endured during torture or imprisonment. In the case of a client in my study, he was tortured while being incarcerated for being transgender. Then, upon being released, he was assaulted and severely injured by his brothers, who threated to kill him.

Following his arrest and injury afterward, there was no avenue for him to seek justice, and after fleeing his native country he was informed that should he return he would be placed in confinement again. Each of these incidents of attacks on him and confrontation with a lack of recourse and threats of future violence toward him contributed to an increasing sense of dehumanization.

Intergenerational Trauma

According to Hodge (2016), intergenerational trauma is defined as the presentation of symptoms of trauma in individuals not due to their own traumatic experiences but as a result of the trauma of a parent or ancestors. The impact of trauma can be passed to a younger generation that never directly experienced it. This can manifest itself in a number of ways. Offspring of survivors of trauma may have traumatic flashbacks related to the traumatic event(s) their parents suffered. Children can develop startle response to triggers related to the experiences of their elders, such as a child of a Holocaust survivor having a fear-related reaction to fire, stemming from his father having an emotional reaction to furnaces after seeing people being killed in them. This occurrence may even skip a generation (Hodge, 2016), such as in the case of grandchildren of survivors of the Holocaust having severe nightmares with content related to events suffered by the older generation. Graff (2014) noted that when intergenerational trauma is denied, or a person's negative feelings linked to trauma are devalued, the severity of symptoms tends to increase.

Notable influences on the intergenerational transmission and development of trauma symptoms include the following:

1. Family members can develop PTSD when they attempt to deeply understand the suffering of a former generation (Wiseman, Metzl, & Barber, 2006).
2. Individuals can develop symptoms when stories related to trauma are told and then further discussion is silenced (Hodge, 2016).

3. When parents have a need to both talk about and try to forget their traumatic experiences, it can create a tension that produces symptoms in children and can lead to muted anger and guilt related to simultaneous knowing and not-knowing about the trauma (Wiseman et al., 2006).
4. Children can integrate parents' messages of survival based in fear and mistrust, which can occur from parental teaching or child observations of their parents' nonverbal communications (Hodge, 2016).
5. The observation of traumatized parents can lead to the development of maladaptive coping skills (Hodge, 2016) such as poor regulation of anger and aggression (Wiseman et al., 2006).

Connolly (2011) posited that members of post-trauma generations may demonstrate difficulties distinguishing between reality and fantasy, leading to disturbances of memory and identity as well as a sense of discontinuity between the past, present, and future. Connolly noted that children of the survivors of the Holocaust identify with the survivors as well as those who died. Like the former generation, one part of their ego experiences a sense of being defenseless while another part is trying to adapt to post-Holocaust realities. When there is not an understanding of the fact that they are suffering from intergenerational trauma, the symptoms become more pronounced.

Menzies (2010) argued that there may exist cultural ramifications from trauma that crosses generations. Older generations may feel pressure to deny their cultural heritage associated with the trauma and may develop negative stereotypes related to others involved in traumatic experiences. This dynamic can perpetuate a lack of sense of belonging to specific family, community, culture, or nation, which is then passed on or develops independently within an individual. Such disconnection from one's culture, in turn, negatively influences identity (Menzies, 2010). I observed this struggle in my client of Romani ethnicity, mentioned earlier, who lived in a country where discrimination toward the Romani was rampant. Members of her community were forced to live in impoverished areas, had limited access to educational resources and institutions, and were subjected to

verbal and physical aggression from individuals from the ethnic majority. This, in turn, led her to want to reject her "native customs," to wish to hide her ethnic background from people in the United States where she had fled to, and to want to bring up her son without any knowledge of the fact that he was Romani. The young woman's damaged sense of identity made it difficult for her to build relationships with others.

Diagnostic and Cultural Considerations

As previously mentioned, PTSD is the diagnosis most commonly attributed to traumatic experiences. It is debatable, however, whether this diagnosis is applicable across cultures. Sue and Sue (2012) critiqued assumptions of cultural universality and cultural relativism that they asserted are embedded in Western notions of traumatization. They debated whether Western diagnoses are universal or if constructs of psychological pathology need to be re-defined according to specific cultures. Additionally, the PTSD model does not encompass the entire span of events that could lead to psychological and social dysfunction. For example, van der Kolk (2014) emphasized the fact that the construct of PTSD in the *DSM-5* does not include a framework for relational trauma; therefore, emotional abuse, humiliation, major losses, and coerced sex would not be considered traumatic ..

As defined by the *DSM-5*, a diagnosis of PTSD is contingent on a person experiencing, witnessing, or having someone close to them be exposed to death, the threat of death, actual or threatened serious injury, or actual or threatened sexual violence (American Psychiatric Association, 2013). According to this definition, events are not traumatic if they are highly upsetting but not life-threatening. The resulting symptomology is classified in different categories that include intrusion symptoms such as the recall of recurrent, involuntary memories; persistent effortful avoidance of distressing trauma-related stimuli after the event; negative alterations in cognitions and mood that began or worsened after the traumatic event; and alterations in arousal and reactivity characterized by hyperarousal, nightmares, and poor attention (American Psychiatric Association, 2013).

Although PTSD does describe many of the symptoms that result from traumatic experiences, it does not capture the full range of symptomology. In their critique van der Kolk, Roth, Pelcovitz, Sunday, and Spinazzola (2005) noted an omission of the effects of trauma on a person's sense of safety, the ability to trust, feelings of self-worth, or the loss of a sense of self. They cited research indicating that victims of severe and prolonged trauma, such as battered women and survivors of concentration camps, experience long-term problems related to attention, self-regulation, aggressive behavior, dissociative symptoms, somatization, and disruptions in personality structure.

Given the limitations of the PTSD construct, other diagnoses have been proposed. Herman (1995) has been a leading figure among the clinicians and researchers who have offered an alternative diagnosis known as complex trauma or complex PTSD. Herman's concept of complex PTSD is an attempt to explain a diagnosis that encompasses the symptomology of survivors of prolonged or repeated trauma. She highlighted three principal differences between complex and simple PTSD. One is that complex PTSD generates more intense distress and a greater number of symptoms. In addition there is a higher likelihood of the presence of physiological symptoms such as individuals not being able to experience a sense of calm. Severe trauma can lead to pathological changes in character as well, and survivors are prone to the occurrence of subsequent trauma at the hands of others.

Doby-Copeland (2006) argued for the need in art therapy to understand pathology and health as being determined through the cultural lenses of the clients rather than imposing a Western viewpoint. This notion correlates with previous mentioned work by Marsella (2010) and Gantt (2013) and the current perspective of trauma: that trauma is both biological and culture-based. A more general approach for making a similar cultural assessment of trauma was noted by Watters (2010). He reported on a therapist's work with survivors of trauma in Sri Lanka following the 2004 tsunami. The clinician met with local people to collect their stories as a method to define mental health and pathology through their own cultural lens. She asked

individuals to think of someone who had suffered a traumatic event and functioned well and someone who did not. From this data, she developed culture-specific themes of wellness and distress that were relevant to recovery. She also found that an assessment of the damage to the social environment was defined by survivors as paramount for understanding the impact of the tsunami on communities and individuals. Elsass (1997) also posited the need for the client and therapist to share perceptions of how they define health and illness . Although they do not have to have the same perceptions, they need to have mutual respect for each other's point of view.

An Intersubjective Perspective of Trauma

In addition to both the medical model of diagnosis and the relevance of cultural factors, an intersubjective understanding of trauma also was pertinent to my study. In his discussion of the intersubjective perspective of traumatization, Stolorow (2007) underscored the importance of viewing trauma as a subjective experience that shatters an individual's sense of self and the world and as such alienates them from others. Carr (2011) emphasized the notion that a core affective element of traumatization is shame, which promotes isolation. In addition, trauma alters the principles from which individuals create meaning and predictability in their lives (Buirski, 2005; Buirski & Haglund, 2001; Stolorow, 2007).

In looking at the affective impact of trauma, Carr (2011) posited that affect may be a central component of traumatization and emotions need to be understood within the context in which they emerge. Rather than viewing emotions as an intrapsychic phenomenon, they can be understood as existing in a subjective context that influences an individual's subjective experience of them. When survivors of trauma do not have a relationship in which their emotions can be expressed, understood, and validated, they develop a sense of shame. In addition, survivors become overwhelmed by their emotions if they do not have a relational home in which to express them.

The anguish and terror suffered by one participant in this study needed to be understood and validated in several contexts. She had been attacked and sexually assaulted when trying to protect a stranger who was being assaulted. While walking home bloodied from the rape, bystanders ignored her. Her husband did not arrive home until 3 days afterward. She did not receive any medical attention, and she was shunned within her village. At the time of her trauma, she did not have a relationship in which to immediately share her emotions, and her emotions were connected to each of these circumstances.

As illustrated in this anecdote, traumatization has a cognitive impact and influences individuals' sense of who they are, the world itself, and where they belong in the world. At the core of the intersubjective impact of trauma, there is also a negation of what Stolorow (2007) termed "absolutisms" (p. 13). Absolutisms are assumptions that we make about ourselves within the world. They provide us with a sense of safety and predictability. For example, a person might say, "goodbye; see you tomorrow," and assume the statement to be accurate. However, when traumatic events occur, such as a close friend or family member being kidnapped or killed, this negates the "absolutism" embedded in the phrase "see you tomorrow." Traumatic events rupture such assumptions. The interruption or negation of absolutisms alters individuals' sense of being, as well as their connections to others and to the world. The traumatized person's subjectivity and subsequent intersubjective experiences are indelibly altered. Although other people in the survivor's life continue to live in the absolutisms of safety and predictability, this reality is no longer intact for the survivor (Stolorow, 2007).

Buirski (2005) and Buirski and Haglund (2001) proposed that our subjective and intersubjective worlds are influenced by certain self-organizing principles. For example, an organizing principle could be: "If I do the right things, my life will go well." Traumas rupture such core beliefs. Similar to what occurs when absolutisms are disproven, the negation of organizing principles impacts a person's sense of self and the world, which then leads to disconnection from others. Many times, I have treated individuals who were abducted and tortured by local authorities for being engaged in helping vulnerable populations through

endeavors such as educating them. I imagined beliefs such as, “If I help others, I am a good person and life will be satisfying.” When left with the utterly underserved sense of shame stemming from trauma, this belief is shattered.

An additional intersubjective consideration posited by Stolorow and Atwood (1992) is that trauma always takes place within a relational context. The effects of trauma are influenced by the relationships of the survivor. The damage from trauma can be compounded by a breakdown of affective attunement or a sense of emotional connectedness and understanding between survivors and people within their environment. Social environments and connections are needed in order for individuals to cope with and to recover from trauma. Survivors need to feel understood by and emotionally linked to others following such events. Also, the intersubjective context of traumatic events contributes significantly to how the events are dealt with (Andrade, 1996; Stolorow & Atwood, 1992). The social context influences how events are understood, what resources are available, and how coping is expected to be managed (Andrade, 1996).

Boulanger (2008) argued that survivors are geared toward a survival mentality that permeates their daily life and sense of self. These negative aftereffects can be self-reinforcing as traumatized individuals withdraw from others in the world to protect themselves from fears and perceived dangers. Three catastrophic impacts of trauma include the loss of an internal world of positive self-objects, the loss of external social connections, and the feelings of survivors that they are disconnected from humanity. Banks (2006) proposed a similar effect of trauma by pointing out that violations of trust from trauma lead survivors to develop a generalized belief that they may be hurt by all people. Given the innate need for people to have relationships, survivors may have an intense longing for connection combined with an intense fear of it.

The Therapeutic Relationship in Intersubjective Art Therapy

Having provided a framework for understanding trauma, I will now address the underlying principles for the treatment model I used within this study. I will provide an overview of intersubjective therapy in terms of its conceptual basis and an in-depth discussion of the therapeutic relationship comprised of the client, the therapist, and the artwork.

To begin my description of intersubjective approaches to treatment, I will first contrast it with more traditional practices. The dominant framework in psychotherapy is based on a hierarchical relationship between the therapist and client, where the therapist is the expert who interprets meaning for the client based on expertise and knowledge. Such a model is contraindicated for individuals who have suffered oppression and trauma due to the imbalance in power inherent to it (Buirski, 2005). A view of the therapist as an individual who can provide expert interpretation of the client's inner world promotes the notion that therapists are objective in their understanding of clients. Sucharov (2009) argued that such objectivity is not feasible. There is not one objective reality; rather there are only co-constructed subjective and intersubjective realities. Carr (2011) noted that an intersubjective approach to treatment is particularly applicable to adult-onset trauma, because such an orientation focuses on the client's subjective experiences of trauma and its aftereffects rather than concentrating on psychological damage from childhood and intrapsychic deficits.

Intersubjective therapy is used to support psychological growth through three main pathways. According to Buirski (2005), one element of therapeutic change is a process through which the therapist and client together engage in a sense-making process to understand the organizing principles that the client uses to understand the client's self and the world. The client and therapist work to understand the meanings that exist and to promote a new understanding of the self in relation to others, which promotes improved integration of affect, affect tolerance, and self-cohesion. This sense-making process grows out of dialogue and interactions involving attuning, listening, and responding between the therapist and client (Buirski, 2005; Buirski &

Haglund, 2001). New understanding emerges from continuous, collaborative, and empathic dialogue (Sucharov, 2009). The concept of empathic dialogue can be expanded to include visual communication. Spring (1994), in her work with individuals who suffered trauma, used an art therapy process that she referred to as "visual dialogue" (p. 337). She defined visual dialogue as a collection of drawings created by one individual. The client creates an idiosyncratic, artistic, and symbolic language that includes projections of introjects that the individual experienced during the original traumatic event.

The second pathway to change is the evolving therapist–client relationship, which provides new relational experiences (Buirski, 2005). In the therapeutic alliance, the client feels deeply accepted and understood. Such experiences also promote a new shift in the client's relationship to the self and others. As an example, a client comes to a therapist feeling worthless and unacceptable. The cognitions related to a poor self-concept can transform as the individual has affirming interactions that promote a new sense of self. This, in turn, favorably impacts the interpersonal connections of the client with others (Buirski, 2005; Buirski & Haglund, 2001).

Pearlman and Courtois (2005) posited in their relational approach to the treatment of trauma that the therapeutic relationship could be used as a context in which attachment difficulties can be reworked and where internal working models of attachment can be revised. They discussed the need to understand attachment styles and their repercussions as they become apparent in discussions of clients' lives. In order to help clients become aware of their attachment patterns, the therapist provides feedback in response to reenactments so that these reenactments can become conscious. Enactments can be based on transference and countertransference dynamics in which parties are put into roles such as victim, perpetrator, rescuer, and bystander (O'Connor & Elklit, 2008). When clients disconnect within therapy sessions, the therapist needs to ground them in the safety of the present moment. At that point the practitioner can then help clients to see how trauma fostered the development of

shame, fear, and disconnection in their relationships. As clients learn about their patterns of connection and disconnection within therapy, they can generalize this understanding to other relationships (Birrell, 2006).

The third pathway to change is the integration of intolerable emotions through the process of sharing them with another person (Carr, 2011; Stolorow, 2007). Emotions are integrated as they are exercised and expressed in an attuned relationship with another person. The attunement provides a context in which the feelings of the survivor may be contained, tolerated, and managed. Once clients emote and feel understood by the therapist, their experiences are then validated. Attunement is achieved through a process of introspective empathy on the part of the therapist (Stolorow, 2007). This process of attunement also occurs as "witnessing" the traumatic events via the therapeutic dialogue and artwork. In the presence of the witness, the client can become better able to bear living with what has occurred as well as give meaning to it (Lifton, 2013; Papadopoulos, 1998; Quillman, 2013). I will further address the process of witnessing in my discussion of the role of narrative in treatment.

The Client–Therapist Relationship Within an Intersubjective Framework

Being well-versed in the use of diverse theories can help therapists orient treatment and organize their understanding of the client in the treatment of trauma (Wilson, 2004), but the therapeutic alliance is the core of intersubjective treatment (Natterson & Friedman, 1995). Art therapist Wadeson (2003) posited that treatment needs to be customized to each client, and because each therapeutic relationship is different, the therapist needs to apply different therapeutic theories and techniques. Karpelowsky and Edwards (2005), in their discussion of treatment with a client who had suffered multiple traumas, described how trust and safety had to be developed within the relationship with the client before the client and therapist could identify and incorporate their use of guided imagery interventions in the client's recovery from trauma.

A fundamental perspective of the therapeutic relationship within an intersubjective framework is the definition of the roles of the client and therapist. They are equal—but not identical—collaborators (Courtois & Ford, 2013). According to

Natterson and Friedman (1995), the difference lies in their distinct roles as a person who seeks help and a person who offers help. Clients bring in their experiences, dreams, and problems, which therapists attempt to understand to help establish patterns of meaning within the life of their clients. Although clients are focused on themselves, they also gain an understanding of the unconscious thoughts and feelings of the therapist. Thus, therapists, while focused on the life and issues of a client, must also bring in an awareness of their own psychological lives in terms of background, professional orientation, difficulties in daily life, and professional interests, as all of these factors are relevant to each therapeutic encounter (Natterson & Friedman, 1995).

Courtois and Ford (2013), Wheeler, (2007) and Herman (2015) stressed that with survivors of trauma, it is crucial that therapy be collaborative with regard to the setting of goals and ongoing engagement in the process of therapy. Importantly, collaboration also means that any inferences or interpretations made by the therapist must be considered to be assumptions that require validation by the client. The therapist does not take an expert, authoritarian stance but instead acts as a collaborator with the client (Natterson & Friedman, 1995). Similarly, practitioners of art therapy argue that it is the client rather than the therapist who needs to validate any interpretation of the meaning of client-created artwork (McNiff, 2004),

In describing what intersubjectivity encompasses, Quillman (2013) defined it as a process in which the therapist and client mutually regulate each other's behaviors, enactments, and states of consciousness. Such a relationship creates a third space that forms within the complex web of intersubjective connections. This is a place where the therapist and client meet or fail to meet, depending on the degree of mutual understanding. Within this process, Quillman wrote, "each gets under the other's skin, each reaches into the other's guts, each is breathed in and absorbed by the other" (p. 356). As Natterson and Friedman (1995) discussed, the interaction within the therapeutic process continuously affects the subjective experiences of both the clinician and the client. As such, therapists need to be accepting and cognizant of this unfolding dynamic. The result of the intersubjective process is that the consciousness of both the therapist and the client is increased, and both parties become more defined and

individuated. Although the similarities and common humanity that the client and clinician share is appreciated, their differences also become more evident.

Quillman (2103) emphasized that for therapists to promote their understanding of the client they must be attuned to the nonverbal and effective elements of the therapeutic relationship. Thus, it is essential to be tuned into their bodily responses and somatic reactions to the client. Here, I am reminded of my work with a Colombian survivor of an abduction and torture by FARC (*Fuerzas Armadas Revolucionarias de Colombia*, or the Revolutionary Armed Forces of Colombia), a guerilla group in her native country. Often after sessions with her I had a sick sensation in my stomach. To me, this was a sign of my client's ability to have an emotional impact on me and my need to engage with her in order to help contain and witness what she had suffered.

Intersubjective theory emphasizes the mutual influence that the client and therapist have on each other's behaviors, enactments, and states of consciousness, which negates the notion of neutrality in the therapeutic relationship dynamic (Buirski & Haglund, 2001; Quillman, 2013). This concept is very much applicable to trauma treatment. Herman (2015) asserted that therapists must not assume a position of neutrality in working with survivors of trauma. Accordingly, although the therapist needs to be disinterested in terms of not overly influencing a client's life decisions or taking sides with regard to inner conflicts, the therapist cannot take a neutral stance. Rather, the therapist must take a moral stance and ally with the client with regard to any injustice and/or crimes the client has been subjected to. That is to say, the therapist should not express neutrality in response to events such as unlawful imprisonment, torture, and discrimination in clients' lives. Instead, the therapist needs to openly acknowledge these wrongdoings for what they are. This is an aspect of what it means to validate the experiences of traumatized clients.

Another element of the intersubjective framework in practice is an emphasis on curiosity. Quillman (2013) underscored that in order to build a strong, attuned connection to clients it is essential to be deeply curious toward them as individuals in terms of their emotions and their physiology, as well as toward one's own emotions and body. In describing what he meant by the assumption of a curious stance toward clients, Quillman cited examples such as taking a keen interest in the person's feelings, openly expressing wonder about the meaning of the client's body language, noticing the bodily sensations one experiences during sessions, and attending to one's reactions toward the client. In addition, to facilitate the intersubjective process, the therapist should strive to connect to the conscious and unconscious experiences of the client via empathy, self-introspection, and self-reflexivity. The therapist works to understand the client's own solutions to universal problems and the management of emotions. As such, the client's symptoms are seen as adaptations rather than pathology (Buirski & Haglund, 2001). Jordan (2016) posited that at the core of the therapeutic endeavor the therapist needs to be willing to engage in doubt, uncertainty, curiosity, and a sense of mystery. This means staying in the messiness of the emotionality of a client's life without striving for clarity and understanding through reason (Jordan, 2016).

Along with curiosity regarding the client, the therapist needs to have a similar stance toward personal, internal experiences, as they can be valuable to understand the inner experiences of the client (Natterson & Friedman, 1995). Within this process, the therapist develops an attuned connection to the affective states of the client in terms of the client's emotional suffering. This construction of the interpersonal connection is supported by neuroscience (Buk, 2009; Franklin, 2010; Gallese, 2003), discussed below. The sharing of affect supports healing for the client (Quillman, 2013).

Cross-Cultural Competencies

The use of a curious stance when approaching clients and oneself as a therapist in relation to a client is especially relevant to cross-cultural therapy. Buirski (2005), in his discussion of cross-cultural intersubjective work, stated that such practice

requires “multicultural competence or the ability to understand and constructively relate to the uniqueness of diverse cultures and their influence on the perspectives of individuals” (p. 76).

To develop multicultural competencies, one must first consider the concept of culture. According to Marsella (2010) and DeVries (1996), at its core, culture is a template from which we construct reality. It is a framework within which we organize our perceptions and experiences, and it is key to how we describe, understand, and control the world around us. Culture guides our view of reality and contributes to how we make meaning of the world around us. DeVries referred to culture as a template through which we perceive the nature and cause of stressors or trauma. Culture is comprised of social, political, and historical contexts through which people create meaning regarding traumatic events. Culture also influences the sense of the location of the cause of the events as being within or outside of the individual. This determines whether an individual assumes some responsibility for the event or feels that an element of fate has led to what occurred (DeVries, 1996).

One framework for understanding the influence of culture is a tripartite model outlined by Sue and Sue (2012). They posited that a person’s worldview is constructed on three different levels of identity: individual, group, and universal. The universal level refers to the commonalities among all people stemming from being human. The group level refers to shared cultural values and beliefs, rules, and social practices. The definition of the group level of identity suggests that all individuals are in some respects like some other individuals but that groups within societies are formed in relation to social, cultural, and political distinctions. The group element of identity influences how groups view other groups as well as how members of groups perceive themselves. Some affiliations such as education, socioeconomic status, and marital status can change. Other are be non-malleable, such as gender and race, the latter of which Doby-Copeland (2006) cited as important when examining the influence of social exclusion and social inclusion. Finally, the individual level of identity that helps construct a person’s worldview refers to the uniqueness of each person, due primarily to different life experiences that impact psychological characteristics, behavior,

and mental propensities or disorders. Individual experiences include family life, as there are differences in how different individuals were treated by their parents (Sue & Sue, 2012).

Returning to the construct of cross-cultural competencies within art therapy, to bridge the cultural gaps between the client and therapist a variety of competencies is necessary. Ter Maat (2011) and Doby-Copeland (2006) described *cross-cultural competency* as the development of cultural self-awareness on the part of the therapist with respect to cultural assumptions and ethnic identity, awareness and knowledge of other cultures in order to understand different worldviews, and insight into interventions that are culturally appropriate. Hocoy (2002) posited similar views regarding cross-cultural skills with an emphasis on therapists gaining perspective into their own cultural biases and areas of discomfort when working with individuals from other cultural backgrounds. He also stressed the importance of not imposing on a client a set of values and assumptions associated with a dominant culture.

Another perspective in cross-cultural therapy is a model in which the client serves as an educator to the therapist with regard to the client's cultural background (Fabri, 2001; Gorman, 2001; Yan & Wong, 2005). Within his treatment paradigm, Gorman (2001) asserted that cross-cultural therapy is reliant on more than the independent development of cultural and self-knowledge by the therapist. He emphasized the importance of clinicians maintaining a phenomenological stance to appreciate the meaning of clients' distinctive ways of being in the world and to use the knowledge acquired from that experience along with self-knowledge to bridge the cultural divides between the client and therapist.

Yan and Wong (2005) offered an approach to addressing the cultural issues that I see as being the next step in the development of what Gorman (2001) proposed. They contended that cultural competence based on self-awareness is a flawed notion. Instead, they proposed the construct of a "dialogic self" in which the therapist strives to create an ongoing, intersubjective dialogue with clients in order to address cultural issues (Yan & Wong, 2005). Fabri (2001) supported a similar

dialogical approach in her conception of the client as being a cultural teacher for the therapist. Fabri also saw this role as a source of empowerment for clients. Isfahani (2008) discussed the use of art as a tool for a therapist to gain cultural self-awareness as well as the need to build cultural bridges between a client and the therapist.

These approaches to cross-cultural work are similarly in line with the previously discussed stance of curiosity taken on by the therapist within an intersubjective framework. The therapist and client engage in a collaborative relationship in which they learn about each other's culture from one another and at the same time gain a greater awareness about their own cultural backgrounds. The mutual learning process helps them to better understand each other as well as the influence of cultural contexts on their individual lives and the therapeutic relationship.

In working with my study participants, I found that these concepts were pertinent to each particular case. For example, as I worked with a transgender Muslim client, I had to explore my own understandings and reactions toward his gender identity and his religion, both of which were distinctly different from my own. This self-reflexive exploration involved processing my own emotions, delving into my personal points of view, and learning from him and from cultural information that I sought out on my own. Likewise, with a Romani client, work was needed to bridge our cultural worlds. I needed to understand her heritage, and she needed to gain a sense of what it would mean to be a Romani in the United States.

The Intersubjective Relationship Between Art and an Individual

Having discussed the intersubjective process that occurs between client and therapist, it is relevant to consider the intersubjective space that exists among the client, the therapist, and the artwork (Schaverien, 2000; Skaife, 2001; Zinemanas, 2011), as well as the relationship between an individual and a piece of art (McNiff, 2004). The dialogue between the two parties through art can create new meanings and produce perceptual shifts (Schaverien, 2000).

The initial relationship to consider is the one between the artist and the art materials. Art therapist Robbins (1998) argued that therapists must observe and take into account how individuals react to art media characteristics. A psychological interaction occurs between an individual and the roughness, softness, or sharpness of materials or other traits such as their malleability or visual characteristics. The impact of this interaction between maker and material can influence the creation of meaning and the experience of the client as a result. Wadeson (2003) also posited that a kind of transference reaction, usually occurring between a client and a therapist, also can develop between the client and the art materials. Clients can project or release feelings onto art materials in the same way they might onto the therapist. For example, instead of projecting anger onto the therapist, a client might treat materials aggressively as a way of releasing such feelings.

Structural elements and the content of an art piece are additional aspects that can aid the perceptual understanding of both the artist and the viewer. Betensky's (2016) phenomenological approach to understanding art involved "seeing" artwork and providing a description of its content and form in a very intentional and detailed way to better engage with and derive meaning from a piece of art. She argued that direct attention to the structure of artwork and the connections between elements within a piece could lead to a more in-depth understanding of the art than can be understood from attending only to the symbolic content.

With regard to an artwork's content, Hillman's (1977) understanding of meaning making with imagery suggests another intersubjective space is created from the interacting relationships of the elements contained within a piece of art. Rejecting the notion that an artwork's meaning follows a naturalistic or linear narrative, Hillman argued that the meaning of imagery can only be discerned when seen in relation to all of the elements depicted in the art work and in the context of the whole. In other words, a symbol such a sun or a person cannot be considered as more meaningful or apart from all other elements in the same piece, such as a smudge or a scribbled area. The maker's emotions are attached to all of the elements and emerge from the totality of the scene; therefore, it is inaccurate to quickly impose or affix meaning on the scene. For example, by attributing an emotion to a

particular image (e.g., “this drawing is about anger”), no space is given for an intersubjective process of meaning making to emerge.. Instead of making a hasty judgment and assuming we know the meaning of a piece of art, we must take in all of the details of the piece and take time to see or feel the affect that arises from their contemplation.

Hillman’s ideas can be found in the art therapy writings of McNiff (2004), who asserted that artwork should be viewed as a separate entity with a life of its own. Similarly, Moon (1999) encouraged the artist or viewer communicates via a piece of art through an imaginative, interactive dialogue in order to connect, understand, and create new meaning. I will provide a more in-depth discussion of the creation of new meaning via art in the next section.

These approaches to the artwork are important to contemplate because such a process of creating new meaning has been central to my clinical work and research. Within my study, the process of meaning making took diverse forms. With one client who suffered severe dissociative symptoms, I created art to explore the significance of these symptoms in his daily life and to better understand the triggers of his dissociative symptoms. With a Muslim client, I made artwork that we used to make sense of sexual practices in the context of his religious world as well as to address the role of his sense of God on his gender identity.

The Triangular Relationship: Client, Therapist, and Artwork

As previously discussed, when the principles of intersubjectivity are applied to psychotherapy, the central idea is that the client and therapist co-create a relationship from the interplay of each other’s subjectivity (Natterson & Friedman, 1995). Art therapist Robbins (1998) referred to this principle in his discussion of *therapeutic presence*, which he perceived to be a psychological space that encompasses the oscillating inner and outer worlds of the client and therapist. This intersubjective space is created between the therapist and client through attuned dialogue and art creating and viewing. Both individuals come to understand and change each other as they co-create a shared experience during in-response therapy. They continuously influence the thoughts and feelings of each other on both conscious and unconscious levels (Natterson & Friedman, 1995). Here the client

and therapist engage in an intense process of sense making regarding the client's life events and subjective experience. Through this therapeutic process the client gains self-understanding, the ability to listen to others, and a sense of being deeply understood and validated. This, in turn, leads to a new understanding of the past, improved ways to relate to the self and others, and an altered subjectivity in the present (Buirski & Haglund, 2001).

Robbins (1998) applied the principles of intersubjectivity to art therapy by considering the existence of a triangular relationship that emerges between the client, the therapist, and the artwork created in session. He argued that the therapeutic purpose of the interconnectedness of these three components serves to bring the past and the present of the client into greater awareness. At the same time, the therapist fosters meaningful interactions with the client by being attentive and receptive to verbal and nonverbal cues coming from the client and through felt shifts in the therapist's own subjective experiences from attending to the artwork created. It is noteworthy to mention that just as interpersonal relationships change over time so do relationships between artworks and individuals. For instance, a client may connect deeply to an art piece upon empathic reflection, yet may not be able to tolerate the affect expressed in the same artwork when viewing it at a different or later time (Robbins, 1998).

Schaverien (2000), Skaife (2001) and Zinemanas (2011) also examined the triangular relationship among the therapist, client, and artwork. These art therapists asserted that each of these components contain a voice and a unique perspective that contributes to the therapeutic space. Skaife (2001) posited that the visual exploration of artwork and its verbal contemplation can open up a subjective perspective. The client and therapist thus can access and make use of the "viewpoint" of a piece of art created in session as they strive to comprehend its content and connect to the meaning that exists beyond what is apparent on the surface. Such meanings attributed to the artwork are co-created by the therapist and the client (Gantt, 2013).

Artwork is believed to represent the maker's personal or collective unconscious as voiced through the relational interplay of the client, the therapist, and the artwork. Mutual contemplation of artwork in art therapy is characterized not by analytic discussion but by an evenly hovering attention (Robbins, 1998) on the part of therapists and clients, which can enhance clients' ability to symbolize material and expand their perspectives on themselves and others. Schaverien (2000) added that the unique role of the art in therapy is to convey a unique feeling state. As an artist engages with a piece of art, an exclusive type of relationship develops between the artist and the artwork. The meaning of the art becomes something other than what was originally intended when it was created and as such reveals new and evolving unconscious material. Storolow (2007) referred to artwork and the therapeutic relationship as providing a relational home in which emotions can be articulated and integrated through encounters within the triangular relationship. As described earlier, an attuned, empathic understanding of an art piece by a therapist also helps clients to connect to and develop their sense of self (Zinemanas, 2011).

Artwork made by the therapist is one of the fundamental elements of my study. Fish (2013) defined her use therapist-made art as a means of self-inquiry and related her own use of creative expression to deepen understanding and communicate this understanding to others, explaining that she employed art as a way to recognize preconceived ideas about clients and to assimilate knowledge from textbooks and consultation. Fish elaborated further on how bringing her own art to sessions offered a literal translation of how she understood the client's experiences in order to engage in a therapeutic exchange. She also wrote of the value that art brings to this exchange by providing information beyond the purely verbal level. As such, a level of attunement with clients on a more intersubjective level can be achieved.

Other types of inquiry may be effective within an intersubjective model of treatment if they provide therapists with a means to explore their own subjectivity as well as to communicate with clients. Moon (2002) cited five types of artistic self-inquiry that included:

- art as self-exploration and reflection,
- art as elaboration and documentation of therapeutic work,
- art as a responsive interaction with clients,
- art as a way to clarify and contain feelings from therapeutic work, and
- art as a form of spiritual practice.

Numerous authors have described therapist art in support of their work with clients. Wadeson (2003) and Miller (2007) described the use of art by therapists subsequent to therapy sessions in the processing of countertransference to deal with strong emotions as well as to gain insight into their reactions to clients. Haeseler (1989) and Lachman-Chapin (1983) proposed the creation of art alongside clients for a variety of purposes;. therapist-created artwork may serve facilitation of relationship development, mirroring of a client's thoughts and feelings, and communication of the therapist's understanding of a client. Other interpersonal uses of art can be found in the work of Moon (1999) and Robbins (1973). Moon wrote of the utility of art made by the therapist to support engagement in communication with clients by means of an imaginative dialogue. He viewed images as visual communication grounded in facts and the external reality of a client. Similarly, Robbins described his use of visual dialogues to enhance communication with clients.

Franklin's (2010) work demonstrated the use of therapist-made art to enhance the therapeutic relationship. He based his work in attachment theory and neuroscience, with specific reference to the mirror neuron system, which is a neurological foundation of empathy. His use of the term *visual empathy* suggests that an artwork can act as a visual means for developing attunement with clients through the intersubjective process. As referred to previously, Ribkoff and Inglis (2011) described the importance of seeing through the mind and feelings of the client. The concept of visual empathy adds to this aim of attunement, as achieved through a method of therapist-made art and client interaction.

Finally, Hass-Cohen and Findlay (2016) proposed that the use of empathy in art therapy goes beyond the therapeutic relationship and includes the art produced by clients. Just as the therapist takes on an open, unconditional attitude toward the client, the therapist must be equally accepting of and receptive to artwork from the client.

Empathy Within Treatment

A fundamental element of intersubjective treatment is empathy. Empathy enhances the ability to discern what is salient in another person's emotional world regarding why they feel a certain way and how they express feelings (Hollan, 2008). Empathy also is considered fundamental to the healing process in therapy (Courtois & Ford, 2013; Fabri, 2001; Jordan, 2010; Marrota, 2013; Rogers, 1975; Simpson & Clark 2010; Walker & Rosen, 2004). A review of empathy in the literature, however, reveals different definitions of empathy and what the concept means within the therapeutic relationship. The theories that I will review involve (a) empathy as a way to understand another person, (b) empathy as an emotional connection to another person, and (c) empathy as an intersubjective, reciprocal process.

A principle theorist regarding the role of empathy in therapy, Rogers (1975) referred to empathy as being the therapist's effort to put aside one's personal world in order to understand the internal frame of reference of another person. This practice promotes the therapist's understanding of the implicit and explicit meanings that the client has attributed to life experiences. Simpson and Clark (2013) linked empathy to a therapist's attempts to answer the question: "What is it like to live as this person?" There are three avenues to obtaining this information:

1. Subjective: The vicarious experiencing of what life is like for the client through introspection and imagination by the therapist.
2. Interpersonal: The use of imagination to observe a client from an interpersonal perspective in order to try to understand the experience of the client.

3. Objective: The acquisition of observational and factual types of information from sources such as test results, research on the client's cultural background, and detached behavioral observations. All three of these sources of data are integrated in order to gain an empathic understanding of a client (Simpson & Clark, 2013).

The development of empathy in each of the above categories was essential to my study. Objective empathy was needed in order to understand the cultural backgrounds of my clients. For example, I had to learn about Islam, Romani culture, and the sociopolitical history of Venezuela. To validate and vicariously witness the traumatic experiences of the clients, I had to attend to and develop a personal subjectivity that was both cognitive and emotional. Through an exploration of what I understood and felt in terms of what each had lived through, I engaged in interpersonal imaginative connection with them though artistic presentations of my understanding and experience of them.

According to Walker and Rosen (2004), although empathy involves the therapist's ability to enter a client's world, it goes beyond an understanding of the client. It also is dependent upon the therapist's ability to communicate awareness to the client. Empathy is contingent upon the client's perception of being understood, making it an interactive process. To engage in this mutual, communicate process in my study, I used the verbal meaning of dialogue and the nonverbal tool of art to convey my perceptions to clients. Given Hollan's (2008) position that one's understanding of others is an intersubjective encounter rooted in one's emotional and imaginative capabilities, art was a natural tool for promoting empathy. Art is based on an imaginative expression of emotion. Empathy develops as clinicians engage in introspection regarding their subjective experience combined with the use of imagination in order to discern the subjectivity of their clients (Klugman, 2001). Clinicians monitor themselves, the client, and their interactions to understand, connect to, and communicate the subjective experiences of the client. A hermeneutic process in involved (Moules, McCaffrey, & Field, 2015) that allows understanding to develop through ongoing dialogue that enfolds over time through interaction (Hollan, 2008).

Th unfolding process of empathy can reflect different interpersonal processes. For empathy to occur, however, the client's perception of being understood by the therapist is as crucial as the client's perception that the therapist is putting forth an effort to understand (Arnold, 2015). Empathy can provide support and validation for clients as they work through their emotions (Courtois & Ford, 2013; Fabri, 2001). A mutual understanding of the meaning of traumatic events, distress, and symptomology can emerge (Courtois & Ford, 2013). An emotionally supportive setting develops in order to support clients as they interpret their life, identify needs, and set goals for the future (Herman, 2015). Empathy may take the form of empathic questioning, which involves making inquiries and explorations to make sense of a client's experience. Art also can be used for empathic questioning (Arnold, 2015; Margulies, 1989).

Just as the mutuality of the therapeutic relationship is emphasized in intersubjective theory, the same is true for theories of empathy, as empathy also can be understood as a reciprocal exchange between a client and a therapist, or "mutual empathy" (Jordan, 2010). Jordan (2010) argued that empathy is an intersubjective process rooted in the mutual connection between client and therapist. Although each party takes on a distinct role within the relationship, they must be willing to have an impact on each other. Both client and therapist need to be open to being changed by each other and within the relationship. Clients need to feel and see that they have an impact on the therapist. This depends on responsivity from the therapist; that is, therapists must be willing to allow themselves to be moved by clients and respond in an authentic way. Clients need to know that the therapist can take in their experiences and that they matter to the therapist on a relational level (Jordan, 2010; Walker & Rosen, 2004; Wallin, 2007).

In working in cross-cultural settings, it is useful to expand the construct of empathy to include culturally sensitive empathy. As discussed by Chung and Bemak (2002), cultural empathy serves as the method through which therapists work to bridge the cultural gap between themselves and their clients. It occurs within the efforts by a therapist to learn about and then

communicate an understanding of a client's worldview. *Worldview* is the way in which individuals perceive their relationship to the world, nature, people, institutions, religion, and the universe. It is comprised of attitudes, values, beliefs, and opinions and affects how individuals think, make decisions, and interpret events. The communication of worldview contains an acknowledgment of the cultural similarities and differences between the client and the therapist (Chung & Bemak, 2002).

Cultural empathy can be key in building credibility with clients and strengthening the therapeutic relationship. It is developed as the therapist communicates an interest in learning more about a client's culture. The therapist can express a lack of awareness alongside curiosity regarding a client's background. Such acknowledgment also helps clients to learn more about themselves. For refuges, cultural empathy and understanding are essential: the therapist must become knowledgeable about their historical, social, political, and cultural backgrounds. In addition, the therapist needs to have an understanding of the process of psychosocial adjustment for clients who find themselves in a new culture, which includes sensitivity to oppression, discrimination, and racism that may be encountered by the client (Chung & Bemak, 2002).

Although much of my discussion thus far has been reflective of verbal engagement to build and communicate empathy, artwork can provide another means of developing empathy. An example of a physical enactment of attunement is an art therapist conveying empathy and connection through engagement with art materials. Interactions such as mending an element of a client's artwork, holding a piece of paper for a client, and so forth build active and reciprocal engagement (Hass-Cohen & Findlay, 2016).

Franklin (2010) used a model of treatment that reflects the "mutual empathy" in nature through the use of art within the process of developing attunement and emotional connection with clients. In his method of conveying visual empathy to adolescent clients, Franklin used his own art to depict and communicate back images that represented feelings that the youth were not able to directly express. To develop an empathic connection to his clients' art, Franklin initially maintained a neutral

posture that sought to simply be present with the clients. As he observed their behaviors his neutral awareness was open to images that came to mind. Through this mindful stance, Franklin was receptive to the multiple associations arising from images, verbalizations, behavior, and somatic cues in relation to his clients. He then created an image from these associations and showed it to the clients for their own contemplation and meaning making. Clearly, co-creation of art is another vehicle for building mutuality (Hass-Cohen, 2016). Moreover, by working on the same object or piece of paper and engage in similar movements with art materials, a sense of mirroring or reciprocal connection is generated between a client and a therapist.

The use of art as a tool for developing and communicating empathy fits into a broader definition of empathy. Hollan (2008) described empathy as being not purely cognitive, imaginative, or emotional, but rather a combination of all of these elements. Empathy requires imagination as well as effective attunement. After engaging with another person, one must imagine how and why a person has the feelings that the person does. In addition, the process is intersubjective, because empathizers must also activate their own memories, images, and feelings that relate to another person's experience (Hollan, 2008).

An Intersubjective Approach in the Phase Model of Treatment

Herman (2015) developed a model of trauma treatment based on the division of therapeutic work into three phases of recovery: safety, remembrance and mourning, and reconnection. Each phase incorporates biological, psychological, and social elements of traumatization and its treatment. Although the therapeutic process is conceptualized as having three phases, this does not mean that there is a linear process to treatment. Instead, it is more in line with a spiral process in which elements of the different phases are revisited in a progressive fashion with the aim toward greater stabilization, integration, and recovery (Wheeler, 2007). Courtois and Ford (2013) also posited a similar spiral of trauma recovery.

Within the phase model the clinician must consider the types of treatment that are needed to address the diverse needs of clients (Herman, 2015). The most effective treatment is one that incorporates multiple approaches fitted to the needs of the client

rather than adhering to a single therapeutic method (Wadeson, 2001). Wilson (2004) similarly proposed using an approach to treatment that combines different treatment modalities.

Numerous art therapists have documented multimodal treatment by combining art therapy with other treatment orientations such as cognitive-behavioral or psychodynamic therapies (Appleton, 2001; Golub, 1985; Jones, 1997; Lyshak-Stelzer, Singer, St. John, & Chemtob, 2007; Naff, 2014; Pilafo, 2007; Stace, 2014). The treatment of trauma necessitates a focus on the intrapsychic and biological impacts of events along with the interpersonal, social, and political dimensions of traumatic experiences, necessitating the use of a multifaceted, theoretical approach to trauma treatment including creative arts, cognitive-behavioral, psychodynamic, and relational orientations to treatment (Drožđek & Wilson, 2007). It should be noted that when interventions and strategies are implemented in treatment, they occur within an intersubjective space that can influence their implementation (Karpelowsky & Edwards, 2005).

Although I acknowledge the complexities of trauma treatment, my focus in this literature review as it informs my research project is on the therapeutic relationship with a primary emphasis on the role of the therapist. I will, however, address the intersection between an intersubjective approach to treatment and the use of a phase-based model in working with trauma.

Phase 1: Safety

Within an intersubjective framework, trust develops as a client feels understood by the therapist and as such the feeling of safety in the presence of the therapist allows the client to be vulnerable in order to express and experience difficult emotions during therapy sessions. This is supported by the therapist developing an atmosphere of collaboration (Courtois & Ford, 2013) and mutuality (Jordan, 2010). In addition, clients become more trusting of their own subjectivity through the process of validation from the therapist (Buirski & Haglund, 2001). The foci of education can be on the prevalence of trauma; myths associated with trauma; typical immediate responses to trauma; the lasting psychological, social, and biological aftereffects; and

a reframing of symptoms as a form of adapting due to trauma (Briere & Scott, 2015; Drožđek & Wilson, 2007). This is carried out within a corroborative dialogical exchange in which therapist and client describe and come to a common understanding of what pathology and health mean for the client (Elsass, 1997; Watters, 2010). Watkins and Shulman (2008) referred to listening to symptoms in order to understand the ideology and theories of individual clients and their social contexts and discern what symptoms have been normalized.

As symptoms are understood, the therapist and client collaborate to develop and implement strategies to manage the symptoms (Courtois & Ford, 2013). Regarding the reduction of symptoms of PTSD, cognitive behavioral therapy can be utilized to enhance anxiety management strategies through stress management, relaxation training, cognitive restructuring, breathing techniques, social skills development, and distraction techniques (Briere & Scott, 2015; Drožđek & Wilson, 2007; Stace, 2014).

Drožđek and Wilson (2007) noted a key cultural consideration at this early juncture of therapy, which is to assess the survival strategies used by clients in their countries of origin. Refugees may need to find new methods of survival in a society in which they are no longer the target of persecution but instead have new rights and obligations. Survival strategies developed in the country of origin may be maladaptive in the context of a new country. It also is important to assess the existence of new issues that may exist in the host country, such as racism, discrimination, and secondary victimization (Drožđek & Wilson, 2007).

The development of enhanced reactional capacities occurs throughout therapy (Courtois & Ford, 2013). Buirski and Haglund (2001) stated that the aim is to come to understand these patterns within a relational context between the client and therapist in order to create a new relational experience that then contributes to the creation of new patterns. I will address this further in my discussion of the third phase of therapy.

Phase 2: Narrative Development

Trauma treatment requires that both the trauma narrative and comprehensive autobiographical narratives are worked with in order to achieve several goals, including:

- the creation of a coherent, logical narrative of traumatic events (Herman, 2015);
- the amelioration of any gaps in trauma memories (Herman, 2015; van der Kolk, 2014); and
- the development of a broad autobiographical narrative in which trauma becomes less central (Wilson, 2004).

To assist the process of narrative construction, the therapist maintains a stance that is curious about clients, and their lives, and their culture, as well as maintaining a non-neutral position regarding immoral acts that clients were subjected to. In my work with my Romani client, for example, we both shared our perspectives on what it meant for her to be Romani in general as well as being Romani within her native culture.

Wilson (2004) underscored the intersubjective nature of this aspect of the therapeutic process in his description of a dialogical process in which the therapist and the client "travel together symbolically to a place" (p. 264) as they construct the client's narrative. Solomon and Siegel (2003) posited that the integration of memories is influenced by neurology and interpersonal relationships. Memories are processed through interactions with another person. This interaction facilitates neurological processes that help to integrate traumatic memories into coherent narratives as fragments of sensory information and emotions are associated and explained through the creation of the narrative.

Although Wilson (2004) referred to a verbal dialogical process, dialogue can be a nonverbal process as well. This was noted earlier in my discussion of "visual dialogue" (Spring, 1994). As an individual creates art pieces, the person depicts the story of life occurrences combined with associated emotions. These images reflect introjects about the self, others, and the world generated by traumatic events. The images may contain pictorial reflections of enactments of traumatization as well as personal

metaphors that attempt to gain mastery over the trauma. An advantage of the creation of art over verbal descriptions is that art results in a tangible product that clients can hold onto and that they can then choose to review at any time. The ability to review art products over time contributes to the consolidation of memories and the construction of a coherent, continuous narrative (Spring, 1994).

When working with refugee populations, additional elements need to be included within the narrative. A starting point for looking at the dynamics that impact refugee populations is to take into account the experiential stages in the process of becoming and being a refugee. Papadopoulos (2002) stated that the experiences of a refugee can be represented by a spectrum of four phases: the anticipation of a traumatic event that leads to having to abandon one's native country, the event or events themselves, survival subsequent to the event(s), and adjustment to a new life in a new culture. Each of these phases has potential positive and negative influences on a person's life. With my study participants in Venezuela, I considered them to be in the initial phases of the model, due to the worsening political situation in the country taking place at the time. Clearly, they were experiencing events as they occurred and anticipating new traumatic events that might emerge.

Drožđek and Wilson (2007) argued that in understanding the life story of refugees, one must examine the parallels that exist between the timelines of historical events and an individual's history of trauma. There is a connection between personal and collective trauma that affects individuals. As therapist and clients explore the historical and individual timelines of the clients' lives, they uncover the meaning of conflicts for the individuals as well as the impact of power and oppression in their lives. These issues include the impact of being a member of minority groups due to factors such as ethnicity, religion, and political beliefs (Wilson & Drožđek, 2009). The use of art with clients is an effective means for understanding the connection between survivors and their cultural, social, political, and historical contexts (Kalmanowitz & Lloyd, 2005; Schaverien, 1998).

An example of the interfacing of individual and collective of trauma can be seen in my work with an older adolescent in Caracas, Venezuela. She had suffered bullying throughout her life, which led to a desire to isolate herself. At the same time, she had an ongoing conflictual relationship with her mother that she felt was damaging to her. At the time of the youth's participation in the study, her mother was very restrictive of her activities at home and did not allow her much freedom to be outside of her home. In addition to her individual and relational trauma, the client was living in a sociopolitical context in which most people feared going out after dark and in some instances even feared walking down the streets during the day. The dynamics of her isolation had to be addressed with the three contexts of her individual, familial, and collective traumatization.

In her consideration of the reconstruction of a client's story, Herman (2015) theorized that the client and the therapist need to review the client's life before the traumatic event, during the event, and in the future as the client envisions it. The client's story also is built from a discussion of important relationships, ideals, dreams, and struggles of the client. Bohleber (2010) cited several outcomes of the story cocreated within the therapeutic dialogue. He argued that as the client and therapist build an understanding of both the client's past and present, the client overcomes the fragmentation of memories due to a lack of remembering, disassociating, and poor encoding of elements of the events. This helps the client to understand the impact of the trauma on present-day life. The client makes new connections between emotions and the details of the events. The client also is able to develop the perspective of witness of the event, which allows for the creation of new meaning as well as improved self-reflection (Bohleber, 2010).

According to Herman (2015), as a client reconstructs the story of traumatic events, the narrative needs to include sensory memories involving visual imagery and other sensory input such as touch, smell, sounds, and bodily sensations associated with the events. During the process of recounting traumatic events, gaps in memory may become apparent, and the client and therapist can attempt to uncover what is missing from the narrative. As the gaps in memory are ameliorated, the therapist helps

the client to identify and work through resistances to remembering (Ribkoff & Inglis, 2013). In some instances, resistances may cause these gaps by avoiding a confrontation with unbearable pain (Herman, 2015). In addition, as the client and therapist discuss and expand upon the narrative of traumatic memories, the client can gain a sense of mastery over the memories and can develop the capacity to recall the past rather than avoiding the recollection of events (Courtois & Ford, 2013; Herman, 2015).

As the client and therapist work with the client's trauma narrative, Bohleber (2010) posited that both parties engage in a process of witnessing. The client is a victim/survivor of what occurred and becomes a witness to traumatic events during the process of recalling them. In the process of treatment, the therapist helps the client to connect to what occurred in order to piece together details and the associated emotions. At the same time, the therapist prompts self-reflection within the client to strengthen the self-witnessing of what happened from the perspective of the present.

As clients become a witness to their life events, the therapist also needs to take on such a role. Harris (2015) defined the process of witnessing as a person understanding and vicariously observing another person and that person's life experiences. Witnessing is key to the development of consciousness in both traumatic and nontraumatic circumstances. Ribkoff and Inglis (2013) theorized that the witness must in some way experience what the survivor experienced in a deep way. This exchange occurs within a dialogue whereby the therapist is willing to endure the client's hardship and pain in its telling and showing. Lifton observed, however, that a therapist can be a false witness who engages with the survivor, but not at this deep level (as cited in Ribkoff & Inglis, 2011). False witness limits the engagement of the therapist with the client and impedes the therapeutic process. According to Lifton, a major barrier to feeling at a deep level cited is the denial of the element of death within the traumatic experience.

Harris (2007) stated that within this process the therapist needs to actively engage in mutual exchanges with a client and to make self-disclosures when appropriate. Exchanges from the therapist can include emotional reactions to what happened to

the client and empathic reflections of the client's experiences. A therapist must also disclose any instances of feeling as though an error has been made with the client. Harris also posited that there are clients with whom this type of mutuality may be difficult due to the degree of the trauma they have suffered. In these instances, the aim of the therapeutic relationship is to provide a holding environment in order to contain emotions.

As recollections and emotions emerge through the client's reconstruction of events, the therapist needs to stay present and empathically connected to the client (Boulanger, 2008). In this way, both parties can come to experience and tolerate the intense emotions. Through the experience of having the therapist witness the traumatic events via the therapeutic dialogue and artwork, the client can become better able to bear living with what has occurred as well as give meaning to it (Papadopoulos, 1998; Quillman, 2013).

In art therapy, Kristel (2012) described her use of art as a form of witness within an intersubjective practice. She concurred with my observation that art promotes attunement through an interpersonal process of sharing of emotions within therapy. Kristel posited that this experience of joining with clients to witness and experience emotional pain helps clients to make deeper connections with themselves. Furthermore, Kristel argued that the process of attunement and intersubjective encounters with clients could be important art therapy elements that may lead to the development of new neural pathways that, in turn, support recovery from trauma. According to Spring (1994), the art images of trauma events also create a nonverbal testimony of what occurred to individuals. As they create this testimony, they can do so without fears of repercussion for speaking out. This process of creating testimony facilitates the resolution of conflicts and the development of personal strengths.

The process of writing is another creative modality for bearing witness to trauma, (Feldman, Johnson, & Ollayos, 1994). Feldmen et al. studied how writing, as a creative process, can address issues related to traumatic memories as well as enhance a person's ability to bear witness to what occurred. Written expression provides a private dialogue with the self in which

fragmented memories and experiences can be integrated. A unique aspect of writing is that the writer is both the creator and the audience. The process of writing engages the writer in analysis, reflection, and transformation of thought, which, in turn, strengthens the observing ego and self-reflection. As traumatic events and feelings are externalized through writing, an emotional distance between the client and the events emerges, which allows for a sense of safety and control.

As survivors of trauma engage in a process of remembrance, it is inevitable that this will also entail processes of both mourning and meaning making (Elsass, 1997; Herman, 2015; Vanista-Kosuta & Kosuta, 1998). These processes take place within an intersubjective space (Brooke, 2015). In their discussion of the applications of intersubjectivity to the narrative elements of trauma treatment, Karpelowsky and Edwards (2005) emphasized the need for a strong therapeutic relationship as clients tell their stories and work with painful meanings with their narratives.

Elsass (1997) posited that in working with refugee populations, the therapeutic dialogue is the tool through which meaning is created. He stated that both parties need not agree to the meaning, but the meaning-making process requires cooperation between them. It also entails mutual research and understanding of each other's culture. Together through their interaction, the client and therapist create a story from which meaning emerges.

Traumatic events can have existential and spiritual implications as such occurrences influence individuals' sense of the world and their sense of belonging in it (Herman, 2015). In part, this is due to traumatic events shattering the victim's assumptions about the world and humanity (Hoffman& Cleare-Hoffman.2011). Because of this damage, traumatic events lead to a search for meaning and purpose due to questioning about the realities of the events that occurred, the value of personal existence, the value of the human race, faith in God, and/or one's sense of hope (Manda, 2015). A result of trauma is that individuals will not be the same people they were prior to such an experience. Their self-concept and self-esteem may be altered. They will see themselves differently and may have negatively transformed perceptions of others and the world. As they work to

redefine themselves and to recreate meaning in the world, they will have to confront existential issues of death, isolation, freedom, and responsibility (Hoffman & Cleare-Hoffman, 2011).

Levine (2009) postulated a very different perspective on meaning. He argued that trauma does not mean anything, it just is. As such, it cannot be integrated intellectually or through knowledge into overall life experiences in order to give it meaning. Instead, he proposed that through art, trauma can be reimagined and reflected with its true chaotic, meaningless character. He stated that art serves the purpose of unifying disparate life experiences in order to create a sense of harmony. The role of the therapist is to witness the truth of the clients and to help them to discover purpose in life as this truth emerges.

According to Brooke (2015), mourning is a unique experience for each individual, and grief work is linked to meaning making within the therapeutic relationship. Parallel processes occur through the expression and validation of emotions and personal stories; the client may need to repeat stories often with the therapist acting as a listener who is present to the person's pain (Brooke, 2015). The process of mourning is related to several issues: (a) the loss of the person that the survivor was prior to an event, (b) the loss of a sense of meaning, (c) physical losses if there were injuries, and (d) relational losses (Brooke, 2015; Herman, 2015). With refugees, the losses due to trauma are compounded by bereavement related to the loss of homeland, loved ones, family, a sense of belonging, social status, professional identity, economic status, control over one's personal life, and material possessions (Papadopoulos, 2002; Wilson, 2004).

Brooke (2015) posited that loss is a disruption that leads to a change in the story of the life of the person. As such, the narrative needs to be revised. In working with a client's narrative, four tasks need to be addressed: (a) accepting the reality of the loss; (b) processing the pain of the grief; (c) adjusting to a world without the loss, both internally and externally; and (d) finding an enduring connecting with what was lost while embarking on a new life.

Phase 3: Restoration of Interpersonal Relationships and Reconnection

In the third phase of therapy in Herman's (2015) model of treating trauma, the goal is to create a new life that includes the consolidation of what has been learned in the other phases, a shift in identity from being a victim to being a survivor, and reconnection to a larger community of people. Herman stressed that it is crucial to understand that trauma work is never complete. Trauma can be reactivated during different developmental stages, and clients can reexperience symptoms. At the core of restoring personal relationships, the survivor needs to be reeducated as to what is normal and healthy when interacting and connecting with others. This includes developing the ability to trust, learning to be autonomous yet connected to others, and engaging in intimate relationships (Herman, 2015); van der Kolk, 2014).

Such reconnection to others and community is addressed within an intersubjective approach. Buirski and Haglund (2001) discussed the process of client and therapist using their interactions and subjective experiences of each other to develop insight into the client's ways of relating to others, issues of trust, and sense of self in relationship to other people. Also, the relational context between the client and the therapist can create different interpersonal experiences that can, in turn, contribute to the creation of new patterns of relating to others (Buirski & Haglund, 2001).

In their theory for understanding the relational patterns of clients, Steele and Malchiodi (2012) noted the influence of the private logic of clients in their interactions and relationships with others. Due to traumatic experiences, survivors develop their own sense of logic related to expectations and perceptions of others that leads them to behave in ways that are protective when relational trauma is triggered. The client and therapist work to understand this trauma-based logic as it relates to behaviors that help the client to feel safe and in control but impede interpersonal interactions.

Briere and Scott (2015) wrote about a similar concept that they described as clients having relational flashbacks. With these flashbacks, individuals experience a relationship in the present as if it were a relationship from the past in which they had

suffered. As such, clients react in the moment according to past experiences. Such flashbacks need to be understood in the context of the therapeutic relationship as well as within clients' other relationships in order to shift interpersonal expectations.

Individuals suffering from PTSD may have a deep fear of giving up strategies of disconnection or ways they disengage from others to maintain a sense of safety (Jordan, 2010). Walker and Rosen (2004) used the term *relational images* to refer to implicit assumptions as to what can be expected from others. The assumptions are limited and distorted by trauma and are enacted within the therapeutic relationship. These enactments can create a disconnection between the client and the therapist. Following disconnections, as the client and the therapist become re-attuned and reconnected, this relational repair helps the client to revise relational expectations and interpersonal behaviors. The repair is based on an acknowledgment of what occurred followed by mutual efforts to move forward and reconnect within the therapeutic relationship (Rosen & Walker, 2004; Solomon & Siegel, 2003).

Greenwood (2011) described how art imagery can clarify relationships between clients and their social environment. Visual images and symbols contain information about the self as well as the cultural and relational world in which one lives. The therapist can help clients to make associations between imagery, their social environment, and the meaning of symptoms. As latent content related to a client's sense of self and relationships with others becomes apparent, the insight that emerges can increase awareness and create change. The sharing of art in therapy also can lead to a decreased sense of isolation and a concomitant initial step in reconnecting to a world beyond one's self (Chu, 2010).

Part of the recovery from trauma is the creation of a new sense of self and identity. In addition to the damage to the sense of self caused by trauma (Herman, 2015), Batista-Pinto Wiese (2010) found that forced migration and acculturation also lead to struggles with identity. Papadopoulos (2007) referred to "nostalgic disorientation" suffered by refugees and forced migrants. They experience a sense of dislocation related to their identity because there are elements of it that no longer exist when they are

forced to settle in a new country. This disorientation also is characterized by a painful yearning for home combined with an inability to effectively understand and engage in a new life.

As is true for the other elements of treatment discussed herein, the rebuilding of identity also is embedded in an intersubjective process. Erikson (1959) defined identity formation as an interpersonal development process between individuals and their social milieu and part of a development process. Herman (2015), in her discussion of trauma, argued that trauma disrupts previous psychosocial development and that survivors need to reexperience growth along developmental stages. Following trauma individuals need to rebuild their capacities for trust, autonomy, initiative, industry, and identity. These capacities are rebuilt within the client–therapist relationship and then generalized to the survivor's daily life.

For refugees and forced migrants, this process of identity formation also is intimately linked to acculturation, the process of establishing an identity within a new environment (Phinney, 2000). With refugees and forced migrants who have suffered trauma, identity formation in a new culture exists in tandem with the previously discussed issues of identity and self, stemming from their experiences of trauma (Batista-Pinto Wiese, 2010). Kalmanowitz and Lloyd (2005) found that cultural artifacts, visual media, and art imagery can be used to process cultural and traumatic memories with a goal of creating new memories in which to see oneself as a whole person with an identity that can live beyond the traumatic events.

Conclusion

There are several key points from this extensive literature review that are central to the study that I conducted. With regard to trauma, the premise that I worked from was that at its core traumatization is the subjective experience of an individual. The experiencing of traumatic events, relational trauma, or the accumulation of traumatic events influences a person's subjective sense of self and the world. However, the subjectivity of the survivor is influenced not solely by the trauma, but also by the social, familial, political, economic, cultural, and historical contexts in which the person lives and the event(s) occurred. In

addition, a person's social ties and identity are further impacted when individual trauma occurs within an environment affected by collective trauma.

Cross-cultural, intersubjective, art-based trauma therapy is grounded on several premises. The core of treatment is based on the triangular relationship that develops between the therapist, the client, and the artwork. Within this relationship, each of the parties exerts an influence on the others. These influences involve affect regulation, the reconstruction of trauma and the autobiographical narratives of the clients, and identify formation, as well as the processes of mourning and meaning making. Within an intersubjective framework, it is recognized that the therapist is impacted by the client and that this impact should be seen as fundamental to the client's successful therapy.

This latter point is at the core of my study. I created artwork in relation to my cognitive, emotional, and spiritual reactions to clients as well as to explore areas in which I needed to acquire better understanding of their traumatic experiences and their cultural backgrounds. I worked through these deeply felt reactions to clients and their stories. I investigated my understanding of their traumatization, and I developed professional and personal knowledge as I used my artwork to learn about their cultural backgrounds as well as my own cultural worldview. The creation of artwork and my subsequent sharing of it with clients had a transformational impact on me and as such contributed to the therapeutic relationships and the progression of therapy.

CHAPTER 3: DESCRIPTION OF THE RESEARCH PROJECT

Introduction

Based on my clinical experiences with refugees, I sought to investigate the impact of therapist-made art, not solely for my own reflections and insights but as an active therapeutic intervention that fostered intersubjective meaning making. Within this process, I created my own art as a systematic method of inquiry that permitted explorations of my understandings of clients and their experiences followed by communications of these findings to them through sharing and discussing my artwork with them. To disseminate the study's results in an interactive format, I created a small artist book that I hoped would replicate for readers the emotional interactions of the intersubjective space. In the book, I briefly described the theoretical foundations for my intersubjective, cross-cultural approach to working with clients from different cultural backgrounds. I then selected specific pieces of art that reflected the intersubjective process I engaged in with clients. As a way of further replicating the interactions with clients for readers, I wrote prose to accompany the artwork.

To select the most salient material from my study for the book, I identified art pieces that especially reflected evidence of the visual dialogue, the depiction of the contextualization of traumatization as a psychosocial phenomenon, the use of art to enhance attunement with clients, and the effectiveness of art as a tool to build multicultural competencies. My intent with the book was to demonstrate the value of using therapist-made art in a manner that has not been extensively researched. Having chosen to create a book as a final product to disseminate the results of my study, my intention was three-fold: First, I wanted to convey to readers the deep impact that trauma has on individuals. Second, I hoped to demonstrate the usefulness of therapist-made art to enhance attunement with clients. Third, I sought to depict the role of intersubjectivity in cross-cultural therapy and trauma treatment.

After selecting the pieces of art that I felt best depicted the therapeutic process and results with clients in my study, I saw that written context was needed in order for the reader to understand the interactions and dialogues that had occurred between myself and the clients in relation to the artwork. I initially wrote actual case note anecdotes to accompany the pieces of art and provide contextual information to orient the reader. However, after completing that writing, I found that it did not provide the emotional impact I strove for, which would carry the finding of witnessing from the study into the experience of readers. I realized that a more storied type of writing was required; although this was my intent, what emerged as I wrote was poetic prose. I stuck with that process and found that it met my goal better than any literal or typically clinical accounts of the therapeutic work. I found that by describing the interactions through expressive prose I was better able to convey the emotional underpinning of the intersubjective space created with clients.

Hermeneutic Research Design

The research design used in my investigation incorporated a systematic and qualitative exploration of therapist-generated art as a means for engaging in therapeutic dialogue with clients. I chose a self-directed hermeneutic design that allowed intense inquiry into how therapist-made art could enhance the understanding of past and current experiences of traumatized clients. This understanding encompassed clients' cultural background, experiences of trauma, symptoms as a result of trauma, and adaptation to life as forced immigrants. The inquiry also sought to investigate the impacts of political violence and collective trauma carried from clients into the therapeutic relationship.

My inquiry was grounded in hermeneutics, which is a methodology derived from the Greek verb that means "to interpret" (Moules, McCaffrey, Field, & Laing, 2015). Although it originated in the interpretation of texts (Kapitan, 2010), Ricœur (1981) argued that the practice of hermeneutics can be applied to any human actions or situations; both research and therapy can engage

such fields of interpretation. One can interpret a social situation as if it were text and examine it from different perspectives in order to comprehend various meanings. One can similarly interpret artwork (Kapitan, 2010).

The goal of hermeneutic research is to question phenomena in order to understand them. As opposed to explaining something, the intent of a hermeneutic study is to profoundly enhance the comprehension of the subject (Kapitan, 2010). This process of gaining knowledge and understanding is based on the idea that meaning is attributed to life experiences that can be created through dialogic conversations and interactions between individuals (Moules et al., 2015), as well as through similar engagement with artwork (Linesch, 1994). Kapitan (2010) stated that within the therapeutic context, a hermeneutic intent would be to seek a mutual understanding between the client and the therapist through their shared interpretations of lived experience. Clients are seen as the experts on their own life experiences and the therapist takes the stance of "not knowing" and therefore remains open to any potential interpretation. Kapitan referred to this process as trying to see through the eyes of the other.

Of interest to my research intentions, Wilson (2004) explained that hermeneutic dialogue supports intersubjectivity because it contributes to an ongoing process of unfolding and understanding meaning within the therapeutic process. The hermeneutic dialogue is comprised of a relational, cyclic process of understanding, responding, and connecting between the therapist and subjects or between individuals and their works of art. Hermeneutic interpretation, thus, is fundamentally parallel to intersubjective therapy, where the therapist and client participate a relationship in which there is mutual influence and the co-creation of meaning (Buirski & Haglund, 2001).

I found that hermeneutic methodology was especially well suited to a study involving cross-cultural trauma treatment. According to Patton (2002), the interpretive nature of hermeneutic research can take into account the social and historical contexts in which the meanings of experiences are derived. Human beings make sense of what they encounter in the world within the historical context of their lives. This is congruent with the central premise of my study, which was that symptom

development and recovery from trauma for my clients are linked to cultural, social, political, historical, and familial factors (Andrade, 1996; Gantt, 2013; Harvey, 1996; Marsella, 2010; Papadopoulos, 1998). As articulated below, hermeneutic reflection calls for the researcher to maintain an open, curious stance of "not knowing" in order to learn through a shared understanding with the other, whether that be a person or an object such as art (Moules et al., 2015).

Data Gathering and Analysis Through the Hermeneutic Circle

The core tool in hermeneutic research is the dialogic "hermeneutic circle" (Gadamer, 1976). This refers to a spiraling process of acquiring knowledge through engagement in ongoing constructions and revisions of interpretations and meanings that emerge in the relationship of researchers, participants, and phenomena of contemplation. A parallel process occurs in research and in any interpersonal relationships where perspectives and attempts to understand the views of the other person are intensely exchanged (Kapitan, 2010). Moules et al. (2015) explained that the application of hermeneutics is based on the expression of thought by one person and its reception and comprehension by another. The researcher assumes the role of an attentive listener and self-reflective questioner. This dialogical exchange is comparable to the empathic engagement in the therapeutic relationship (Atwood & Stolorow, 1992).

Moules et al.'s (2015) description of the acquisition of knowledge through sensory perception, personal memories, and imagination implicates the usefulness of art in hermeneutic inquiry as well. One can argue that all art therapy is hermeneutic, given that the creation of art involves cycles of reflection that engage both current perceptions and emotions and memories of previous experiences. Similarly, an art therapist and a client often engage in an iterative process of contemplating and discussing a work of art until its meaning emerges.

Linesch (1994) applied the construct of the hermeneutic circle to both art therapy and inquiry via the following steps: The "initiator" of the dialogue first must establish a connection with the subject, whether that subject is a client or an art piece. This

then sets the stage for dialogue, which begins with open-ended questions from the initiator that generate visual and/or verbal responses from the "responder" in the hermeneutic circle. A client or responder might express an insight about a visual element in an artwork.

An example of this method occurred when I made a drawing to represent the transgender identity of a client participant. I first thought about my client and our conversations. Following this line of contemplation, I created a drawing of eyes of a woman peering out from a dark space. When I reflected on the eyes I had depicted in the drawing, I became acutely aware of the fact that even though my client referred to this aspect of his sense of self in the third person, there was a relationship that existed between me and that part of his identity that I needed to be attentive to. This is suggestive of Linesch's (1994) notion that artwork might serve as the "responder" in the initiator's imagination as the initiator contemplates an image from the perspective of the imagery. As I contemplated the drawing, the figure portrayed ignited my imagination as such and I began to visualize and become more attuned to the female dimension contained within the client's sense of gender identity.

The initiator then reflects upon internal reactions to these initial responses in the dialogue and, in turn, generates deeper questions and subsequent responses. In the example above, I began to become more curious about the female part of the client. I wanted to hear her voice. What would she say directly about the suffering she had endured? What did she want to say to the perpetrator of the violence against her? What were her hopes for the future? What did she need in order to feel safe?

Finally, a joint creation of meaning becomes possible as the back-and-forth process of dialogue interweaves an intersubjective understanding of the phenomenon. This back-and-forth process occurred in my newly emerging intent to connect more to the female aspect of my client's identity as well as in my verbal dialogue with the client when I shared the piece of art with him. We conversed about the fear he felt of being a woman and of being attacked again. We talked about "her" fear of

coming out into the world. This then led to trying to make meaning around the sexual experiences he'd had in his native country and the contradictions between being adored and attacked by straight men.

The Application of the Hermeneutic Dialogue in This Study

For my study of the intersubjective, cross-cultural space of healing from trauma, I chose to create art as a primary method of hermeneutic inquiry. I posited that creating art as the therapist and sharing it with clients would facilitate intersubjective space through the necessary elements of therapist attunement, empathy, and understanding, without which my clients would be unable to bridge their past and current realities. The data-driven questions and topics that my art making addressed included:

- integration of the details of the traumatic experiences of my clients;
- exploration of emotional content from sessions in order to promote understanding of the effects and to gain greater emotional attunement with clients;
- examination of topics related to cross-cultural learning; and
- self-exploration in relation to my own beliefs and experiences as they pertained to treatment issues.

I generally created artwork following sessions with a client. However, in some instances I found it necessary to create art alongside a client during the session in order to further communication related to topics discussed at the onset of a session. I utilized various types of artistic expression, including drawing, painting, collage, and poetic prose. I selected art materials based on the inclination I felt arising in my creative process in response to a given circumstance. Post-imagery analysis included free-verse prose that helped me integrate my responses to the images and my clinical notes, all of which ultimately comprised the culminating book project.

Throughout the study I applied the hermeneutic circle or dialogue based on the model posited by Linesch (1994) by following these steps:

1. After an art therapy session, I created artwork in response to the topics or questions that arose in me as I contemplated the session. For example, in one instance I created a collage to represent a client's descriptions of his experience of dissociation, combined with information that I found online regarding the tenets of his religion. Doing so helped me empathize emotionally while gaining cross-cultural information that was crucial to my understanding of his reality.
2. After creating each piece of art, I reflected in writing on the meanings that it represented for me. I applied Hillman's (1977) guidelines for working with imagery in that I maintained an awareness toward the artwork, freely associated with each element in the piece, and treated each element as equally meaningful and connected to the whole of meaning.
3. During the subsequent session with the client, I shared my artwork. The client and I took time to silently contemplate it together, which slowed the process of interpretation to a meditative pace, and allowed the artwork to enter into the intersubjective space of therapy.
4. The client and I then engaged in dialogue about the artwork. Withholding any analysis or fixed meaning in what we saw, we instead shared our associations and reactions to the artwork and what it meant to each of us.
5. Having heard the client's contemplations of meaning from my artwork, I would next ask for any suggestions of what I might change in my art piece that would better reflect the client's experience in what I had depicted. This step offered the client an opportunity to directly dialogue with the artwork as a form of "proxy witness" that verified the client's experiences and also empowered the client to correct, challenge, or transform the art-witness in service of healing from trauma.
6. Following each session, I documented these dialogic exchanges, anything that I had learned in the process, and any changes that were made to the artwork.

7. Finally, I created a new artistic response based on the discussion of the initial artwork and thus sustained the hermeneutic circle, continuously repeating each step in the process.

As illuminated in these seven steps, hermeneutic inquiry is a spiraling process of interpretation that incorporates data collection, validity checks, and data analysis into each step. Although I had expected to end my inquiry with the resulting insights from each case, I found that as I worked on presenting these results in the form of a culminating book project, I continued to engage in a hermeneutic process that refined and redefined my understanding of the artwork and my clients. This subsequent interpretation and meaning-making process in the construction of the book occurred as follows:

1. After selecting the artwork to be included in the book, I created titles and captions, which focused my attention on how to capture a distilled statement of meaning.
2. I wrote a piece of prose for each artwork that was based on further contemplation of its meaning after reviewing my notes from the sessions and the subsequent interpretations that the client and I had created.
3. I reviewed, edited, and—in some instances—rewrote parts of the prose, which again focused my attention on the most salient themes and pushed my analysis further into the depth of meaning and knowledge derived from the intersubjective space that was still reverberating in my consciousness whenever I contemplated the artwork.
4. I then categorized the artwork by themes and arranged them as chapters in the book.
5. Finally, I returned to this contextual essay and wrote up the research results and discussion (which can be found in Chapters 4 and 5).

This ongoing process of interpretation and meaning making that took place across this entire project is characteristic of both hermeneutic study and the in-depth process of art therapy. According to Moules et al. (2015) and Kapitan (2010) the interpretations derived through hermeneutic inquiry are never complete; a continual development of understanding takes place.

An ever-evolving process of reinterpretation occurs when the researcher maintains an unwavering neutral and open stance toward the research question and any written and revised descriptions of the studied phenomenon (Hein & Austin, 2001). To help ensure the integrity of the findings, the researcher attempts to lower the influence of bias through the application of bracketing. In bracketing the researcher suspends any assumptions and biases through rigorous self-reflection that is open and receptive to all aspects of the data. Although some researchers deem bracketing as essential to managing personal biases, others believe that it is impossible to attain such a non-biased stance:

> One of the consequences of adopting a hermeneutic approach in the human studies is the recognition that the knowing subject is one with the object of knowledge. Both are human individuals. This identity of subject and object is responsible for a distinctive feature of the methodology of these disciplines: the investigator can, indeed, draw upon his or her own experience and self-knowledge to guide. (Atwood & Stolorow, 1992; p. 4)

With respect to my study, an ideal of complete objectivity was neither possible nor desired, because my aim was to illuminate the intersubjective exchange of meaning making that therapist-made art may foster. Following this line of thought, I needed to strive to make my assumptions explicit in my processes of self-reflection, rather than try to disconnect from my possible biases (Moules et al., 2015). By becoming ever more aware of my subjectivity as well as open to influences from the therapeutic relationship, I felt that bracketing was well suited to my study and my therapeutic work with refugee clients.

Validity

In considering principles of validity as they concern this research project, I turned to the premise of validity as it is addressed within literature regarding hermeneutic research. Moules (2002) argued that hermeneutic research strives for validation rather than validity, asserting that the veracity of results from hermeneutic studies lies in “an intersubjective agreement within communities and researchers that the findings are productive and in other terms that they can be lived out (p.

17).” This co-validation of the outcomes of hermeneutic studies was reflected in the co-creation of meaning that occurred within the art-based, intersubjective therapeutic processes between myself, my clients, the artwork, and the prose.

As such, the validity or validation of a hermeneutic method of research stems from the results representing “storied truth” that emerges between the researcher and the study’s participants. The validity rests in the mutual understanding that arises in the dialogical exchanges and co-created narratives of the two parties. Within this study, many co-created storied truths emerged as dialogical exchanges took place between myself and the clients and between the clients and the artwork. More co-created storied truths emerged during the ongoing proces of analysis and interpretation that developed as I engaged in writing the prose and this contextual essay. The understandings that were generated were validated through therapeutic conversations and conclusions derived from the iterative process of creative expression, which contributed to a deeper understanding of the clients and an increase in the subjective awareness of the therapist.

Additional validation of the role of my artwork in understanding of the clients’ experiences of trauma and their impact was evident in the feedback from readers of the book project. Within the last chapter of this essay, I will also address how the understandings generated within this study were validated by individuals who read the final book project and commented on the insights it gave them into the severe aftereffects of trauma and the fundamental importance of the therapeutic relationship and intersubjective space created between therapist and clients in helping survivors of trauma recover. What had “rung true” for my clients and myself was also exemplified in the responses from the readers.

Additionally, hermeneutics differs from other types of research that strive for generalizability in their results. Hermeneutic investigation is characterized by a process of interpretation and analysis, the results of which are applicable to future processes rather than facts that are generalizable. Hermeneutic researchers refer to their approach as being transferable instead of generalizable (Moules et al., 2015). Thus, rather than having produced generalizable findings to be verified or

disconfirmed, I outlined a process of conducting art-based, qualitative research, as well as an approach to intersubjective art therapy practice that is transferable. The process of interpretation and dialectic confirmation at the core of the research and therapeutic processes can be replicated.

Linesch (1994) argued a similar point in her assertion that the hermeneutic process of data gathering and analysis for the purpose of research is compatible with the clinical application of art therapy. An understanding of clients and their artwork comes to the surface over time through therapeutic dialogue and the interpretation of client-made art. This is applicable to therapeutic as well as investigative endeavors

Participants

Target Population and Selection Criteria

The participants were clients who I worked with in my clinical practice in Chicago, Illinois (USA) at a treatment center for survivors of torture and in private practice after I relocated to Caracas, Venezuela.with a target population of being adults and young adults who had suffered from individual and/or collective trauma. Children and adolescents were not included in the study. When recruiting clients for participation in this study, I chose individuals who were seeking treatment due to the impact of traumatic events on their psycho-social functioning. All the participants selected were from different cultural backgrounds than myself. Consideration was given to the clients' treatment goals so that ongoing therapeutic processes would not be disrupted.

Informed Consent and Confidentiality

The clients from in Chicago had completed the agency's routine protocols of informed consent (see Appendix). The agency did have a separate form for consent for inclusion in research studies; however, clients reviewed and signed a "Notice of Privacy Practices," which informed them that casework could be used for research when (a) a proposal was approved by an Institutional Review Board and (b) the study followed protocols to ensure the privacy of the client's information in accordance

with state and federal laws, known as the Health Insurance Portability and Accountability Act. Following the same protocols, clients from my private practice in Venezuela provided written informed consent to voluntarily participate in the study.

In keeping with agency, the Kovler Center's protocols and standards of private practice research , clients were informed that they could withdraw from participation at any time. Every aspect of the study was designed to align with my typical therapy work with clients, which fell within the regulatory laws and accepted standards of care. Also, to ensure client anonymity, no client artwork was collected nor were any specific references to content from sessions included in this essay or the culminating book project.

Plot and "Characters" in the Book Project

Upon gathering my research data, generated from artwork and clinical notes, I was left with the challenge of synthesizing the results into a product that both clarified the outcomes of the study and served as an artifact that I could use as a tool to educate others about my study, so that they could apply what I had learned. To achieve this goal, as discussed at the beginning of this chapter, I provided a concise description of the theoretical foundation of my work, I selected examples of my artwork to illuminate the clinical cases, and then I wrote prose to describe the artwork and related interactions with clients. Although the prose in the book is based upon factual accounts of interactions with clients, I define the writing as being fictional in that I used poetic rather than literal writing to convey the emotional essence of my therapeutic relationship and exchanges with clients. However, I viewed this stance as being aligned with the theoretical underpinnings of intersubjectivity, which state that our subjective experiences are based on the realities we construct within interactions with others rather than an objective reality.

I refer to study participants included in the book as "characters" rather than clients. This is due to the fact that identifying information was left out in order to maintain confidentiality as well as to the fact that the prose is both factual and fictional. As

an orientation for readers, I briefly describe each of the characters. I gave each of the characters a fictional name. The following is a broad description to give the reader a context for understanding the material contained in the book.

Victoria represents a woman in her mid thirties from a severely impoverished Romani (commonly known as "gypsy") community in Eastern Europe. She fled her native country with her husband after being raped by several men who belonged to the majority ethnic group there. Throughout her life, Victoria has faced discrimination for being part of an ethnic minority. She currently lives a very isolated life in which she rarely ventures out of her home and is reluctant to let others get to know her out of fear of rejection.

Mariana represents a young adult I worked with in Venezuela who described her life as having been plagued by different types of suffering. She was born with a neurological disorder that affects her fine and gross motor skills. Her family was headed by a depressed, withdrawn mother and a physically absent and emotionally abusive father. Against her wishes, Mariana left Spain, where she had lived with her family for several years, to move back to the chaotic, unsafe world of Venezuela, which she felt severely restricted in her autonomy and sense of freedom. Ongoing bullying throughout her childhood and adolescence had caused her to retreat into an inner world. She wears music headphones to provide a barrier of protection throughout her school day.

Habib represents an individual with a very complex background. A Muslim in his early thirties from an Arab country, he is transgender and identifies, he said, as a "she-male." In the book and in this essay I refer to Habib using the pronouns *he*, *him*, and *his* by his request. In addition, it is important to note that he generally spoke of the female part of his identify in the third person. Habib had been arrested while at a party with other transgender individuals. He was jailed for 2 weeks, during which time he suffered physical torture, multiple rapes, verbal humiliation, and was left naked for extended periods of time. Upon his release, Habib was severely beaten by his brothers, who have since sworn to kill him for the shame that they say he brought upon

his family. His transition to life in the United States was tumultuous as well, for several reasons: multiple losses due to his immigration, hardships associated with adapting to a new country, symptoms from trauma, a struggle to reconcile his gender identity with his religious background, and past hostility he experienced as a sexual minority (he was perceived as a gay man).

Tomás represents a gay male in his early thirties from Central America. In addition to growing up with weak emotional ties to his parents, Tomás had been arrested and tortured for being seen in public kissing another man. Since that time, he has experienced ongoing anxiety, episodes of dissociation, and somatic symptoms of numbness.

Amir represents a Venezuelan woman in her fifties who was grieving the loss of her son, who was killed. Reportedly, he had attacked a police officer who killed him in self-defense. There is no official documentation of this event and no police officers have come forward to discuss their involvement in the incident. In our sessions, Amir spoke of both the acute grief from having lost her son as well as the pain of not knowing what truly happened to him.

Giovanna represents a Venezuelan woman in her late fifties who had experienced ongoing physical and emotional abuse as a child and adolescent. At a young age, she fled her home and became involved with a religious group in which she was intimately involved with a member. Giovanna was reluctant to tell her life story out of fear of not being understood and being labeled crazy.

Diana represents an expressive arts therapist who worked with me as a supplement to her verbal therapy. Diana said that she was depressed from the current political situation in Venezuela and felt that art therapy would help her to get in touch with her feelings in verbal therapy. From a trauma perspective, Diana's struggles appeared to have more to do with the context of her life than actual events. In this regard, she had been robbed on two occasions and experienced difficulties and despair centered mainly on day-to-day life in the unstable economic and sociopolitical situation in Venezuela.

Steve represents the therapist, a gay middle-aged white male from the United States. I have worked as a counselor and art therapist with children and adults for the last 20 years. I moved to Caracas, Venezuela eight months prior to writing this book. The material for this book, however, includes work that I began in Chicago in 2015. I include myself as a character within the book because this work is based on an intersubjective model of treatment. As such, my role within the therapeutic alliance was not one of neutrality and anonymity. Instead, I was active participant. I shared my subjective understanding of client′s and their life stories as well as my emotional reactions to the extent that I thought my personal views, reactions, and feelings were pertinent and helpful to the therapeutic process.

The pieces of art as characters. Given that within art therapy, there exists a triangular relationship among the client, therapist, and artwork, each of the pieces of art and prose was an individual character. The art products contained unique voices and expressed their own subjective perspectives. Likewise, different relationships and interactions emerged among these three parties. At times, a three-way ″conversation″ took place among me, the client and the art, as the clients and I engaged in mutual contemplation of the artwork and dialogued about it. In other instances, visual dialogue developed between myself and a piece of art as well as between clients and the artwork**.**

Purpose of the Book

In developing the design of the book, the primary goal was to create an experience in which the reader could connect to the emotional worlds of my clients and also perceive the depth of the interactions between myself and my clients. In generating this link to the therapeutic work depicted in the book, I hoped to educate the reader on the impact of trauma on individuals, the importance of the therapeutic relationship in trauma treatment, and the effectiveness of art therapy within trauma therapy. I felt

that in order to accomplish these objectives it was important to provide a brief theoretical orientation to the work that could serve as a preface to the artwork, as well as endnotes to connect the artwork and prose to relevant theory.

CHAPTER 4: RESULTS

Research Questions

This chapter summarizes the results of my clinical study, obtained through an iterative hermeneutic process of data collection and analysis. Data included post-session therapist-made artwork, individual and shared contemplation of the art pieces, and therapist–client dialogue about the meaning of the artwork in the context of each client's narrative. Further insights arrived as I worked to compile case study examples for the book project. All of the cases deeply impacted me on a personal level and offered many professional insights into the intersubjective nature of art therapy work. I will discuss each of the following research questions that guided this inquiry in turn and offer excerpted evidence from the results that my inquiry produced:

1. How can trauma treatment be expanded from a predominantly linear focus on specific traumatic events and their resulting symptomology to include a more nuanced consideration of political, familial, societal, and cultural contexts?
2. Can art making help to increase a therapist's multicultural competencies through improved attunement and intersubjective dialogue, as well as through a process of self-exploration?
3. Can art making be used to enhance the intersubjective space of therapist and client, generate and support both verbal and visual dialogue, increase understanding of the meaning of past traumatic experiences, and create new personal meaning to help to resolve the impact of such experiences?
4. How can art be used in a hermeneutic process of interpretation within the intersubjective space of the therapist and client to increase understanding of the meaning of past traumatic experiences and create new personal meaning to help to resolve their impact?

I am including the book project within this results section prior to addressing specific case examples from the book. Rather than using all of the case material and artwork that was relevant to my research questions, I selected pieces of art and related information from therapeutic encounters that best illuminated answers to my research inquiry.

Bearing Witness to Trauma:
An Intersubjective Art-Based Approach to Cross-Cultural Trauma Therapy

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INTRODUCTION

This book is the outcome of my doctoral work in art therapy. Within these studies, I focused on trauma treatment with refugees who had suffered trauma. This interest grew out of the psychotherapy services I provided as a pro bono art therapist and clinical counselor at the Kovler Center for Survivors of Torture in Chicago, Illinois. At the center, I came into contact with clients from diverse cultural backgrounds. In working with these clients, it was clear that their lives had involved occurrences and contexts that were well beyond my personal experiences. Although there are universal connections that bring people together based on a shared humanity, when working with individuals from diverse backgrounds it is essential to acknowledge, understand, and bridge the differences that do exist between client and therapist.

While working with a young man from the Congo, I became acutely aware of my need to find a tool to enhance my attunement with some of his life experiences. While living in the Congo, this client had lived through civil wars, was forced to migrate across his country, and at times encountered death on a daily basis. As I researched the history of his homeland, I found that reading the facts did not seem to provide me with an emotional link to his background, so I turned to art and created a collage depicting scenes that reflected anecdotes from his life that he had shared with me. The collage elicited intense emotions within me, and when I shared it with the client, it became a very effective tool between us for discussing the context of his life. Subsequently, when we talked about incidents from his life story, I found myself remembering elements of the collage that helped me to envision and connect to the events that he described.

This experience led me to further explore the use of therapist-made art as a tool to enhance the therapeutic alliance and treatment outcomes. My research that led to the creation of this book was based on the use of my art to help me better understand clients as a therapist, to share my understandings on building attunement, and to correct misunderstandings. In addition, through the creation of my artwork I gained insight into the impact of client-therapist interactions on myself as an individual and as a participant within the therapeutic relationship. From this work, I have proposed a relational model of art-based, cross-cultural therapy with survivors of trauma and torture. I refer to this model as an intersubjective art process.

Within this approach to therapy, the client-therapist relationship is a fundamental component of treatment. Despite assuming distinct roles in the therapeutic alliance, the client and therapist are equal but not identical collaborators. Natterson and Friedman (1995) argued that the difference lies in their unique contributions to the therapeutic alliance. One seeks help and is an "expert" on their personal background. The other offers assistance and provides professional expertise. At the same time, the relationship between the client and therapist develops as their

two subjective lives come together. This collaborative process was reflected in my work with the clients represented in this book. Each of the trauma survivors contributed their life experiences, dreams, and problems, which I attempted to understand in order to help establish patterns of meaning within their lives. At the same time, I had to acknowledge the impact of my own psychological life on my engagement with my clients. My life history, professional orientation, difficulties in daily life, and professional interests were relevant to each therapeutic encounter.

The collaborative bridging of our different cultural backgrounds was a fundamental element of our work together. Through self-reflection, I assessed where gaps existed in my knowledge of my clients' backgrounds. In addition, I asked them what they thought I need to learn to learn about their cultures in order to better understand their lives. As I acquired new knowledge through research, my clients and I engaged in interactive dialogues in which they helped me to apply my learning to the contexts of their lives. Furthermore, when I used art to symbolically portray my thoughts about their backgrounds and experiences, we corroborated in the interpretations of my artwork. As I provided my understandings, I invited my clients to state their ideas as well. In addition to giving their interpretations, they provided suggestions as to what I could add to the artwork if something was needed in order to complete the ideas represented in the piece.

To deepen the collaborative foundation of the therapeutic alliance, I turned to the theory of intersubjectivity as the core treatment approach to my work with my clients. Buirski (2005) explained that an intersubjective perspective on human nature is based on the concept that all human subjectivity and meaning derived from experiences are embedded in and develop from interactions and interrelatedness between individuals. The self is co-constructed and continually reorganized through interactive regulation with others. As such, the inner world of an individual is connected to others in a continual process of mutual influence (Buirski & Haglund, 2001; Natterson & Friedman, 1995). Human existence emerges from the interactions between the subjectivities of individuals, which occur within an intersubjective space (Jordan, 2010; Stolorow, 2007). This perspective on psychosocial development and therapy generated a significant, theoretical shift in my practice of psychotherapy. As I became more attuned to the mutuality that exists in the relationships between the client and the therapist, my receptivity to the influence of my clients and their traumatic experiences on me increased. This was a daunting notion given the extreme trauma that my clients had endured. At the same time, I felt intrigued by the idea of connecting more directly and deeply to the impact of the therapeutic relationships on me and exploring how this impact could benefit the treatment process.

The next step in establishing the theoretical basis of my approach was to incorporate art therapy into the treatment process. Art therapist Robbins (1998) applied the principles of intersubjectivity to art therapy by considering the existence of a triangular relationship that emerges between the client, the therapist, and the artwork created in

session. He argued that the therapeutic purpose for the interconnectedness of these three components served to bring the client's past and present into greater awareness. Schaverien (2000), Skaife (2001) and Zinemanas (2011) also discussed the triangular relationships in art therapy. They asserted that each of these "participants" has a voice and a unique point of view that contributes to the therapeutic space. Skaife (2001) posited that the visual exploration of artwork and its verbal contemplation could open a subjective perspective reflected in a piece of art. Client and therapist thus can access the "viewpoint" of a piece of art made in session as they strive to comprehend its content and connect to the meaning that exists beyond what is apparent on the surface. Thus, the meanings attributed to the artwork are cocreated by the therapist and client (Gantt, 2013).

The triangular relationship between the client, the therapist, and my artwork was evident in my interactions with the clients represented in this book. In my work with Mariela, my artwork provided a nonverbal way to communicate my understanding and empathic connection to her inner, emotional world. The art provided a voice that expressed ideas in a way that my words did not. Diana—another client—and I engaged in lively dialogues about the experiences of collective trauma reflected in my artwork. The drawings became a third individual in our discussions. Just as a process of meaning making emerges from interactions between therapist and client, a similar relational process enfolds between each of these individuals and the artwork shared between them (Skaife, 2001). Within this perspective, artwork is considered to be an entity with a "life" of its own separate from its creator (McNiff, 2004). In addition, artworks can be thought of as going through a life cycle from birth through death (Hinz, 2013).

Furthering my understanding of how art could expand the exchange of ideas between myself and my clients, I recalled Harriet Wadeson, my first instructor in art therapy. Wadeson (1995) argued that communication through artwork differs from the communication that takes place in verbal therapy. Verbalization is a linear form of communication and is expressed in a sequential, time-based format; for example: "First this happened, then the next thing happened, and so on." In contrast, communication through art has no time element and relationships occur within the space of the artwork. As such, this form of expression can at times more closely reflect life experiences. It seemed evident to me that this view of the communicative properties of artwork aligned with the contextual model of trauma that I will discuss later in this introduction. Art could be used to communicate the complexity of trauma. Traumatization is not a linear process that happens to someone; rather, it results from the interaction of numerous environmental factors and adverse events.

In further considering how art could facilitate an intersubjective process of therapy, I looked at the use of art in the expression of emotion. Schaverien (2000) asserted that art is a useful tool for gaining insight into the affective world of clients; it conveys unique feeling states that may contain conscious and unconscious material. I found that this application of art was valuable to address what Buirski and Haglund (2001) referred to as "affective core." These intersubjective

theorists emphasized that the inner emotional life of an individual is central to that person's experiences of the self and the world. The experiencing of emotions and needs emerges within relational contexts. In turn, it is the foundation that colors experiences of the self and others throughout life. We attend to this core affect to organize our understanding of internal and external circumstances. It helps us to understand what is happening and guides us to the satisfaction of our needs.

The relationships between my clients and myself created an intersubjective space in which we could explore their affective cores. Through our verbal dialogues as well as the contemplation and discussion of artwork, we became attuned to their traumatic experiences and subsequent symptomology and psychosocial difficulties. As we came to better understand their emotional world, the unbearable emotions from their traumatic experiences were shared, contained, validated, understood, and integrated. What was unique to the therapeutic process was that artwork made by me as the therapist was integral to treatment, rather than client-made art. I produced my own artwork in order to explore my own thoughts, feelings, and beliefs related to my clients, with the objective of being able to better support them and their treatment. I engaged in my own personal exploration and growth. I made art, contemplated it myself, shared it with my clients, and then wrote the prose in the pages that follow in order to deepen my connection to the artwork and increase my empathic understanding of my clients.

To develop empathic connections to my clients as well as to make sense out of their experiences of trauma, I engaged with the concept of traumatization as being a phenomenon which is both biological and cultural (Gantt, 2013; Marsella, 2010). Biology accounts for the short- and long-term impacts of flight, fight, or freeze responses to stressors, memory encoding, and other physiological effects (van der Kolk, 2014). The cultural aspects of trauma determine individuals' understanding of trauma, coping strategies, differences in symptom development, meaning making following traumatic events, the processing of losses, identity formation prior to and after trauma, and the resources available to support recovery (Marsella, 2010). Given that I was working with refugees and clients from diverse cultural backgrounds, it was imperative that I learn about their cultures by seeking out information as well as having them translate the ideas that I found into the context of their lives.

Working with trauma from a culturally sensitive perspective involved defining traumatization as a process that goes beyond being the result of a simple cause-and-effect relationship between an individual and a tragic event. Instead, it is the result of events or adverse relationships that occur within diverse contexts (Papadopoulos, 2005). At a minimum these environmental factors include historical, political, economic, familial, social, and religious factors, as well as developmental considerations. As such, there exists multiple complex relationships between the individuals, the event(s), and the contexts, all of which contribute to the impact of trauma and recovery from it. (Andrade, 1996;

Harvey, 1996; Papadopoulos, 2005). With a victim of rape, I had to understand what it meant for her to have been attacked in a context in which she was later shunned by her community and as such had to move far away from her family. Additionally, being from an oppressed ethnic minority, she could not access support from the judicial system and lived in extreme poverty. These factors influenced her traumatization and recovery from the rape.

Intersubjective theory includes its own perspective on the effects of trauma. While intersubjectivity exists within a psychodynamic orientation of psychology, it differs in a way that lends itself to working with adult-onset traumatization (Carr, 2011). Other psychodynamic approaches tend to focus on intrapsychic issues and development causes for problems in adulthood. Conversely, within an intersubjective framework, the development of psychological problems is viewed as being a result of contextual and interpersonal factors rather than being the results of internal, psychological dysfunction. As such, symptoms of trauma are not regarded as being due to causes such as dysfunctional automatic thoughts or a repressed ego, but instead as survivors having their experiences of themselves and the larger world shattered due to a traumatic event. As the reader will see across the work in this book, the focus of the therapy was on the clients' current sense of self, emotions, and beliefs, as well as their perceptions of the world and others.

Another theoretical shift in my practice was to move from a diagnostic focus on post-traumatic stress disorder to an intersubjective perspective of the impact of trauma. Stolorow (2007) posited that the main aftereffects of trauma are: (a) an ongoing experiencing of unbearable affect; (b) an acute sense of solitude; (c) the loss of "absolutisms" or beliefs that lead to a sense of safety and predictability in everyday life; (d) the loss of a sense of time, with one's sense of time orientation being stuck in the past; (e) the loss of a sense of being; and (f) the impact of being overwhelmed by facing or witnessing death.

By creating and sharing my artwork with my clients, I attempted to address several of these aftereffects of trauma. I aimed to diminish their sense of isolation through empathic connections to the extreme emotional distress they had suffered and continued to endure. As their stories unfolded within our dialogues and my artwork, we worked to distinguish their traumatic pasts from their present lives and to help them develop a sense of being in the moment. We also worked toward expanding their sense of self from being victims of trauma to identifying themselves as survivors.

In summary, the intersubjective approach that I explored in the creation of this book was dependent on the triangular relationships between my clients, my artwork, and myself. Through the interactions among these "participants," my clients' recovery was supported through a collaborative process of making sense of their trauma narratives. This process of meaning making was derived from our verbal dialogues with each other and the visual dialogue that emerged from the artwork. A unique aspect of this work was the self-directed focus on my subjective understanding and experiencing of my clients and their lives. The attention on myself was key to building empathic bonds with my clients.

Characters Within This Book

The clients discussed within this book come from different countries and have suffered a variety of types of trauma. In order maintain confidentiality, I refer to them with pseudonyms and will not include specific information related to their identities. I will, however, provide a brief description of each client to give the reader context for understanding the material contained in this book.

Victoria

Victoria is a woman in her mid thirties. She comes from a severely impoverished Romani community in Eastern Europe. Victoria fled her native country with her husband a few months after being raped by several men who belonged to the majority cultural group there. Throughout her life, Victoria has faced discrimination for being Romani (commonly known as "gypsies"). She currently lives a very isolated life in which she rarely ventures out of her home and is reluctant to let others get to know her out of fear of rejection.

Mariela

Mariela is a young adult from Venezuela. Mariela describes her life as having been plagued by different types of suffering. She was born with a neurological disorder that affects her fine and gross motor skills, into a family with a depressed, withdrawn mother and a physically absent and emotionally abusive father. Against her wishes, Mariela had to move from Spain back to the chaotic, unsafe world of Venezuela, restricting her ability to be autonomous and have a sense of freedom. Ongoing bullying throughout her childhood and adolescence led her to retreat into an inner world in which she used headphones and music to provide a barrier of protection throughout her school day.

Tomás

Tomás is a gay male in his early thirties from Central America. In addition to growing up in a family with weak emotional ties between him and his parents, he was arrested and tortured for two days after being seen kissing another man. Since that time he has experienced ongoing anxiety, dissociation episodes, and somatic symptoms of numbness.

Habib

Habib is a Muslim in his early thirties from an Arab country who presented with a very complex background. Habib is transgender and identifies as a "she-male." I refer to him with the pronouns *he*, *him*, and *his* at his request. Habib presented as male during our sessions; it is important to note that he generally spoke of the female part of his identify in the third person. Habib was arrested while at a party with other transgender individuals. He was jailed for two weeks, during which time he suffered physical torture, multiple rapes, and verbal humiliation, and was left naked for extended periods of time. Upon his release, Habib was severely beaten by his bothers, who have since sworn to kill him for the shame that they say he brought upon his family. His transition to life in the United States has been

tumultuous due to the multiple losses associated with his migration to the United States, the hardships associated with adapting to a new country, the trauma symptoms he suffers from, and his struggle with reconciling his gender identity with his religious background, as well as the hostility he experienced due to the oppression of sexual and gender minorities in his country.

Amir

Amir is a Venezuelan woman in her fifties. Several months before starting therapy, her son was killed. Reportedly, he had attacked a police officer who killed him in self-defense. There is no official documentation of this event and no police officers have come forward to discuss their involvement in the incident. In our sessions, Amir spoke of the acute grief of having lost her son as well as the pain of not knowing what truly happened to him.

Diana

Diana is an expressive arts therapist seeking to supplement her verbal therapy. She reported being depressed by the situation in Venezuela and feeling that she needed a supplement to her verbal therapy in order to get in touch with her feelings. Diana thought that art would help her connect to and express emotions that were not coming forth in verbal therapy. From a trauma perspective, Diana's struggle appeared to be due more to the context of her life than particular events. For example, although she had been robbed on two occasions, the distress that she commented on was related to the difficulties and despair that stem from living in the current economic and sociopolitical situation in Venezuela.

Giovanna

Giovanna is a Venezuelan woman in her late fifties. She experienced ongoing physical and emotional abuse as a child and adolescent. At a young age, she fled her home and became involved with a religious group in which she was intimately involved with a member. Giovanna was reluctant to tell her life story out of fear of not being understood and being labeled crazy.

Steve

Steve, the therapist and author, is a gay middle-aged white male from the United States. I have worked as a counselor and art therapist with children and adults for the last 20 years. I moved to Caracas, Venezuela eight months prior to writing this book. The material for this book, however, includes work that I began in Chicago in 2015. I include myself as a character within the book because this work is based on an intersubjective model of treatment. As such, my role within the therapeutic alliance was not one of neutrality and anonymity. Instead, I was active participant. I shared my subjective understanding of client's and their life stories as well as my emotional reactions to the extent that I thought my personal views, reactions, and feelings were pertinent and helpful to the therapeutic process.

The pieces of art as characters.

Given that within art therapy, there exists a triangular relationship among the client, therapist, and artwork, each of the pieces of art and prose was an individual character. The art products contained unique voices and expressed their own subjective perspectives. Likewise, different relationships and interactions emerged among these three parties. At times, a three-way "conversation" took place among me, the client and the art, as the clients and I engaged in mutual contemplation of the artwork and dialogued about it. In other instances, visual dialogue developed between myself and a piece of art as well as between clients and the artwork**.**

Purpose of This Book

My intent with this book is to bring the reader into the world of the experiences of between myself and survivors of trauma from across the globe. My hope is that the reader will gain insight into the complex systems that influence trauma and the key role that the therapeutic relationship can play in treatment. Most importantly, with regard to the therapeutic alliance, I want the reader to perceive the mutuality that is needed in the connection between therapist and client. In my work with these individuals, it was vital for me to be open to change with myself from our interactions, to engage in learning from them, to accept and contend with my own vulnerability, and to allow myself to feel the deep pain that these survivors endured. Along with this, I want the reader to connect with the value of art as a tool to be used by the therapist as well as the client in order to work through trauma.

CHAPTER 1
Systems of Oppression and Trauma

I was taught trauma through a manual.

Trauma = PTSD.

A simple equation:
a person + event(s) = symptomology.

Then survivors taught me the true essence of trauma.
The contexts of their lives were what defined trauma and recovery.

Religious: How do your recovery from violence if you view your suffering as a punishment from God?
Social: Where do you find solace if you were shunned by your community for being raped?

Political: How do you find a new connection to humanity when there is no legal recourse for having been beaten by the authorities who unjustly detained you?

Economic: How do you find a sense of safety after being assaulted in the street in a country where inflation has led to the purchase of common food being nearly unattainable?

Familial: How do you find a voice to express the years of torment and bullying you suffered when you exist in a family that prohibits your articulation of feelings?

Cultural: How do you define recovery from trauma within a culture that does not recognize mental health needs?
I accompany survivors as they make sense of and rebuild their lives.

We examine and come to understand the fragments of their selves and their social surroundings.
We piece together their life stories as we work toward recovery.

Piecing Together a Cultural and Physical Rape

I piece together Victoria's story.
No, it is more like I try to piece together what it might be like to *be* her.
I put together the montage of images.
There is layer upon layer upon layer of damage and struggle.
The image of her that I started gets lost in the chaos of the painful imagery.

How could Victoria ever hold on to herself amidst such pain, betrayal, and violation?
How could she make sense of herself in such a world as the one within this collage?

A witness can help her make sense of it.
Not by the sequence of events in her life.
But by seeing her within her world of emotional chaos and tragedy.

A Relational Home

Another stranger has come to me.
Seeking something from me.
Mariela.
Mariela arrives with her pain.
With her solitude.
With a body that betrays her.
With scars from the years of ridicule from classmates.
With the pain of life in a fragmented family.
What is she seeking from me?
What can I possibly give of myself?
As I take in her story,
I hear her search for emotional refuge in the presence of another.
A relational place where she can share her story.
Release the burden of her pain.

So, I start to build this space with her by drawing.
Depicting what I hear in her pain.

A pulling together of her fragmented relationships.
Those stories she tells as defining her thus far.
I pull together images to build a space between us.
A relational home for her anguish within my art and our alliance.

CHAPTER 2
Witnessing Suffering

Each person in this book survived.

Yet so alone in the violence they endured.

Then so very isolated in their unbearable pain.

Yet each of them survived.
They recount their lives and pull me into their narratives.
I begin to experience their suffering within my own being.
I am a witness to their trauma.
As I listen and feel, I become a "survivor by proxy" to the tragic events in their lives.
We survive tragedy and trauma together.
We join together through dialogue and art.
If I allow myself to be overcome by their stories and feel deep pain,
I am an authentic witness to their lives.
The survivor is no longer alone.
As we join in the survivor's struggle and share the pain,
it can be endured,
integrated into their lives and their being.

Layer 1 of a Rape

A young woman strolling home.
Suddenly ripped from the calm of night.

An act of humanity to save another.
Leads to humanity being ripped and raped from her.
Not just once.
Not just twice.
There was a third.
Then a fourth.
Then a fifth.

Finally, the violence ends.
At least on the outside.
She begins her trek home.
Bloodied.
Alone.
In her torn clothes.
In her torn world.
In a self that was torn apart.
Victoria walks alone home amidst all the people around her.
Such a disturbing, painful isolation in the presence of others.

An injured woman.
A wounded soul.
Victoria.

So alone.
Surrounded by solitude as all the passers-by look away.
Although the rape ended, deep injury is still being inflicted.
Victoria continues to pull herself along the road back home.

Back to her gypsy village.
But what she finds there is more injury.

Branded a whore.
Banished for being a slut.
Shunned and shamed because she was raped.
Victoria is raped again by her community.
Where has humanity gone?

Victoria is forced to abandon her home.
To sneak through the night to her mother on occasion.
How long will this violence against her continue?
Where does one find solace from the unbearable in the absence of others?
Can I offer her some of the humanity of which so many others deprived her?

When humanity seems extinguished,
can there be light through justice?

In defiance of years of discrimination for being a gypsy,
Victoria marches off to the authorities.
Only to be violated once again.

Only to find that her presumed advocates and known perpetrators are of the same clan.
They mock her.
They threaten her.
They torment her.
Now where can she go with her pain?

I try to create space for it here in my art.

CHAPTER 3
Building Empathic Bonds

Empathy, a path to understanding the other.

The bridge to emotional connection.
But how is it built?

A survivor sits across from me.

Empathy is objective.
I must learn and comprehend the facts of his life.

The relationships, the events, the culture.

Empathy exists within my subjectivity.
The facts of the client's life ignite my imagination.

How do I imagine his inner world and outer life?

Empathy becomes interpersonal.
I express understandings and imagination.

I want him to know the effort I put into trying to see my way into his subjectivity.

I use my words.
I use my artwork.

I communicate through all of the tools I yield.

I wait for confirmation back from my client.
Were my words and art received?

If so, we are more attuned.
The client is validated.

If not, I strive to understand what was missed.
I try again.

Blurred and Disconnected

Tomás cherishes his moments of intactness.
Those times when his mind and body are one.
When there is no numbness or constricting pain in limbs.

These times of intactness have been fleeting since his arrest.
And beating.
By those whose duty is to protect.
Tortured by policemen for being gay,

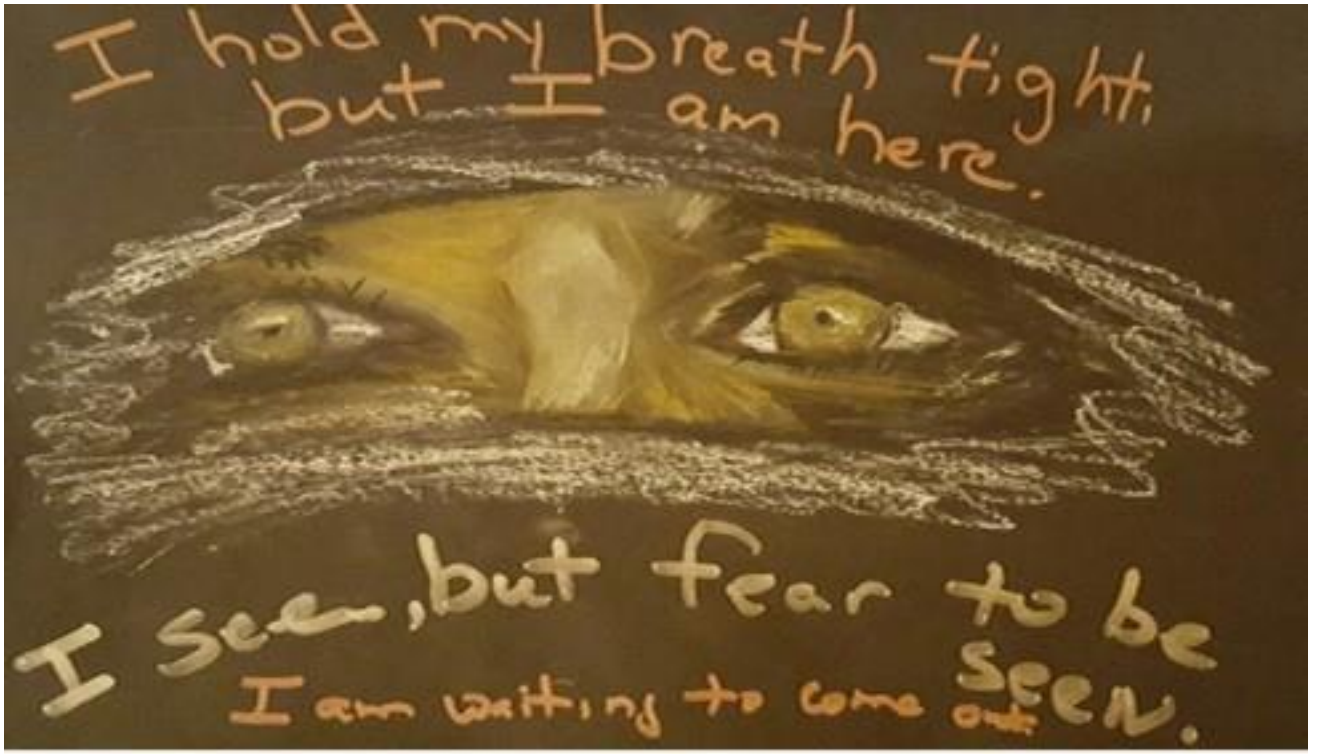
It is of no wonder that his body vacillated between numbness and pain,
With episodes of dissociation from it all.
But such a terrifying loss of control.

Caused by triggers.
Seemingly invisible to the eye.
And silent to the ear.
Outside of his awareness.
Those triggers fire upon and fracture his life.
They release an overpowering force that penetrates his very essence.

In those instances, Tomás is propelled from his body,
He hovers above his very self.
Tomás and his body are no longer one being during those moments.

Vulnerability and Fear and Loss of Control.
"I must flee" echoes in his mind
Yet his legs will not allow it.

So alone in the presence of the others.
Tomás loses both himself and his world.



Eyes: Windows Between Souls

Habib and I so often talk about "Her."
"His female self" buried inside him.
In jail She had been beaten.
Raped by prison guards. Again and again as each shift of guards changed.
Humiliated as they shaved off her hair… wanting to erase who she was.
Exposed in her nude vulnerability for hours and hours over fourteen days.
Threatened with death by her brothers. To kill her in order to erase the family shame.
So, she hides.
Who and where is She now?
My art brings her before me.
Whereas She had been at a distance from me, I see her before me now.
I see her through Habib's stories and my artwork.
The excruciating battle between her soul and her body recounted to me comes more to life as her fight.

Some days Habib wishes to banish her.
Other days She provokes disgust of his body in him.

I often wonder about her.
The truth is, she makes me uncomfortable.
I struggle with the discomfort.

Then I attune with her through this drawing.

She peers out at me through my drawing.
I look into her eyes.
We meet in our gaze.
She is beautiful.
I need to reach out to her.
I acknowledge She is ever-present.
Always watching me as I look toward her.
Now as I gaze at her through my art.
My discomfort wanes.

CHAPTER 4
Imagining the Other Through Art

Once I thought empathy was words.
It was a very simplistic perspective.
Now I know more.

Empathy is cognition.
I must think my way into the world of the other.
I examine my knowledge and the facts I have learned from him.
I listen and ask questions.
I learn from his life story of living in a distant, foreign land.

Empathy is emotion.
I feel my way in to the world of the other.
I connect to my emotions and my perception of his emotions.
I see the pain in his eyes and feel sorrow in my heart.

Empathy is imagination.
I envision what it must be like to be the other.
I see the creative resources in my mind and in my art.

I imagine a phoenix flying over the flames of Hell as you tell about how you survived.
I visualize wings struggling to break away from the ropes that bind them.

Cognition, emotion, and imagination are separate and yet intertwined.
I pull them together and express empathy more fluently through my artwork than through my words.

A Portrayal of Visual Listening

Mariela has spent so much of her life not feeling heard.

I want to give her a new experience.
From our dialogues and her art, I imagine her feelings.

I draw. What do I hear in my drawing?
I invite you, the reader, to gaze at it.

What do you hear through the images?
Remember each drawing and all its parts are unique in their symbolism and interrelated meaning.

These wings are only these wings when tied with this rope above these flames.
What do you hear through those images?

These flames only burn beneath these wings.
What do you hear through these images?

These drops of blood only seep from these bound wings above these wisps of flames.
What do you hear through these images?

This dark space only exists between these two bound wings.
What do you hear through these images?

This wing on the left only hovers alongside this wing on the right.
What do you hear through these images?

A space of meaning emerges between the artist and art.
A space of meaning emerges between the client, the therapist, and the art.

The artwork is a map for an explorative journey that you all three undertake as you connect together all that it contains.
Or, sometimes,

It is simpler.
I shared the drawing with Mariela.

Her comments were minimal. Yet the drawing was impactful for her.
She identified with it.

She was surprised that so much could be expressed through art. I had indeed listened to her through my drawing.
I had indeed listened to her through my drawing.

Phoenix Rising

Habib describes an existence of Pain and Fear and Helplessness.

Anxiety about being denied asylum and sent home. To be imprisoned or worse there.
His past.

It is relived in the present.
Terror.

An ever-present fear of being once again brutalized by others.
Etched into his being, his very essence.

Haunting every moment of the present.
His present. Solitude.

Excruciating sadness due to the separation from his beloved mother and sisters.
The struggle to find belonging in a such a foreign land as the U.S. is to him.

Confusion in a lost sense of temporality.
Not quite remembering what he just did or was going to do.

Lost in an unfamiliar world.

The colors, the smells, the whole environment is so different.
No familiar frames of reference to ground him.

Then a shift occurs.

A plot twist in his life story.
A new narrative of strength and endurance.

"I survived," he says.
Such new words.

Our dialogue ignites my imagination.
I want to celebrate these new words with him.

I envision him rising over the flames of his private hell.
But then the Phoenix falls flat when I share it with him.

Habib does not appear to see a reflection of himself there.
Did I miss the mark with my metaphor?

Did he revert back to his old narrative of himself in his life?

Perhaps at least my image left him with an impression. A seed to grow from.
It did. At least with me.

CHAPTER 5
Bridging Empathy Across Cultures

I have encountered refugee survivors who come from across the globe.
A Somali whose home was destroyed by a bomb during a time of governmental oppression of his ethnic group.

A man from the Congo who lived for months in the jungle while he hid from imprisonment and worse for having spoken out against his government.

As I hear their stories, I feel like I exist within a life and cultural terrain so far away from theirs.

How do I build a bridge between such distant landscapes of life?
Just like the construction of an actual bridge.
Piece by piece.

I begin by expressing my interest in reaching an understanding of the foreign land of my client.
As we talk, step by step I walk the bridge toward a great sense of the landscape of her life.

I communicate what I know and what I learn.
I invite the client to build toward me.
What does she want me to know about her native land?
What questions does she have about my cultural terrain as she adapts to life there?

Our building materials to bridge the differences are dialogues and artwork.
Words and images are used to build an empathic foundation for our alliance.
The bridge is the intersubjective space in where we meet.

Shared Space in Art

Habib and I are at the beginning of treatment.

I prefer to think of it as our shared journey.
I am trying to get to know Habib as well as this intersubjective process.

I had made a previous image as an attempt to attune with Habib.
The image seemed to have fallen flat when I shared it.

Empathy is only empathy if it is received.

So, I try again.
I start by writing in his language.

I am slow and precise in creating these strange symbols.
Precision in writing. Precision in empathy.

I collage the themes that are dominant in our conversations.
That have been dominant in his life of late.

Habib begins by reading back to me what I have written in his language.
The messages are not totally clear;

Was it my errors in my writing?
Is it his translation back to me?

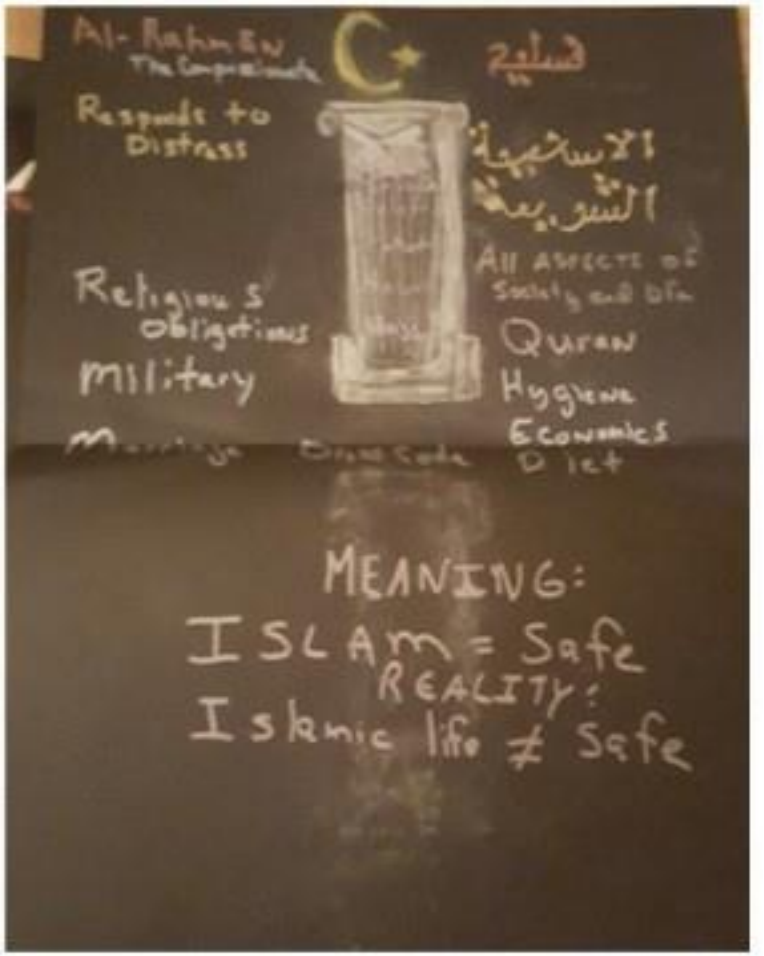
It does not seem to matter.

We seem to find a common space within these words and images.
We talk about the pain and losses reflected in the artwork.

How lost he feels in his grief.

Habib wonders where to begin to rebuild his life.
I had wondered this too.

We look at the ideas of Maslow. They give us a place to begin from.



Imaging Islam

What do I need to know in order to make sense of Habib's life?
I wonder.
So, I ask him.
I ask him for homework.
So, he assigns me Islam.
To learn its seven pillars.

I read online.
I write out the pillars.
I put them into an image.
The image is weak.
It is not developed.
What I see in my art is an attempt to understand.
But I was not able to take it where it needed to go.

Why is that?
They are words and ideas, but I do not have the context to bring them to life..
I need Habib to make them real for me.
To give them an emotional life.

So, I take what I have learned back to him.
To makes sense of it in his life.
The restrictions in his life.
We talk about the differences between his God and the Christian God.
We talk about the contradictions that exist in his life as a Muslim.
And the contradictions of Muslim life.
We work together to create meaning and understanding between him and me, his world and my world.

Trying to Understand Sex

As Habib and I converse about the contradictions of Muslim life
In his Muslim life
He assigns me another task.
To help him make sense of sexual life in the world he left.
As a "she-male" he had welded such sexual power and sexual prestige.
In a world that abhorred him in the end.
The men who made love to him
Were the men who tried to destroy him.
The heterosexual men of power.
How do you make sense of this?
How do we make sense of this?
We talk.
We make art.
We share a space of learning.
Of deciphering.
Together.

CHAPTER 6
Taking a Moral Stance

A typical perception of a psychotherapist.
A vision of an emotionally distant analyst treating his patient.
How does that fit into a paradigm of trauma treatment?
It does not.

Trauma, torture, oppression, and political violence negate neutrality on the part of the therapist.
Immorality and injustice must be acknowledged.
Denying justice to a rape victim because she is a gypsy is wrong.
Governmental violence toward individuals who want to voice their concerns and have free elections is wrong.
Incarcerating and beating a man because he kissed is boyfriend in public is wrong.
Law enforcement not providing information about the facts surrounding their killing someone's son is wrong.
A God condemning a person to hell for his sexual practices and transgender identity is wrong.

Validation of a survivor's experiences of trauma and injustice is needed.
Neutrality is not.

Solidarity Through Anger

The three of us existed in the room.
Habib, Myself, and His God.

His God willed his torture in jail.
His God condemns him to eternity in hell.

I want to condemn this God.
All-powerful,
malicious,
ruthless,
dictator.

In the voice of this God I hear the voice of a tyrant.
I want to unleash my rage toward "him."
As I contemplate the drawing and my bottled-up anger.
I realize.
A voice of angry protests is missing.
The voice of Habib's inner self: "her."

She is a fourth party in the room.
I now wonder if I am hearing her unvoiced feelings toward this God.
The God that condemns her.
Where is her voice in this condemnation?
I look again at my drawing.
The anger I depicted is not my anger toward his God,
But his God's fury toward her.
Now I wonder about her protest toward this God.
When will she speak out against this injustice?

CHAPTER 7
Mutuality: We Are Together in Our Alliance

I cannot deny the impact that my clients have on me.
Horrific stories leave me with great sorrow.

I question the humanity of a world in which people hurt others with such deliberate cruelty.
I wonder about the absence of goodness in the world and how to make sense of the trauma I am exposed to.

At same time, as I connect and respond to my clients' stories, they feel heard and validated.
They begin to feel some sense of restored humanity from our work together.

As time goes on, we come to know and value each other more and more.
We matter to each other.

When the relationship ends at some point,
it will be a loss for both of us.

But if it was a meaningful alliance,
it will have created a change in each of us.

Piecing Together

Our two worlds come together.

Amir comes to me seeking solace for her daily suffering,
Unbearable, all-consuming grief.

Her son violently seized from her. Killed by a policeman.
He acted in self-defense? Her gentle son, the aggressor?

No, this story does not match the son she adored.
Amir is left with piercing pain, no resolution, no justice, no meaning.

Just the overpowering waves of anguish that she struggles through each day,
Fearing that they will drown her.

I listen to her story. Her past, her present, and vague hints of the future,
Every word a puzzle piece to create a portrait of Amir in my mind.

I write out her words, her facial expressions, her emotions.
Clues to help to decipher Amir's world.

How can I use her words to connect to her? To her suffering? To her emotions?
I try to transcribe her world through the words I have heard and intuited.

Through them I might see a definition of who she is within her world.
To do so is to join with her.

I share words with her. They seem devoid of meaning for her.
I share the puzzle pieces. They do not seem to piece anything together for her.

I share the desire I had contained to shred the pieces into bits. To destroy them.
This elicits a reaction from Amir.

Her anger at the lack of justice.
Her desire to confront the man who killed her son.

But she too contains the instinct to destroy.
Amir surmises she would not hurt the man,

She does not want to add more pain to the world.
But would she ever forgive?

She thinks not.

Who Are My Gods?

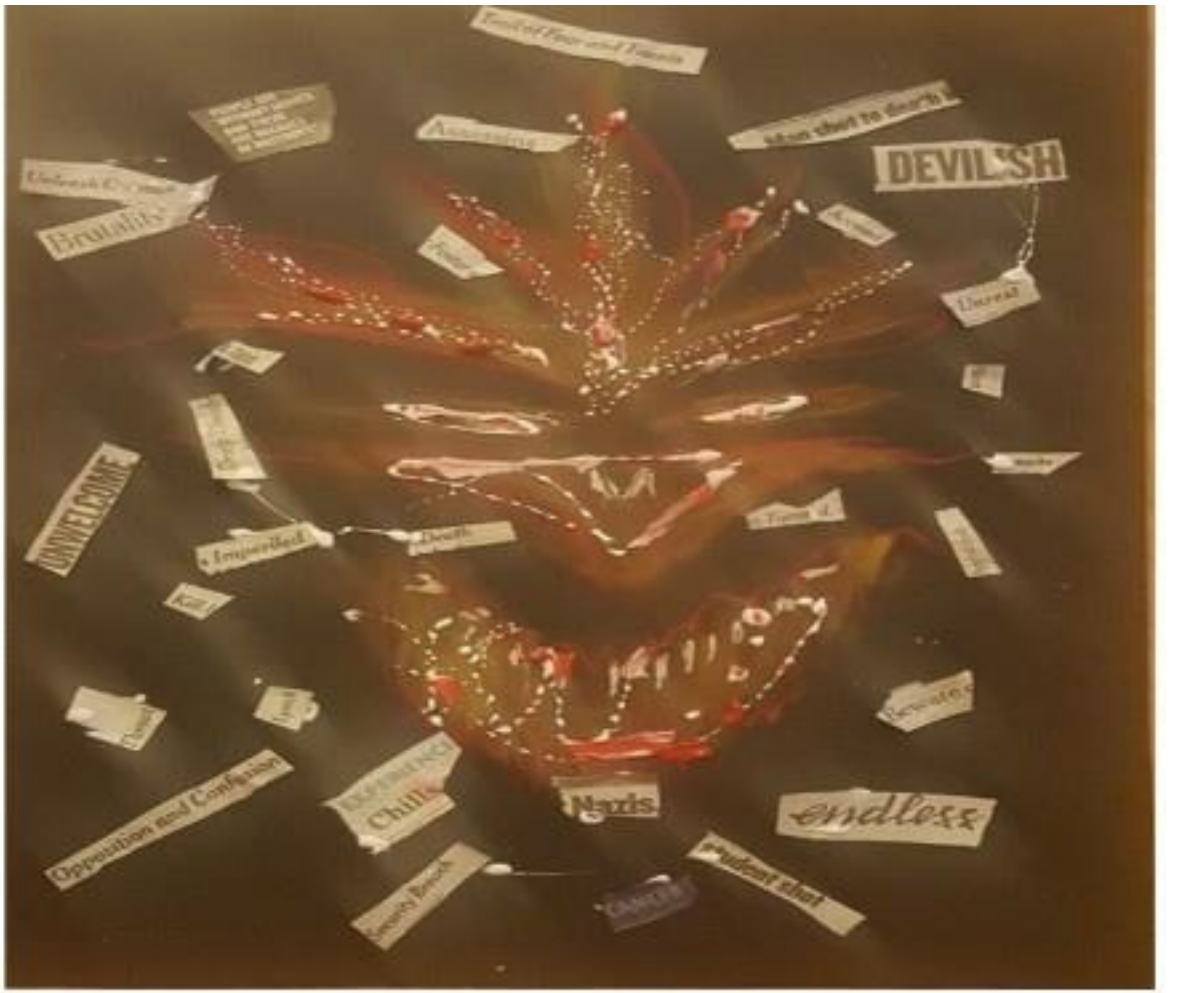
Islam was at the heart of how Habib maneuvered through his world.
It defined how he should live his life in the present.
It defined how he must live to evade divine punishment in hell.
His life has been filled with religious lessons in his family and community life.

My upbringing and communal life were and are so different.
Agnostic would have been a very liberal notion in the atheism of my father's secular preaching.
Yes, I have evolved in my own fashion outside such teachings.
But still there is a core of rigidity in thinking and skepticism of what is not clearly visible that was engendered within me.
Yet I became a counselor and art therapist.

Habib and I evolved in such different places with such distinct and distant views of spirituality.
I feel that I can in a fashion begin to look through his spiritual lens and get a sense of how he sees existence.
Like looking at images of faraway places through the View Mater toy I owned a child.

But I can envision his spiritual world more than my own.
Before I can hope to truly bridge our spiritual worlds, I must bring into focus my own.

So, I create symbols of spiritual meaning.
I begin to move into a space of creating such meaning in my life.
It is a road I must travel along myself as I accompany Habib on his journey.



Grappling With Spirituality and Evil

Having spent some seventeen years hearing stories of trauma, torture, and unbearable acts of men against other men,
I am struck one day by the absence of any deep, personal contemplation of the existence of Evil in my perspective of human existence.
I have exposed myself to stories of such cruelty.
I must allow myself a space to see where the stories take me.
I acknowledge that as I have worked with clients, our worldviews merge and separate as we struggle together to make meaning in response to tragedy, suffering, and wounds inflicted within humanity.
I must recreate meaning if I am to endure this work.
I do see evil.

CHAPTER 8
Curiosity or Expertise?

As a therapist, I am often called upon to be knowing.
I am asked to know the answers.
To provide an interpretation.
It can be easy to fall into the trap of being the expert.

To avoid this snare, I aim to be curious.
Deeply inquisitive about my client and myself as well.

I relinquish what I think I previously knew
about my client,
about another culture,
about my own self.

I am keenly interested in our inner and outer worlds.
We learn together and come to understand together.
Curiosity allows meaning to evolve, shift, and deepen.

Persephone

I was curious.

I knew bits of Giovanna's life story,
So different from any I had heard.

Giovanna, however, held the details of her life closely.
It would take time for trust be cultivated between us.

So instead, Giovanna told me the myth of her life story.
Persephone.

A young girl who suffered. She was seduced by Hades, then tricked into eating a pomegranate which tied her to living in the Underworld.

The myth piqued my curiosity so I made a collage of it.
As I contemplated the mythical image, I was curiously attached to the pomegranate.

Connecting Through Curiosity

The pomegranate?

It enticed me… but why?
I amplified it.

I read about it.

I contemplated it.
But still no understanding of: why?

Curiosity took me and my pomegranate back to Giovanna.
She sliced open the fruit for me and related the meaning it contained for her.

Childhood memories of the Venezuelan *granada*.
Its beautiful, wondrous emergence from a flower that had astonished her.

The beautiful intrigue of its interior, which she linked to the cultivation of artistic sensibilities within her.

Its tree whose shade had provided a place of respite in her troubled childhood.
While the pomegranate had doomed Persephone to six months a year in a hell, it had provided Giovanna reprieve from her own personal hell.

A curious connection and story brought to the surface by following the trail of my own curiosity.

CHAPTER 9
Understanding Each Other Amidst Collective Trauma

Tragedy strikes a society.

Sons are murdered on the streets.
A government brutalizes those who speak up against it.
Violence becomes a norm as homes are invaded for theft.
A stroll down the street ends in being kidnapped for a meager ransom.
Power becomes oppression as minority groups are targeted.

These events are told and retold.
They collect in the stories of a population.

The stories surface in political discourse, music, and the arts.
Imagination and fact become infused with the collective narrative.

Collective imagination and collective narrative become cultural identity.
Identity spreads a social divide.
The perpetrators of violence and the victims of the suffering.
A simplistic division of Good versus Bad amongst the people.
A society becomes "us" and "them."
Social fabric that holds communities together is shredded.

In tandem, collective realities are obscured and twisted.
The emotional backdrop of daily life is torn apart.
Distrust.
Despair.
Fear.
The abnormal become a new normal.

Trying to See Where I Am

Strangers meet.

I am a stranger to Venezuela.
Venezuela is a stranger to me.

Diana is a stranger to me.
And I to her.

Diana comes to me with her struggle to live in this world of danger and despair.
Her anguish and exhaustion are evident in her words and in her physical presence.

I have just recently moved to Venezuela in the midst of social, economic, and political turmoil.
I live the privileged life of an expat.

I listen to her story while I live in a parallel, but so distant story.
Even though we live within walking distance from each other.

How do I reconcile our different worlds of existence in this same land?

I make my art.
We share our perspectives through my drawing.

I stand outside the window and she resides on the other side of it.

I reflect on the suffering, kindhearted people who have taken me under their wings.
Diana questions the "guardian angels" who have not given her protection in this chaos.

I see an angel hunched over.
Diana sees an angel that is slightly hovering over the ground.

Together we make sense of our own and each other's worlds.

On a Path Toward the Unknown

Diana and I come closer together in a shared space on this road.
We are both on a road of living through turmoil.
An emerging atmosphere of daily conflict.

We both have inhaled the lingering, burning odor of tear gas.
We both know the fear and despair that floats through the air here.

We come together in a mutual witnessing of sorts.
A seeing of ourselves and this world through each other's eyes.

Different Eyes on Different Realities

I continue to exist in a cultural, social bubble.
How can I not? It is who I am here.
But the emotional world around me is seeping in.

I weep for Venezuela and the people.
The pain and tension in the air penetrate me.
Then push to be released from my body, my soul, my essence through tears.

I have moved from the exterior world of the window,
Closer to the inside space where the downtrodden angel existed.
It is an excruciating space to exist in.

But I must find a place to contain the rage, the helplessness, the fear and pain.
The knowing how others are perishing here in famine, illness, and violence.
For if I cannot contain it, how can I bear witness to the suffering of others?

CHAPTER 10
Taking Action Against Oppression and Violence

Both the survivor of trauma and the therapist are engulfed in feelings of helplessness.
The survivor struggles to find a new sense of self-agency.
The trauma therapist wonders what he can do in the face of the ubiquity of political violence and suffering induced by mankind.

The therapist and client both feel.
Vulnerability.
Powerlessness.
A loss of faith in humanity.

How does one not succumb to these overwhelming forces?

Action negates helplessness.
Social action negates helplessness and creates community bonds.

Social action can be alchemy.
A transformation of tragedy and suffering into societal changes.
It begins with truth telling, voicing injustice, and revealing wrongdoing.

Social action takes the form of prevention of what has occurred in the past and helping those who have suffered.

A renewed sense of purpose emerges.

Pain and Power

I thought my book was done.

All of the images were selected and the passages written.
I sighed with relief.

And then I met with Amir.

Such pain in her eyes and such sorrow in her voice.
Our conversation expanded.

Beyond the death of her son.
So many young men are perishing in the fight to survive day in and day out in Venezuela.

Today another student was shot down in protests.
So how could I put an end to my book?

There seems to be no end to all of the violence.

The injustice.
The suffering.

So, one more image made its way into the book.
I see pain, anger, helplessness, and death in it.

How does humanity combat all this suffering?
By joining together?

By taking action?
Individual and collective action.

I hope that this brief connection to those who have suffered so greatly inspires my readers to take some form of action.

CONCLUDING REMARKS

As I begin writing the passage to end this book, I am struck by the odd sensation of initiating rather than concluding a task. It does not feel as if I am finalizing several years of work as much as creating something new. Perhaps this mirrors the process of birth. As a pregnancy comes to an end, a new being is sent out into the world. This brings me back to Hinz's (2013) idea, included in the introduction, that referred to pieces of art going through a life cycle from birth through death. I cannot recall having connected to that notion as fully until now, perhaps due to the blood, sweat, and tears that led to the birth of this work.

It has been exceedingly difficult to know when I was done with this work. It could seemingly go on and on. I believe this is in part due to the endless nature of the hermeneutic process that it embodies. Hermeneutic research is based on a deconstruction and reconstruction of meaning within a process in which understanding and interpretation are never complete (Moules, McCaffrey, Field, & Laing, 2015). The parallel process exists in the work of art therapy. A piece of art may elicit different emotional reactions and meanings that evolve over time. Likewise, my understanding of myself in relation to my life as well as in relation to a client never reaches a conclusive end. At some point, however, the relationship does reach an end point, as each of us goes on in our respective lives.

ENDNOTES

Title of the Book

The title "The Gift of the Wounded Traveler" comes from two points of reference for me. The first is that when I was first working as a counselor, I had a colleague who commented that it is a gift when clients allow us into their lives through the intimacy of the therapeutic relationship. The other point of reference is intersubjective theory, which posits that the therapist grows from the therapeutic relationship.

Introduction

The work discussed within this book involved clients from Guatemala, Jordan, Moldova, and Venezuela. I consider them to be refugees in the sense that they have either fled their countries of origin due to political violence or, in the case of the Venezuelans, they are in a sociopolitical and economic situation from which a multitude of people have fled. I base this concept on the work of Papadopoulos (2002). Papadopoulos defined the experiential stages inherent to the process of becoming a refugee. These include: (a) the anticipation of a traumatic event that leads to having to abandon one's native country, (b) the event or events themselves, (c) survival after the event(s), and (d) the adjustment to a new life within a new culture.

Chapter 1

The collage "Piecing Together a Rape" is comprised of the different experiences related to Victoria's rape. My goal was to convey the psychological turmoil stemming from the rape and the subsequent difficulties Victoria suffered in her community and with law enforcement. The collage was created using the three pieces of art in Chapter 2, which portrayed her rape and the aftermath of it. My goal in making this collage was to symbolize the cumulative impact of all of the events related to the rape: the violence she was subjected to, being alone and ignored by others following the rape, being rejected within her community, and not being able to appeal to the authorities for justice. The cumulative effect, I feel, is relayed by combining the three collages into one art piece. This art process reflected Wadeson's (1995) description of the spatial matrix of art that I discussed in the introduction of this book.

The second drawing in this chapter is meant to pull together the numerous types of trauma suffered by Mariela. I titled the drawing "A Relational Home" in reference to an intersubjective concept. Solomon (2006) referred to artwork and the therapeutic relationship as providing a "relational home" in which emotions can be articulated and integrated through therapeutic dialogue. In art therapy, the idea of a relational home is expanded to the triangular relationship of the therapist, client, and artwork (Schaverien, 2000; Skaife, 2001; Zinemanas, 2011). When survivors of trauma do not have a relationship in which their emotions can be expressed, understood, and validated, they develop

a sense of shame. In addition, survivors become overwhelmed by their emotions if they do not have a relationship in which to express them (Carr, 2011). An attuned, empathic understanding of an art piece by the therapist also helps the client to connect to and develop the sense of self (Zinemanas, 2011).

Both of the examples in this chapter illuminate the concept of cumulative trauma. In their study of 2,496 college students, Briere, Kaltman, and Green (2008) found that cumulative trauma leads to greater complexity of symptoms and that the impact of trauma can be summative. In addition, the results of their study indicated that individuals who suffered childhood physical abuse and rape were more prone to experiencing subsequent traumas during adolescence and adulthood. Briere and Scott (2015) also noted that victims of interpersonal trauma are statistically at greater risk of additional, interpersonal traumas throughout their lives.

Within their research, Cloitre et al. (2009) also substantiated the notion that cumulative exposures to trauma increase the complexity of the symptoms experienced by the victims of such events. Interestingly, the results of the study suggested that symptom complexity is not correlated to chronic exposure to a particular event or the duration of an event, but instead to the occurrence of multiple, co-occurring traumas.

Chapter 2

The first image represents Victoria being raped by several men. The second image relates to Victoria walking home following the rape. The third image refers to Victoria going to the police a few days after the rape and finding no support, as well as discovering that the rapists were friends with several police officers. The collages in this chapter are images that I created in order to "witness" the rape and its aftermath. Within this process of witnessing, I strove to attune to both the details of what occurred to Victoria and to the emotional content and impact of the traumatic events on her. The work also helped me to overcome some of the discomfort I felt being a male working with a female survivor of rape.

As clients become witnesses to their life events through artwork and dialogue, the therapist also needs to take on such a role. Harris (2007) argued that the process of witnessing can be defined as a person and the person's life experiences being understood and vicariously observed by another person, with this being key to the development of consciousness in both traumatic and nontraumatic circumstances. To help survivors of trauma overcome the aftereffects of trauma, witnessing by the therapist is a central component of treatment. In applying this theoretical orientation to therapeutic work, Harris stated that the therapist needs to actively engage in mutual exchanges with clients. The exchanges from the therapist include emotional reactions to what happened to the clients and empathic reflections of the clients' experiences. There are individuals with whom this type of mutuality may be difficult due to the degree of the trauma they have suffered. In these instances, the aim of the therapeutic relationship is to provide a

holding environment in order to contain emotions. Kristel (2012) discussed her use of art as a core element in her work with survivors of trauma. She argued that the use of art in therapy as well with the process of attunement that develops between the client and therapist in their intersubjective encounters leads to the development of new neural pathways, which, in turn, supports recovery from trauma.

Chapter 3

The first piece of art within this chapter is a representation of Tomás's experience of dissociation. Tomas expressed having feelings of confusion and isolation when he suffered episodes of depersonalization and derealization in social situations with friends. Although it was important for us to gain insight into the triggers of these episodes and ways for him to manage them, I felt that first I needed to establish an empathetic connection with Tomás related to these post-traumatic symptoms. I needed to attune to his experiences in order to help him understand them, integrate the emotions surrounding the episodes, and diminish his feelings of isolation.

The second drawing in this chapter is a depiction of the female aspect of Habib's identity and represents an attempt on my part to connect to that part of his sense of self. I had experienced a sense of discomfort in relation to Habib's transgender identity. I created the drawing as a way to address that feeling and to explore my relationship with him.

All of the artwork in this book was part of a process of developing empathic connections to my clients. The process I used was similar to one posited by Franklin (2010). He argued that "visual empathy" is cultivated in therapy through the use of art by the therapist to develop attunement or emotional connection with clients. Franklin used art as a medium of communication with adolescents, in order to provide them with images that represented feelings that they were not able to directly express. He provided a format for developing an empathic connection to a client's art through a process of initially maintaining a neutral posture in order to simply be present with the client. The therapist observes a client's behaviors and is open to images that come to mind from the observations. Through this mindful stance, the clinician adopts a receptive approach to the multiple associations that arise from images, verbalizations, behavior, and somatic cues in relation to the client. The art therapist then creates an image from these associations.

Chapter 4

I made the drawing "A Portrayal of Visual Listening" following a session in which Mariela had described the difficulties she experienced due to the limitations set by her mother as well as her lack of freedom to travel around Caracas as she much as she would like because of the pervasive violence in the city. She felt an intense sense of restriction in how she could live her life. Although I typically made art alongside Mariela during our sessions, this was an instance in which I felt the need to take the time and space to create a more thought-out and aesthetically developed

drawing. I made the drawing to symbolize the feelings that Mariela had expressed during our session, with the intention of subsequently sharing the image with her in order to mirror and validate her feelings. In the next session, when I shared the drawing with her, Mariela's response was that she felt the drawing reflected aspects of herself and her life. She was unable or reluctant to provide a more detailed, verbal account of what she meant. Having been trained as a verbal therapist before becoming an art therapist, I initially felt a need to pursue this experience verbally with her. I then realized that the interactions between Mariela, myself, and the artwork engendered a visual dialogue in which she felt understood and validated. This did not need to occur through verbal dialogue, as it occurred nonverbally. Moon (1999) wrote of the utility of art made by the therapist to support engagement in communication with clients by means of an imaginative dialogue. He viewed images as visual communication grounded in facts and the external reality of the client. Similarly, Robbins (1973) wrote of his use of visual dialogues to enhance communication with clients.

When I initially created the drawing "Phoenix Rising," my intention was to create a piece of art to validate Habib's personal description of the strength that he felt as he reinterpreted part of his experience of detention and torture. This reflected a major shift in his self-image, which I wanted to capture and mirror back to him through the drawing. When I completed the drawing, I felt that I had created a symbol that represented my sense of the strength that he had expressed, as I referred to above. However, when I shared the drawing with Habib, the symbol of the phoenix did not seem to resonate with him. My initial interpretation of this was that perhaps his sense of self or emotional state had shifted and so in that moment he no longer saw himself as a survivor but instead he once again saw himself as a victim. My clinical inclination was to observe any new instances where Habib expressed strengths and validate any positive traits or experiences he mentioned.

Following the session, as I wrote up my clinical notes, I questioned if I had missed the mark in my attempt to express empathy with Habib. I wondered if something in my communication to him had not been received. Perhaps I had needed to speak more about the drawing and what had prompted me to make it. The visual message of the drawing had served as a bridge between Habib and the positive aspect of his self-image. Subsequently, when writing the prose related to the drawing and my interactions with Habib, I found a new interpretation of the drawing. In their discussion of hermeneutic research, Moules et al. (2015) stated that the outcome of hermeneutic analysis is valid if it has an impact on the researcher, even when it does not influence the participants. Given this notion, a new meaning emerged for me that it did not matter if the drawing did not seem to resonate with Habib in the moment of sharing. The image left me with a symbol of his strength that I needed to hold on to. I recognized the importance of maintaining the positive image of the phoenix in relation to Habib. Given the idea that identity is formed within a relationship (Jordan,

2010; Stolorow, 2007), a shift in my subjectivity and perception of Habib could on some level help him to begin to see himself in a different light. Perhaps it was an image that he would later recall and that would help shift his self-concept or increase his self-esteem.

Chapter 5

I made the collage "Shared Space in Art" to symbolize a number of themes that were simultaneously affecting Habib's social-emotional functioning. I also included a visual representation of Maslow's hierarchy of needs, as Habib and I had discussed the concepts within Maslow's theory as they related to Habib's recovery from trauma and his adaptation to life in the United States.

The second artwork, "Imaging Islam," is a visual summary of information that I learned about the seven pillars of Islam. I had asked Habib to assign me "homework" related to what he felt I needed to learn about in order to understand his cultural background.

The third artwork, "Trying to Understand Sex," is a summary of concepts regarding sexual behaviors, norms, and reactions to homosexuality in Muslim culture. Although the artwork was not especially expressive, I still perceived its benefits as a tool to document new knowledge of the culture. Writing the key concepts in Arabic underscored the deep cultural differences that existed in a therapeutic relationship between the worldviews of a secular therapist from the United States and a Muslim client from the Middle East. Dialogic contemplation of the artwork promoted a realization that I needed Habib to "translate" these concepts into the context of his life. For example, in the United States, people may take a shower after sex. This practice of cleansing, however, seemed very different from what I perceived to be a cleansing after sex in Muslim culture. More seriously, I did not have sufficient understanding of what the threat of death for engaging in sex with men meant for Habib in the context of his life. The Arabic words were a reminder that I needed to be open to a cultural worldview where these different sexual concepts existed. I needed to suspend judgment despite any disagreement I might have with these social or behavioral norms.

Within this chapter I provided examples of working with a client to understand his cultural background. As a therapist, when working with clients from cultural backgrounds different from one's own, it is crucial to work to bridge the cultural differences between oneself and the client. Gorman (2001) cited the importance of clinicians maintaining a phenomenological stance in order to appreciate the meaning of clients' distinctive ways of being in the world. In her work with refugees, Fabri (2001) also took a phenomenological stance. She conceived of the client as being a cultural teacher for the therapist. Isfahani (2008) wrote about using art as method of expression in order to build connections between client and therapist so as to enhance their mutual understanding of the diversity of their cultural backgrounds.

Elsass (1997) posited that in working with refugee populations, the therapeutic dialogue is the tool through which meaning is created. He stated that it does not need to be meaning that both parties agree to, but the meaning-making process does necessitate cooperation between the two individuals. It also entails mutual research and understanding of each other's culture.

Chapter 6

The issue of non-neutrality is major shift from the traditional concept of the role of a therapist. I believe that in working with issues of trauma and political violence, the therapist needs to be willing to acknowledge that actions that violate human rights are wrong. I felt that this notion was applicable to what Habib described regarding his God, who he said had been responsible for his imprisonment and torture. I did, however, address the topic and my use of art around my feelings in a cautious manner with Habib, in order to try not to be insensitive toward his religion.

Regarding an intersubjective view of the therapist not assuming a neutral stance with clients, Buirski and Haglund (2001) and Quillman (2013) argued that mutual influences that the client and the therapist have on each other's behaviors, enactments, and states of consciousness negate the notion of neutrality in the therapeutic relationship. The subjective experiences of both the clinician and the client are continuously being affected by their interaction within the therapeutic process. As such, therapists need to be accepting and cognizant of this dynamic.

Mitchell (2000) argued that within an intersubjective framework the therapist is not an impartial observer of the client, but is instead immersed in an intimate, emotionally laden engagement in which both parties experience strong emotions such as hate and love in relation to each other. I posit that this idea can be expanded to the notion that the therapist may experience love and hate toward individuals within a client's life, such as a parent or—in this case—a feeling of hate or anger toward a client's God.

Chapter 7

In our dialogues about what she was going through, I became aware of the fact that Amir was very much alone in her suffering. She did not have others around her who listened to her or who seemed to comprehend the depth of what she felt. I wanted to make a piece of art to reflect what I understood of her emotional turmoil. As I contemplated Amir's story, I began writing words that expressed the emotions and perceptions she had toward the death of her son, such as grief, pain, loss, suffering, and lack of justice. The words went on and on. Her world seemed to be defined by her pain. The process left me wondering what it would take to help her recover.

In the next circle of inquiry and analysis, I thought about how Amir's life had been shattered to pieces, and I cut a sheet of paper into puzzle pieces. In this phase of analysis I found that I did not want to put the pieces back together. Instead, I wanted to keep cutting the pieces. I wanted to destroy them. I wondered about this reaction, but did

not know what it meant.

The next time I met with Amir, I shared the steps of my hermeneutic inquiry. First, I gave her a copy of the words and then the puzzle pieces I had made from them. She contemplated the art products but did not react or converse about them. I then shared my desire to destroy the pieces as I cut them. This led Amir into a deep discussion about the rage she felt and her sense making following a traumatic event.

The other images in this chapter relate to an exploration of my own spiritual view. Given the central role of religion in Habib's worldview, as well as the conflicting meanings related to the trauma he had suffered, I found it prudent to explore my own spiritual beliefs. I realized that they differed greatly from Habib's. He had received strict education directed toward the installment of specific core beliefs. In contrast, I had never been exposed to such religious or spiritual teaching from either my family or my community.

Several weeks later, following interactions with other clients who had suffered extreme trauma, I was brought back to the process of spiritual meaning making. I found that my interactions with my clients and artwork had opened me to examine my spiritual beliefs and to consider the existence of evil, in particular. In response, I created a new piece of art, "Grappling With Spirituality and Evil." I contemplated this topic with greater focus than I had ever done in the past and reached the realization that I very much believed in the existence of evil, a malignant energy within the world. I was not sure whether or how this newly perceived construct would influence my work with Habib and other survivors of trauma.

Chapter 8

In my initial session with Giovanna, she was reluctant to provide much detail about her life story; however, she did relate that her life had enfolded like the story told in the myth of Persephone. As I was not familiar with the myth, I read it and then created a collage to tell the story. As I contemplated the collage "Persephone," I was drawn to the pomegranate time and time again, but I was unsure why. So, in line with the principles of hermeneutic inquiry (Moules et al., 2015), I followed the direction of my investigation and made a drawing of a single pomegranate. As I reflected on the image, I saw it as flowing with an energy and the seeds ignited my curiosity. I was still unsure what the symbol might mean in relationship to my client. At this juncture, I was reminded of the idea of the client as the expert in cross-cultural therapy, while the therapist remains open and curious to the client's teachings. Perhaps Giovanna could shed light on the piece of art that I had made.

In my next session with Giovanna, I shared the collage and the drawing and expressed my puzzlement over the meaning of the pomegranate. This prompted her to engage in a lengthy story about a pomegranate tree in her yard as a child and how it had been a place of solace for her to escape the emotional and physical abuse in her family. She

also recounted how she was amazed that the flower from the tree transformed into such as beautiful fruit. For Giovanna, her appreciation of the flower and the fruit over the years was linked to the development of her aesthetic sensibility, which had, in turn, contributed to her becoming an artist.

Although this initial encounter only obliquely touched on Giovanna's past trauma, the mutual exploration and dialogue provided not only a measure of cultural understanding for me as the therapist but also established a level of emotional attunement. The mythical background is an interesting example of the concept of empathic imagination. Although this concept is discussed in terms of its use by the therapist to understand a client more fully, in this instance Giovanna managed to have empathy toward her own life narrative by connecting to her painful experiences through an imaginational connection to the myth. Once I also engaged in an imaginational process of trying to understand her, we were then able to connect in a real dialogue about elements of her life.

For further discussion of the role of conscious and unconscious subjectivities of the client and therapist, one may refer to Buirski and Haglund (2001) and Natterson and Friedman (1995). Regarding the interplay between the subjectivities of therapist, client, and artwork, Skaife (2001) argued that an exploration of artwork can lead the client and therapist to have greater awareness by "seeing" and connecting to what is beyond the apparent surface level of an art piece. She posited that an artwork represents elements of the personal or collective unconscious that can be voiced through the relational interplay among the client, the therapist, and the artwork. Similarly, Schaverien (2000) suggested that the meaning of art becomes something other than what was originally intended and as such reveals new or unconscious material when the client and therapist engage with artwork created in therapy.

Chapter 9

The poem at the beginning of this chapter emerged as a creative expression to help me understand my circumstances in Venezuela. From there, I made three drawings symbolizing my experiences of living in Venezuela over several months. The drawings in this chapter relate to my experience of connecting with and trying to understand what it was like to live in an environment in which collective trauma was prevalent. I then used the drawings in my sessions with Diana. The artwork served as source of visual dialogue (Robbins, 1973; Spring, 1994) and at the same time contributed to our verbal dialogue. Diana and I engaged in conversations in which we took turns describing the elements within the drawings as we perceived them. From there, we made connections between the symbols within the drawings and our life experiences.

With regard to theories of collective trauma, Alexander (2012) argued that collective trauma transforms cultural identity through the narratives that are told through social and political discourse, as well as through media such as art, theater, and music. Individuals and societies take on an identity based in trauma from these narratives. I also find the

ideas of Martín-Baró (1988) to be very relevant. He discussed the impact of collective trauma as individuals and social groups accept abnormal conditions as normal circumstances.

Chapter 10

The drawing here was made after a session with Amir. It symbolized her feelings of anger and helplessness associated with the death of her son. After I had made and shared the artwork with Amir, I was impacted by thoughts and emotions related to the pervasiveness of trauma in Venezuela and the world. I felt deeply sad and helpless. This led me to the inclusion of social action as the final chapter of this book. Social action is another path forward for individuals who have suffered trauma; it serves to reconnect them with community and help them develop a survivor identity. Herman (2015) stated that often clients become involved in social action related to the trauma that they suffered, as a step toward reconnection, resolution, and integration. An example of this could be working to raise the consciousness of the persecution of a minority group in order to deter victimization. Engagement in social action can connect survivors to other people and also generate a sense of empowerment (Herman, 2015). Watkins and Shulman (2008) wrote of the need for survivors of trauma to regain a voice in the process of overcoming social oppression. The authors discussed the importance of survivors developing the ability to speak about their traumas. Speaking out helps a person move from being a victim or someone who was silenced to being compassionately and emotionally engaged in dialogue about what occurred. In this way social action facilitates healing from the wounds of oppression.

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I will now address the research questions including examples of artwork from the book as well as relevant information from art therapy sessions.

Question 1: A Non-Linear Perspective on Traumatization

The first research question that guided my inquiry was: How can trauma treatment be expanded from a predominantly linear focus on specific traumatic events and their resulting symptomology to include a more nuanced consideration of political, familial, societal, and cultural contexts? To show how trauma treatment can be expanded with consideration of the various contexts that influence it, I will include here examples of artwork that I created, as the therapist, to express what I understood of the client's narrative. Each of my visual representations of client narratives depicted aspects of their social, familial, and cultural contexts. Finally, I will recount a particular episode from my inquiry that resulted in a potentially positive outcome for the client.

Example 1: The visual layers of a rape. Victoria was referred to me with a PTSD diagnosis, which is the primary diagnosis usually given to survivors of trauma (American Psychiatric Association, 2013). A primary criterion for this diagnosis is that the individual has experienced or witnessed a traumatic event. For Victoria, this event was the rape she had suffered. However, the PTSD diagnostic perspective is far too narrow for understanding Victoria's traumatization in terms of her symptomology and what was needed for her recovery. The trauma narrative and its effects were embedded in a social context that was broader than the incident of rape.

In addition to the complexity of the social factors involved with Victoria's traumatization, our initial work together was complicated by the fact that I am male. I wondered how my gender would impact Victoria and affect her ability to feel safe and

build trust with me at the onset of therapy (Herman, 2015), given the fact that her rapist had been a man. At the same time, I was acutely aware of the fact that I experienced an array of emotions and thoughts related to being a man working with a female survivor of rape. I felt a sense of discomfort being a man addressing this issue with a woman as well as a feeling of collective guilt as man because so many women throughout the world are victimized by men.

The complex therapeutic situation with Victoria left me with the compelling need to attune to what she had endured in order to establish an authentic sense of trust between us. In addition, given that Victoria had only sporadically shared bits of her narrative with me over our first few sessions, I wanted to create in my own mind a coherent sense of what had occurred. This led to my creation of Figures 1, 2, and 3, which comprised my own processing of the story of her rape and its aftermath. I made the three collages in one art-making session.

Figure 1. Layer 1 of a Rape

To engage in the art making, I recalled what Victoria had shared with me in therapy. I reflected on the feelings she had expressed, my perceptions of what she had

told me, and my own emotional reactions to her stories. In contemplating what I understood of Victoria's subjective experiences while at the same time reflecting on my own subjectivity, I attempted to access the intersubjective space and interaction that had occurred rather than trying to create a visual summary of what Victoria had expressed to me. Figure 1, "Layer 1 of a Rape," symbolized the rape incident itself. I had learned from Victoria that she had been attacked by five men and raped when she tried to assist another woman they were attacking. During the process of creating the piece of art, I imagined the attackers and found photos of men who appeared ruthless to me. I drew a broken heart surrounded by blackness to represent Victoria being utterly alone and hurt. The faces of the men surrounded her with swords. There was no escape from the violence of their penises used as weapons. I then wrote words Victoria had used: "what is happening to me?"; "will they kill me?"; "the terror"; and "I am frozen." I felt that the step-by-step process of creating the collage with photos, drawing, and writing in her own words brought me incrementally closer to understanding what Victoria had suffered. After I completed the collage I sat with it to see what resonated with me from it, and I was struck by the feelings of terror and isolation that I saw reflected in the image.

Figure 2. Layer 2 of a Rape

After creating and reacting to Figure 1, I realized that my depiction was incomplete; it was missing the larger social context that contributed to Victoria's traumatization. So I created Figure 2, "Layer 2 of a Rape," in order to process a second part of the traumatization related to Victoria's rape. In the immediate aftermath of the event, Victoria had to walk home in ripped and bloodied clothes. The people on the streets saw her but ignored her in silence. When Victoria returned to her village, she was branded a whore for having been raped. This forced her from her community and she had to go live elsewhere. As I recalled her story, I created an image using my recollection of what Victoria had told me, my imagination, and the feelings that arose within me. I engaged in the cognitive, emotional, and imaginative process of empathy (Hollan, 2008). As before, I completed my artwork and sat with it. The imagery opened me to deep feelings of sadness, pain, and abandonment.

Figure 3. Layer 3 of a Rape

I then thought about how Victoria's experience of the rape continued. Figure 3, "Layer 3 of a Rape," is my depiction of Victoria's attempt to seek justice, as she had recounted it to me. She had gone to the police station to report the incident. However, she discovered that the perpetrators were friends of the police officers. Following her attempt to report them, they sought her out numerous times to threaten and mock her. When I contemplated the collage, the imagery told me of being surrounded by others who would neither validate her suffering nor help her find justice. The art connected me to the profound sense of helplessness that Victoria's experience would have engendered. This feeling, in turn, helped me consider how the lack of validation and justice might have impacted Victoria's view of herself, her relationship to her community, and even her perspective on humanity.

Finally, I placed the collages in a row to contemplate the series as a whole. Now the art helped me to take into account the sequence of events related not only to the rape but to its aftermath as well. I had no doubt that creating these artworks contributed to me having a much more complete and complex understanding of Victoria's traumatization,

as well as a greater empathic connection to Victoria as her therapist. Objectively, in the creation of each piece of art, I had to stop and recount the salient parts of her story in terms of the emotional and social effects from our dialogue about her experiences.

Herman (2015), in her discussion of the trauma narrative, underscored the need for a client's story to be comprised of deep emotional content associated with the factual details. In making these three pieces of art, I was able to portray the facts and related emotions together in a way that verbal counseling could not. Importantly, I perceived that these emotions and facts seemed to coexist within the collages, which in turn enhanced both my understanding of the narrative and my emotional attunement as a therapeutic support and proxy witness to Victoria's trauma.

In addition, the themes that emerged in these three pieces of art all reflected the broader social context in which Victoria's traumatization had occurred. Thus, I found myself shifting my perceptions to the root causes of her symptoms. I could see more clearly that her social-emotional isolation was not based in intrapersonal dysfunction, but was rather the result of painful emotions and a changed subjectivity (Carr, 2011). Most importantly, my hermeneutic dialogues with the artwork transformed my theoretical understanding of trauma from a treatment model based on PTSD to an intersubjective perspective.

In the next cycle of the hermeneutic process, I was able to take the details Victoria had shared with me and weave them into a logical and sequential representation of her story, which the literature describes as a core component of trauma treatment (Herman, 2015). This step also helped facilitate a conversation about the social

abandonment and rejection that Victoria had experienced in conjunction with the rape. The following is an excerpt from our dialogue related to my collages.

Me: I have been thinking about our conversation regarding what happened the night you were raped and what happened afterwards. I made a series of collages to help me try to understand what happened to you. I would like to share them with you. The first collage is about the rape.

Victoria: (looking at the collage) Explain it to me.

Me: I thought about what you had told me about being surrounded and attacked by the men. How you felt helpless. You thought you might be killed. The broken heart in the middle is you engulfed in the darkness.

Victoria: I was so scared. I do not have words for it. I was so alone. It went on forever. I thought I would die. I thought it would never end.

Me: I know it was terrifying. The helplessness must have been unbearable. I know that your fear and pain continued after they released you. I made another collage of that. (I show her Figure 2.)

Victoria: My clothes were destroyed. I was crying. I was bleeding. There were people are the streets. They acted as if I were not there. How could they just ignore me? They say I was a gypsy because of my skin. But I am a person. I needed help. The people on the street were as cruel as the men who raped me.

Me: You needed someone to come to your aid, and no one would. That had to have been so lonely and painful. I thought of that as I painted the

bloody tears on the face that I had torn. The torture you were subjected to continued as you walked home. That feels so awful to me.

Victoria: I barely remember the walk home. I needed to get somewhere safe. I needed a doctor. I somehow made it to my house. I stayed there for three days waiting for my husband to arrive from a trip. I sat and cried. I hid in my room.

Me: You were so alone. You needed someone to be there with you. To comfort you. To share what had happened.

Victoria: I was living in a nightmare and could not wake up.

Me: (Following more conversation, I shared Figure 3.) I also thought about what you had told me about trying to go to the police station to report what had happened to you.

Victoria: I wanted justice and what I got was humiliation.

Me: Yes, again it was heartbreaking, and you were helpless to act.

Victoria: Like in your picture. They turned their backs on me. Even worse, they mocked me. They told me they did not care. I was a gypsy. I should go home to my village. Then later they must have told the men who attacked me. They approached me on the street; said they would hurt me, hurt my family. I could have no justice and even worse I could not be safe. I had to leave my country. I still do not feel safe now because the memories follow me.

Through the reflective distance of seeing and discussing each piece of therapist-made art, Victoria could feel and recount her emotions as she had experienced them at

the time of her rape as well as how they continued to influence her daily life afterward. Through this dialogue and contemplation of the artwork, we also engaged in a parallel process of witnessing.

Finally, months after these sessions took place and in the process of creating my culminating book project, I created Figure 4, "Piecing Together a Rape." Hermeneutic inquiry is characterized by allowing the research topic to guide the direction of the work and to follow the process to wherever it leads (Moules et al., 2015). As I worked on my book, I felt compelled to take Figures 1, 2, and 3 one step further. By combining their imagery, I could reflect on the cumulative impact of Victoria's circumstances.

Figure 4. Piecing Together a Rape

The process of creating the collage produced understanding and attunement to

Victoria's trauma narrative. First, the layering of images resonated with the layers of Victoria's suffering. She was confronted with layers of discrimination and rejection throughout her life for being Romani as well as in response to her rape. As I contemplated the layers of trauma represented in the collage, I became aware of sensations of heaviness in my body, which recalled Franklin's (2010) discussion of the

importance of attending to one's own body as a source of information and emotional attunement with clients. I perceived this bodily sensation as evidence of the intersubjective space as it represented my emotional connection to Victoria's exhausting, ongoing struggle to cope with the social and emotional upheaval of her post-traumatic life. The finished collage induced feelings of being overwhelmed and lost within chaos, like the disorder and confusion of the imagery. At the same time, my gaze continually returned to the image of eyes with bloody tears and the pain reflected there. The emotional pain Victoria recounted in her daily life was a theme that had been prevalent since her infancy.

Later, when writing the prose to accompany the final collage in the book project, I was stuck by another thought. My original imagery of the woman had become lost when I layered on other symbols of Victoria's traumatic experiences. Thus, I became aware that Victoria had lost so much of herself in her difficulties interacting and coping with a social world. She consciously wanted to retreat within herself and eschew opportunities for interpersonal connection. Together, her emotional turmoil and her dissociative symptoms had produced psychological isolation within herself.

I could now reinterpret the meaning of Victoria's trauma narrative in terms of how a lifetime of discrimination along with the rape and its aftermath had deeply

impacted her ability to be herself in the world. Her sense of identity was lost amidst the tragedy of her life. Her sense of self had been shattered by trauma (Carr, 2011). A final contribution of my contemplation of Figure 4 was that it grounded me in the need to be patient with Victoria. I understood that it was exceptionally difficult for her to take the necessary steps for self-care as well as to make new inroads toward developing a social

life of any sort. This, at times, made me feel frustrated with her. The emotional resonance of the collages brought back into focus for me the emotional turmoil and fears that led Victoria to avoid interpersonal relationships and thus the slow process of building trust that she would need to go through. In addition, one's social contexts and environment impact the type of symptoms that emerge, the meaning attributed to traumatic events, and the manner in which coping and recovery take place (Harvey, 1996; Marsella, 2010).

Example 2: Collective oppression and non-neutrality. My work with Habib was interesting in that our primary focus in dealing with his trauma was on contextual factors rather than the traumatic events that he suffered or any resulting symptomology. We dealt with role of religion in his life in terms of his perception of the wrath of God toward him for being transgender, his adaptation to the United States along with the issues related to his identity within the process of cultural adaptation, his significant losses due to being forced to migrate from his native country, and cultural issues related to sexuality and Muslim cultural dynamics.

An example of how contextual factors were relevant to treatment involved the effects of collective trauma on Habib in relation to being oppressed as a member of a sexual minority. In terms of the therapeutic alliance, Herman (2015) argued that when working with clients who have suffered political violence and oppression, the therapist must not maintain a neutral stance. It is imperative instead to occupy a moral position in support of clients.

Figure 5. Solidarity Through Anger

I created Figure 5, "Solidarity Through Anger," in response to the anger that I felt as Habib repeatedly described his belief that his detainment and torture were a punishment from God. He felt that he had been wrong to identify as a woman, and that God had retaliated against him because of it. Habib also feared spending an eternity in hell should he continue to live as a woman.

I felt a need to depict my anger in order to both contain it and try to understand it better in terms of its role in my therapeutic relationship with Habib. As I created the drawing, I realized that my anger was a sign that just as I could not assume a neutral stance regarding the oppressive and immoral treatment of Habib by prison guards and his family, the same was true for his God. The oppression and aggression Habib attributed to his God was immoral as well. In Habib's perception of his God, the divine figure was an aggressor who had eternally condemned a nonconforming mortal for the crime of being different. I could not see the actions of this figure as being morally justifiable.

After I completed the drawing, contemplated it, and reflected on Habib, I felt a sense of catharsis and externalization of my anger. I felt that I had accurately portrayed

the aggressiveness that Habib had ascribed to his God. I couldn't help but wonder what Habib's reaction to my drawing would be. Knowing that Muslims may not create images of God, I discussed this desire to make and share my drawing with Habib prior to doing so. He did not have any objection, so I proceeded. Habib responded by saying that this is how God is and that God makes life very difficult for individuals who are gay. This dialogue reflected a shift from Habib seeing himself as serving out a punishment to his seeing his God as a being who treated gay people unfairly.

It was not until my subsequent hermeneutic analysis of the drawing and accompanying prose for the book project that I became attuned to the fact that Habib had not expressed any anger toward his God or toward the perpetrators of violence against him. Did he feel he did not have the right to express anger because he deserved to be punished? His cultural identity as a transgender person seemed to require passivity and obedience to his God as well as to other authorities. There was a discrepancy between his personal identity as transgender, which empowered him as a sexual being, and his collective identity in which he felt the need to obey higher authorities. Later, as I worked on this contextual essay, I reread the literature related to the need for trauma survivors to gain a "voice" (Herman, 2015). Perhaps the repressed or concealed female part of Habib needed to be able to speak up and express feelings of anger. That part of his identity had not been given a voice.

Later still, another strand of meaning emerged for me as the impact of fear and shame became more apparent to me. I could finally relate these feelings to the oppressive social and political contexts in which Habib lived. Rather than seeing Habib's fear of hell as being embedded in his religious beliefs, I wondered whether his

perception of God was that of another oppressive authority just as the police, prison staff, his older siblings, and the government figures had been. Perhaps the figure of God represented another perpetuator of collective violence against gay and transgender individuals within his culture. These and other cultural influences contributed to Habib's formation of a gender identity characterized by shame and fear—shame that was suggestive of mental illness and an illegitimate way of being; fear that living that gender identity would lead to suffering future violence and imprisonment, a lifetime of relational and emotional unhappiness, and an eternity spent in hell.

Example 3: Positive outcomes of trauma. Another element of understanding the impact of trauma on Habib is Papadopoulos's (2002) perspective that trauma is more than an equation of "events + a person = symptoms". Traumatic events do not automatically or inevitably result in negative symptomology. Trauma also can lead to neutral or positive outcomes for an individual. The positive outcomes manifest as new systems of meaning or new strengths of the survivor.

In one session, Habib identified a positive outcome related to the torture he endured while in jail. He realized for the first time that he must have been very strong in order to have tolerated and survived the torture he was subjected to during his 14 days in jail. Previously our therapeutic work had revolved around the painful events of his past, his inner turmoil stemming from his religious beliefs, and his struggle to adapt to life in the United States.

Figure 6. Phoenix Rising

I created Figure 6, "Phoenix Rising" after that conversation with Habib. After making the art and thinking about the image in relationship to my experience with Habib, I realized that I had tended to focus with him on his pain and suffering. Our work offered very limited recognition of his strengths and positive emotions. Figure 6 served to remind me to attend to this important part of Habib's self-concept and to help him to develop and expand the positive strengths embedded in his autobiographical narrative. By sharing the drawing with him I offered him a visual symbol to empathically attune to and validate his self-described sense of strength.

Question 2: Multicultural Competencies

The second research question that guided my inquiry was: Can art making help to increase a therapist's multicultural competencies through improved attunement and intersubjective dialogue, as well as through a process of self-exploration? In response to this question I found that therapist-made art served four particular aims: (a) to address my discomfort when working with cross-cultural differences as a therapist, (b) to make meaning of unfamiliar cultural information tied to differences in behavioral norms, (c) to

explore my own spiritual and cultural beliefs that arose in treatment, and (d) to understand the similarities and differences between myself and clients when living in an environment plagued by collective trauma.

Example 1: Windows between souls. The need to identify and address areas of discomfort related to clients from other cultures (Hocoy, 2002) was particularly relevant when I experienced discomfort with Habib's transgender identity. Following a session during which Habib disclosed that he felt he needed to hide his female gender identity, I created Figure 7, which expressed my reaction to this part of his identity.

I began my process of understanding and making meaning of my discomfort with Habib's transgender identity by thinking about him and spontaneously drawing the image that came to mind. This resulted in Figure 7, "Eyes: Windows Between Souls." Upon completing and looking at the drawing, I was immediately struck by the loveliness I saw portrayed in it. This led me to consider the contrast between my discomfort and the sense of beauty and tenderness I connected to in the artwork. I then began to think about the dialogues I had had with Habib and the pain that he had expressed to me as well as joy that he had felt as a woman. This generated in me a sense of compassion toward his female self and a desire to see more of who she was in her totality—something more than only the eyes that peered out at me, the viewer. I wanted to get to know her.

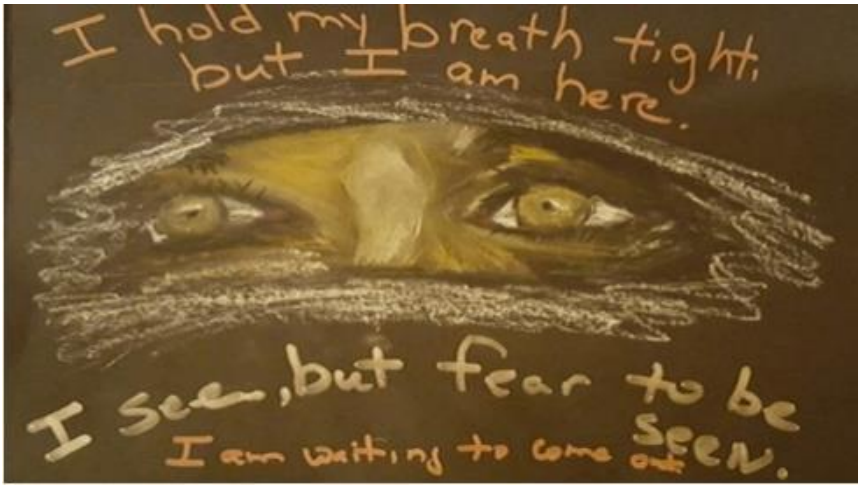

Figure 7. Eyes: Windows Between Souls

In our next session, I shared the image with Habib. Our conversation around the drawing was short but poignant and led to mutual exploration in our work together.

Me: I would like to share a drawing I made with you. I was thinking about the woman in you that we talk about.

Habib: You made this for me. Thank you. She is very pretty.

Me: Yes, she is. It reminded me of how beautiful that part of you is. Also, how much she has suffered. Is there anything I should add to the drawing?

Habib: I am waiting to come out.

Me: (I added, "I am waiting to come out" to the bottom of the artwork.) What does she need, to be able to come out?

Habib: To feel safe.

Me: She is very much afraid. That is understandable given how much she was made to suffer in jail and then when attacked by your brothers. Tell me about what helps her to feel safe.

From there, Habib recounted anecdotes of his sexual encounters in his native country and the sexual power he had felt as a woman. This then led to a discussion of the stark contrasts between being transgender in his homeland and the United States. In his former country, Habib had suffered oppression and violence, but at the same time wielded significant sexual power from the attention he received from men who sought him for sex, because sex outside of formal marriage was prohibited. Conversely, in the United States he had more rights and less fear; however, did not feel the same sexual power. As a woman, he did not receive positive attention and flirtation from men. Instead, he had felt ignored and isolated. This led Habib to ask me to try to find information to help him understand the sexual behavior of heterosexual men with people like him in his home country. This will be discussed further below.

Returning to the hermeneutic process related to my relationship with Habib's transgender identity, my process of analysis continued I as created the material for my book some 15 months after sharing my drawing with him. As I compiled the images for the book, I titled the artwork and wrote prose to accompany it. As I did this for Figure 7, I became aware of the intersubjective space that had existed between me and Habib's hidden and repressed female self. When I wrote the title, "Eyes: Windows Between Souls," I immediately experienced an insight that just as Habib and I had met in an

intersubjective space in which we both influenced each other, the same was true in a parallel fashion with regard to me and the female aspect of Habib's identity. Since he referred to that part of himself in the third person, I needed to see it as a separate relationship and work together with her to help Habib heal from the torture he had

experienced and in doing so decide how to live his life with respect to his gender and sexual orientation.

In recalling my interactions with Habib, contemplating the drawing, and writing the prose and then rereading it, I began to feel more accepting of my discomfort. I gained an interest in getting to know the woman I had depicted and felt deep compassion for her and, as such, the authentic Habib. At the same time, rereading the prose lessened my uneasiness with my feelings of discomfort and the sense of shame I had toward those feelings receded. I then connected with a new interpretation of what I had felt. I wondered about the possibility that my discomfort could simply have been the feelings that arise when two strangers meet and are not sure how to engage with each other.

Example 2: Trying to understand cultural norms. As I referred to in the previous example, Habib requested that I learn more about sexuality in Muslim culture so that I could help him put his background and sexual experiences in the context of cultural norms. Figure 8 is a visual summary of ideas related to sexuality within Muslim culture that I found while researching information online. These included the possibility of being killed for engaging in sexual behavior with a partner of the same sex, a hypermasculine view of sex as being solely for the pleasure of men, a concept of sex as being dirty, sex as a taboo subject not to be talked about, and the dissociative reality in which men could deny their sexual behavior by engaging in sex with another man or transgender individual while maintaining prohibitions against sex with women outside marriage.

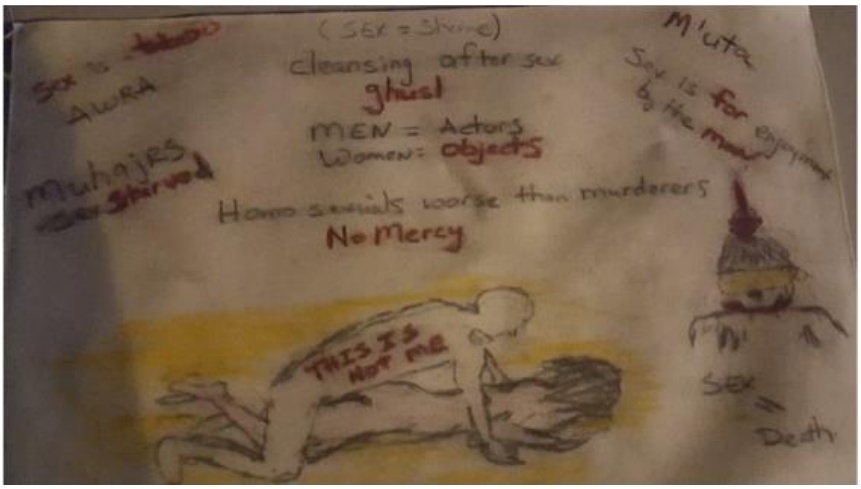

Figure 8. Trying to Understand Sex

Although the piece of art was not especially expressive or aesthetically impactful, I still perceived its benefits as a tool to document my new knowledge of Muslim culture. After finished creating it, I contemplated it to see what reactions I had. I felt that the writing of the key concepts in Arabic underscored the deep cultural differences that existed in a therapeutic relationship between the worldviews of secular therapist from the United States and a Muslim client from the Middle East. I needed to see how I could bridge this cultural divide in order to understand and attune to Habib and his sexual experiences. Further contemplation of the artwork promoted a realization that I needed Habib to "translate" these concepts into the context of his life. For example, in the United States, people may take a shower after sex. This sense of cleansing, however, seemed very different from what I perceived to be a cleansing after sex in Muslim culture. More seriously, I did not have a sufficient understanding of what the threat of death for engaging in same-sex sexual behavior meant for Habib in the context of his life. The Arabic words were a reminder that I needed to be open to a

cultural worldview where these different sexual concepts existed. I needed to suspend judgment despite any disagreement I might have with these social or behavioral norms.

When I shared Figure 8, "Trying to Understand Sex" with Habib, together we gazed in quiet contemplation at all of the information contained in the images and words. This mutual, evenly hovering attention allowed Habib to take his time to look at all of the information I had obtained and to choose where to begin the discussion. I felt that the visual representation allowed him to consider all that I had learned in a way that was easier than if I had verbally recounted the ideas.

As we compared my information with Habib's life experiences, we identified the contradictions between the culturally established norms and the sexual interactions that he had lived through. This led to Habib asking me to add the word *shame* to the artwork. The meaning he attached to shame had to do with individuals who he felt were not adhering to the norms of his society. For Habib, shame was something that permeated sexual life in his culture and transferred to him following many sexual encounters.

As our dialogue deepened, we turned our attention to Habib's notion that "being gay is worse than being a murderer." We tried to understand why this was the cultural norm and what he could do to make sense of such a negative message. It became apparent that such negative societal messages made it very difficult for Habib to accept his sexual desires toward men.

A final phase of my hermeneutic interpretation took place as I wrote the prose to accompany the artwork in the book. A new theme became apparent to me: the conflicted sense of connection that existed between Habib and men in general. Previously I had considered this struggle in terms of his negative self-concept; however, after shifting to

an intersubjective perspective, I could relocate his social-emotional struggle beyond an intrapsychic framework. I more clearly perceived the intersubjective context of his shame-based sense of self as being embedded in conflicted and contradictory interactions with men. I realized that Habib had never received validation for who he truly was in a consistently genuine fashion. Thus, the therapeutic goal was not to create better self-acceptance, but instead to help him find and connect to others in a community where he could experience self-acceptance as well as healthier and more stable relationships. In effect, ongoing hermeneutic inquiry into post-session art helped me to shift my understanding of Habib as well as reorient my philosophy of therapy.

Example 3: Who are my Gods? Therapists who conduct cross-cultural art therapy must gain self-reflexive awareness of their cultural biases along with knowledge of other cultures (Doby-Copeland, 2006; Hocoy, 2002; ter Maat, 2011). DeVries (1996) asserted that religious beliefs exert a strong influence on cultural reactions and sense making following a traumatic event. Given the central role of religion in Habib's worldview, as well as the conflicting meanings related to the trauma he had suffered, I found it prudent to explore my own spiritual beliefs. I realized that they differed greatly from those of Habib. He had received strict education directed toward the installment of specific core beliefs. In contrast, I had never been exposed to such religious or spiritual teaching from either my family or my community.

I created Figure 9, "Who Are My Gods?" as a personal exploration of my spiritual worldview through a process of self-introspection and imagination. When I finished the work the themes of destruction, mystery, and seeking purpose in life stood

out to me. I chose to take a few days to reflect on those themes before drawing to see what meanings would emerge.

Figure 9. Who Are My Gods?

In my hermeneutic analysis and process of meaning making with this image, I engaged in freely associating with the words and images over a period of several days. As to my spiritual worldview, I wrote:

> I see the world existing within the context of order and chaos in which I question the benevolence of humanity and any potentially existing all-powerful spiritual entity. I question the presence of benevolence as a foundation of humanity because of what I perceive as ongoing creation and destruction brought on by mankind, which seems to leave more damage than repair and progress. To navigate this existence, I strive to find hope and meaning through purpose by approaching existence as a mystery. I try to move beyond what I view as the cycle of destruction by looking for hope and trying to engender hope through the pursuit of a life that I find purposeful.

Several weeks later, following interactions with other clients who had suffered extreme trauma, I was brought back to the process of spiritual meaning making. I found that my interactions with clients and artwork had opened me to examine my spiritual beliefs and to consider the existence of evil in particular. In response, I created a new piece of art, Figure 10, "Grappling With Spirituality and Evil." I contemplated this topic with greater focus than I had ever done in the past and reached the realization that I very much believed in the existence of evil, a malignant energy within the world. I was not sure whether or how this newly perceived construct would influence my work with Habib and other survivors of trauma.

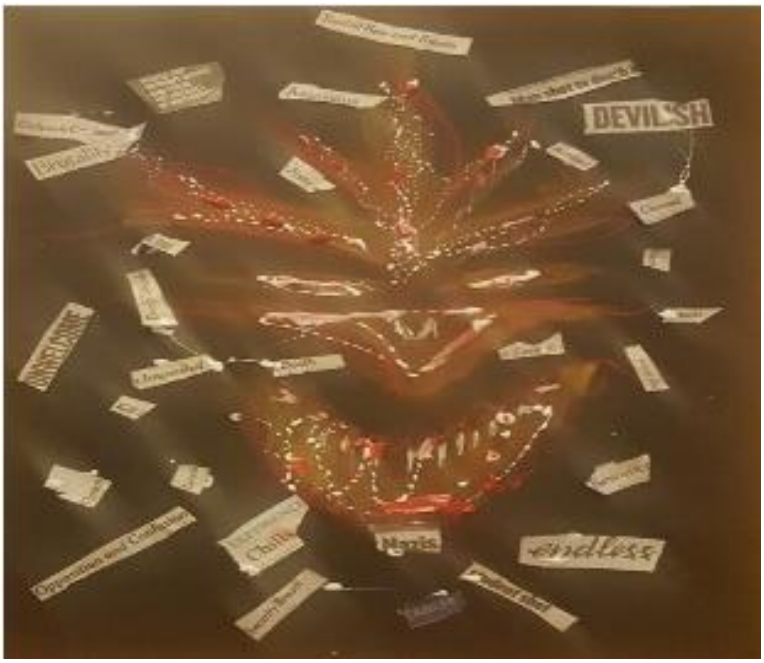

Figure 10. Grappling With Spirituality and Evil

As a side note, Wadeson (2016) suggested that artwork does not help people discover meaning by uncovering it, but instead leads to the creation of new meaning. I would affirm that the hermeneutic art-based inquiry described here was a creation of a new worldview rather than an unearthing of any worldview I might already have held.

Having engaged in this process of creating meaning in relation to my spiritual beliefs, I was in a position to look at how my subjective spiritual self met up with Habib's spiritual self in the intersubjective space that we created within our therapeutic alliance. In my initial hermeneutic interpretations, I had identified stark differences in our spiritual worldviews. For example, where I wanted to engage in mystery and new paths in life on a spiritual or existential level, which promoted a shifting and continually evolving identity, Habib's world was characterized by strict adherence to well-established religious norms and tenets that limited his construction of identity. My life journey and openness to new experiences gave me hope, whereas Habib's sense of hope resided in relinquishing his authentic self to escape being condemned to hell. I questioned the existence of evil in the world; Habib questioned the presence of evil within himself as a transgender individual. At this juncture in the hermeneutic inquiry, I was confounded by these differences while I also acknowledged the need to not judge or engage in conflict or disagreement around our differing worldviews. I needed to respect his perspectives and learn more about them.

Later, as I worked on my book project and then this contextual essay, I engaged in another step in the hermeneutic analysis on this point of our divergent cultural and spiritual worldviews. As I contemplated the path through the doorways depicted in Figure 9 and the word *beyond*, I became aware of what Habib and I shared: We both were on a life journey in which we contended with the tumultuous social and political contexts of the world; we both were trying to make spiritual sense of what had occurred in our lives and around us. We both were engaged in a struggle to make meaning and to

find some sort of comfort or meaning within our belief systems and worldviews so as to cope with the adversity that we experienced and witnessed in the world.

As a side note, when I made this last realization, I felt self-critical for not having made the connection earlier. But I found solace in the words of Moules et al. (2015), who argued that hermeneutic inquiry and understanding begin with allowing a topic to arise in one's consciousness and to guide understanding in the direction the investigation itself will take. Using such an approach, we cannot expect mastery of understanding; rather, we can only understand the world as it comes to us and the meaning we can give it at that moment in time (Moules et al., 2015).

In my final reflections on my second research question, what stood out to me was the process of comparing and contrasting myself to my clients; that is, deepening my awareness of our cultural differences. It strikes me that this dynamic frequently occurs within the therapeutic alliance when listening to a client's story, issues, and symptoms. Although apparent in the literature on cross-cultural therapy, I have not come across these difference-centered considerations in other psychotherapy literature. Such an engagement does, however, align itself with the theory of intersubjectivity and the reciprocal influences and construction of the therapeutic relationship. In such a framework I think it is valuable to ask, as a therapist: "How am I influenced by the relationship when I feel similar to a client and how am I influenced when I acknowledge our differences?"

Question 3: Visual Dialogue

The third research question that guided my inquiry was: Can art making be used to enhance the intersubjective space of therapist and client, generate and support both

verbal and visual dialogue, increase understanding of the meaning of past traumatic experiences, and create new personal meaning to help to resolve the impact of such experiences? In response to this question, I will discuss the results of my inquiry that illustrate how my artwork contributed to a visual dialogue in my intersubjective relationships with two clients. Literature in the field of trauma treatment generally refers to interpersonal dialogue as providing the foundation for meaning making (Natterson & Friedman, 1995). Art making also can serve to enhance communication within the triangular relationship among the therapist, the client, and the artwork (Schaverien, 2000; Skaife, 2001; Zinemanas, 2011).

Although the art from my research contributed to visual dialogue between myself and the art, the client and the art, and myself and the client and the art, I have selected what I feel are specific pieces of art that reflect different uses of a visual dialogue. I will first address the impact of my interaction with my artwork and then discuss the outcomes of the interaction between my artwork, my clients, and myself.

Example 1: Visual and verbal dialogue. I created Figures 11, 12, and 13 as I contended with my initial and ongoing reactions and perceptions regarding life in Caracas as they evolved over time. When I arrived in Venezuela, the country was beset with an economic crisis and high levels of violence. However, at the same time, I found myself in a city filled with vibrant cultural activities and an active nightlife despite repetitive stories of danger. As such, I felt as if I were immersed in diverse, parallel realities. The three drawings were used in a hermeneutic circle in order to connect to, witness, and make sense of the experiences as I lived them over several months. This was a part of the self-understanding needed in cross-cultural therapy (Doby-Copeland,

2006; ter Maat, 2011). Although I initially used this artwork to personally process what I was experiencing in Caracas, the sharing of the three pieces with participant Diana also deepened the therapeutic process with her.

A few months into my time in Caracas, I began working with Diana, a middle-aged Venezuelan woman who reported being severely impacted by the uncertain and bleak economic and political conditions the country. Given the complexities of life in Venezuela and the fact that I had chosen to go live there, Diana was very curious about what had brought me to the country and what my experiences of living in Caracas were. I was a foreigner who had arrived in a country from which thousands of people were fleeing. Diana needed to understand what had brought me there and what I made of the circumstances if we were to cocreate meaning around her past, present, and future life. To build this sense of mutual understanding and empathy, I shared Figures 11, 12, and 13 with Diana over three sessions in a 6-month time period. They served as sources of visual and verbal dialogue. Diana and I engaged in conversations in which we took turns describing the elements in the drawings as we perceived them. From there, we made connections between the drawings' symbols and our life experiences.

Figure 11. Trying to See Where I Am

In our discussion of Figure 11, “Trying to See Where I Am,” Diana and I compared and contrasted our perceptions of the drawing and how the symbolic content related to our personal connections to real life. Our engagement in a process of understanding our cultural differences and similarities served to bridge the cultural divide between us (Chung & Bemak, 2002). In Venezuela I experienced a sensation of being on the outside of the barred window, observing a fallen angel that reflected a sense of goodness combined with despair and injury. Culturally, I found myself in a sociocultural context in which I was a sojourner, someone who was a visitor who intended to stay in a new country for a limited amount of time (Gómez Carlier & Salom, 2012). This was intertwined with the complex sociopolitical situation of the country. I questioned what it meant for me to be in Venezuela witnessing what was occurring, without a connection to the past and knowing that I would be leaving in the next year or two.

In contrast to my experience, Diana saw herself on the inside of the cell depicted in my drawing. She felt trapped as she struggled to maintain a sense of inner peace while facing the challenges of making a living and deciding on her future. Diana questioned the symbol of an angel as a representation of Venezuelans. She doubted the goodness of Venezuelans, especially in terms of the politicians from both the government and the opposition. Diana’s opinion was that “the opposition was equally malicious as the government.” From her struggle with the collective trauma she was living with, Diana had a different cultural perspective: although she did not accept the abnormal circumstances as normal (Martín-Baró, 1988), she did experience resulting despair

(Watkins & Shulman, 2008) and the degradation of social ties within the society (Martín-Baró, 1988) associated with the social trauma of the country.

Figure 12. On a Path Toward the Unknown

Months later, after protests had begun to take place several days a week throughout the country, I created Figure 12, "On a Path Toward the Unknown," to represent what I was feeling and perceiving related to what was occurring and what I thought the outcome could be. After creating and contemplating the piece, I became cognizant of stress-related feelings that I was experiencing due to living in an atmosphere of tension and fear regarding what the future could bring. I acknowledged the emotional impact of the uncertainty facing the country as well as the tension generated by the ongoing protests. I also felt personal concern regarding the outcomes of the protests. What would the future hold for my Venezuelan friends and colleagues, as well as for myself?

When we dialogued about Figure 12, Diana and I shared stories about the events we had both recently experienced with regard to the protests. There was an exchange of mutual understanding and empathy. We were both trying to figure out how to live in

these circumstances. From our interaction, I realized that Diana needed to sense that the activity in Caracas was impacting me in order to help establish mutuality and belief in my sustaining presence within our relationship. Just as clients need to feel that they have an impact on the therapist (Jordan, 2010; Walker & Rosen, 2004), Diana needed to know that the circumstances in her country had a real and actual impact on me.

Figure 13. Different Eyes on Different Realities

I made Figure 13, "Different Eyes on Different Realities," in response to acute sadness, emotional pain, and fear that I experienced as I participated in protests and heard stories of other protest participants. I was no longer the person from Figure 11 who was on the outside of what occurred, looking in. I became more aware of my emotional attunement with what was happening in Caracas.

When I presented Figure 13 to Diana, we shifted between reflecting on the

drawing and talking about what Diana had been experiencing over the previous week. Our daily lives had been interrupted. The protests had generated an array of feelings: anxiety, anger, hope, despair. A process of mutual empathy emerged. At one point in our conversation, Diana noted that she perceived some of the colors in the center of the drawing as moving upward. This was in contrast with the sense of sadness and despair

that I associated with the contents of the drawing. I allowed myself to be influenced by her interpretation as is characteristic of an intersubjective process (Walker & Rosen, 2004). Her comment led me to think about my dual identity in Venezuela. I was both an outsider and an insider with respect to witnessing the country's upheaval.

Subsequently, when I wrote the prose in response to the drawing for the book project, I acknowledged that perhaps I needed to better contain some of my emotional experiences when working with Diana. Although my personal disclosures did not seem to have had a negative impact on her or on our therapist–client relationship, I needed to ensure that I was maintaining my role as the therapist who could create an intersubjective space that nevertheless was primarily in service of my clients' needs rather than my own stressors and need to process disturbing events.

The artwork I shared with Diana served as visual stimuli that promoted verbal dialogue between Diana and myself. Diana generally arrived to our sessions looking tired and downtrodden from the stress related to the protests and daily living conditions in Venezuela. The drawings were a tool to externalize and symbolize the arduous events and emotions (Collie, Backos, Malchiodi, & Speigel, 2006) that we both lived through. This led to a mutual or parallel witnessing (Quillman, 2013) of our experience, which helped us to attune to each other. In addition, Diana's interpretation of my drawing led to a new insight for me, which was beneficial to our therapeutic alliance. I will address the implications of this unusual type of exchange of the client providing an interpretation to the therapist in Chapter 5.

Example 2: Visual listening. Aspects of my therapeutic work with Mariana reflected a dialogical engagement that was significantly different from my work with

Diana. Whereas all of my work with Diana involving art incorporated both verbal and visual dialogue, there were instances with Mariela where "dialogical exchanges" occurred, consisting of visual communication stemming from my artwork. Our work with Figure 14, "A Portrayal of Visual Listening," exemplified this.

Figure 14. A Portrayal of Visual Listening

I made Figure 14 following a session in which Mariela described the difficulties she experienced due to the limitations set by her mother as well as from a lack of freedom to travel around Caracas as she much as she would like because of the violence in the city. She felt an intense sense of restriction in how she could live her life. Although I typically made art alongside Mariela during our sessions, this was an instance in which I felt the need to take the time and space to create a more thought-out and aesthetically developed drawing. I thought about the emotions and thoughts with respect to not having freedom that Mariela had expressed to me during our sessions and from that drew Figure 14 to symbolize my understanding of her subjective experience. My intent was to make an image that mirrored and validated her feelings. When I completed the drawing, I felt that it visually articulated the feelings that Mariela had

shared with me. I saw the strength of her character and her desire for freedom being held back by oppression forces. I felt that I could witness her sense of restriction in life with its accompanying feelings of pain and brokenness from not being able to soar out into the world. I also perceived a sense of strength and a desire for her to be herself.

In the next session, when I shared the drawing with her, Mariela's response was that she felt the drawing reflected aspects of herself and her life. She was unable or reluctant to provide a more detailed, verbal account of what she meant. Having been trained as a verbal therapist before becoming an art therapist, I initially felt a need to pursue this experience verbally with her, but then realized that the interactions between Mariela, myself, and the artwork engendered a visual dialogue in which she felt understood and validated. This did not need to occur through verbal dialogue, as it occurred nonverbally.

Question 4: The Hermeneutic Process

The fourth research question that guided my inquiry was: How can art be used in a hermeneutic process of interpretation within the intersubjective space of the therapist and client to increase understanding of the meaning of past traumatic experiences and create new personal meaning to help to resolve their impact? Here, I will present my examination of my engagement in hermeneutic inquiry and analysis and how this process led to a deeper understanding of my clients and myself. It is important to note that as I wrote the results section of this essay, I came to the realization that the hermeneutic circle did not end with the completion of my book project. Instead, as I wrote about my research findings I continued to be engaged in a process of analysis of my artwork, my prose, and my interactions with clients, which contributed to further

meaning making. This continued process of engagement with the material deepened my understanding of my clients through new interpretations of my artwork within the context of the therapeutic relationship, leading to new insights that would have enriched my therapeutic engagement with clients if I had still been working with them.

Example 1: Meaning making and understanding over time. The hermeneutic analysis related to Figure 6, "Phoenix Rising," took place over several steps, including the creation of the drawing, interactions with Habib, the writing of the prose, and finally the writing of this contextual essay. At each step of this process, my perception of the meaning of our exchange shifted and transformed into new insights about art therapy practice.

When I initially created the drawing, my intention was to create a piece of art to validate Habib's personal description of the strength that he felt as he reinterpreted part of his experience of detention and torture. This reflected a major shift in his self-image, which I wanted to capture and mirror back to him through the drawing. When I completed the drawing, I felt that I had created a symbol that represented my sense of the strength that he had. Yet when I shared the drawing with Habib, the symbol of the phoenix did not seem to resonate with him. My initial interpretation of this was that perhaps his sense of self or emotional state had shifted and so in that moment he no

longer saw himself as a survivor, but instead, once again, as a victim. My clinical inclination was to observe any new instances where he expressed strengths and validate any positive traits or experiences he mentioned.

Following the session, as I wrote up my clinical notes, I questioned whether I had missed the mark in my attempt to express empathy with Habib. I wondered if something

in my communication to him had not been received. Perhaps I had needed to speak more about the drawing and what had prompted me to make it. The visual message of the drawing had not served as a bridge between Habib and the positive aspect of his self-image.

Subsequently, when writing the prose related to the drawing and my interactions with Habib, I found a new interpretation of the drawing. In their discussion of hermeneutic research, Moules et al. (2015) stated that the outcome of hermeneutic analysis may still be valid if it has an impact on the researcher even when it does not influence the participants. Given this notion, a new meaning emerged for me that it did not matter if the drawing did not seem to resonate with Habib in the moment of sharing. The image left me with a symbol of his strength that I needed to hold on to. I recognized the importance of maintaining the positive image of the phoenix in relation to Habib. Given the idea that identity is formed within a relationship (Jordan, 2010; Stolorow, 2007), a shift in my subjectivity and perception of Habib could on some level help him to begin to see himself in a different light. Perhaps it was an image that he would later recall and that would help shift his self-concept or increase his self-esteem in the future.

Finally, as I was reviewing my work and writing this essay, I had the realization that the metaphor that I had used did not match the nuance of self that Habib had described in relation to his traumatic experience. I had depicted a phoenix, a figure that emerges from ashes, which typically suggests a strength that emerges following a tragedy. What Habib had described to me was his strength during his traumatic experiences. My metaphor did not match the narrative he had told me. When I reached this conclusion, what occurred to me was the importance of being self-reflexive and

precise when choosing symbols and images to communicate empathy to another person. Just as in verbal communication, where I am careful about the words I choose in order to express and mirror back my understanding of another person's experiences, the same deliberate care and precision are essential in visual communication.

As I wrote this portion of my contextual essay, I wondered if what I have just described is simply jumping from one idea and interpretation to the next. I do, however, see within this process a form of analysis that is reflective of the tenets of such research as cited by Moules et al. (2015). There is a progression from ambiguity to multiple interpretations through a process of constant change in understanding, which ultimately leads to a plurality of truths uncovered through art. When using empathic imagination, it behooves the art therapist to be patient and to let different images and symbols emerge.

Example 2: Mutual meaning making. In my initial session with Giovanna, she was reluctant to provide much detail about her life story; however, she did relate that her life had enfolded like the story told in the myth of Persephone. As I was not familiar with the myth, I studied it and then created a collage, Figure 15, "Persephone," to explore the story. In the myth, the main character gets caught in the underworld. This seemed to resonate with Giovanna's life story. I had been told by the person who had referred her to me that Giovanna had been involved in a religious cult as the leader's concubine for numerous years.

Figure 15. Persephone

As I contemplated Figure 15, I was drawn time and time again to the pomegranate, but I was unsure why. So, in line with the principles of hermeneutic inquiry, I followed this direction of my investigation and made a drawing of a single pomegranate (Figure 16). As I reflected on the image, I saw it as flowing with an energy; the seeds ignited my curiosity. I was still unsure what the symbol might mean in relationship to my client, however. At this juncture, I was reminded of the idea of the client as the expert in cross-cultural therapy, while the therapist remains open and curious to the client's teachings. Perhaps Giovanna could shed light on the piece of art that I had made.

Figure 16. Connecting Through Curiosity

In my next session with Giovanna, I shared the collage and the drawing and expressed my puzzlement over the meaning of the pomegranate. This prompted her to engage in a lengthy story about a pomegranate tree in her yard as a child and how it had been a place of solace for her to escape the emotional and physical abuse in her family. She also recounted how she was amazed that the flower from the tree transformed into such a beautiful fruit. Her appreciation for the flower and the fruit over the years was linked to the development of her aesthetic sensibility, which had, in turn, contributed to her becoming an artist.

Although in our initial encounter we had only indirectly touched on Giovanna's traumatic past, our subsequent, mutual exploration of the myth and my artwork created an opening for us to discuss the early trauma in her life as well as one source of comfort that had not only helped Giovanna to survive emotional and relational abuse but also had helped her to develop an aesthetic sensibility and artistic abilities to promote coping in her adult life. In our process of mutual meaning making, we worked together to uncover this and in doing so established a new level of emotional attunement.

In addition, the use of the mythical story as a link to Giovanna's background was an interesting example of the concept of empathic imagination. Although this concept is discussed in the literature in terms of its use by the therapist to understand a client more fully, in this instance Giovanna managed to have empathy toward her own life narrative by connecting to her painful experiences through an imaginational connection to the myth. Once I also engaged in an imaginational process of trying to understand her, we were then able to connect in a real dialogue about elements of her life.

Conclusion

In conclusion, these case examples reflected the interrelatedness of artwork, intersubjectivity, and hermeneutics, as each of these elements of the art therapy process were essential to the therapeutic work discussed within this study. The "voices" of the clients, the therapist, and the artwork each contributed their unique subjectivity to the therapeutic encounters. I attributed a subjectivity to the artwork, because every piece of art provided a voice that was expressed through visual dialogue as well as through the contemplative processes of interpretation in which the clients and I engaged as we viewed and discussed the images. The "voices" and subjectivity of each of us unfolded and were then transformed through the application of a hermeneutic circle of analysis grounded in therapeutic dialogue and interaction with the artwork. This use of a spiral, collaborative process of sense making allowed for meaning making to occur over time and with revisions of understandings.

CHAPTER 5: REFLECTIONS AND CONCLUSIONS

Generating a form of psychotherapy grounded in intersubjectivity, art, cross-cultural counseling, and a broad contextualized view of traumatization, the hermeneutic process of inquiry and analysis provided me with a different lens for understanding each of my clients. Insights from these lenses developed over time through the hermeneutic process of interpretation and reinterpretation within the triangular relational context of the therapist, the client, and shared artwork. This emergent process—both as a research methodology and as a clinical practice—is characteristically flexible in that perspectives from multiple theoretical orientations may influence the growth of the therapist's interpretive lens. For example, because Habib's cultural and religious worldviews were influenced by his trauma, his trauma could not be understood fully without examining it through the intersections of trauma and culture theories.

Impact of the Study on the Researcher and the Therapeutic Relationship

A major theoretical premise of this study is that the therapist is constantly influenced and changed by the therapeutic relationship that, in turn, advances the therapeutic process of change, reconciliation, and healing. I felt that this transformation occurred in the following aspects. First, I took ownership of my own emotions and recognized them as a vital source of empathetic information. Between sessions, I explored these emotions further in my artwork, including less acceptable feelings of discomfort, sadness, and anger. As one example, I acknowledged and confronted my uneasiness in working with a transgender individual, which led me to address my wish

to deny my feelings of discomfort. Once I confronted my inner resistance, I was then free to develop an internal emotional connection to the client, which allowed me to become more empathically attuned and therapeutically effective.

Second, my art provided a means to connect with profoundly moving feelings surrounding my clients' trauma narratives. This, in turn, advanced the clients' self-empathy while it also made me more cognizant of and attuned to the emotional impact of trauma in their past and current lives. Thus, both the art and I became for each client "a witness by proxy" (Ribkoff & Inglis, 2013) on a deeply personal or intersubjective level.

A third outcome from the study had to do with further developing my role as a creative arts therapist, despite years of clinical practice experience. This transformation came from efforts to improve upon my artistic skills and to be open to new creative approaches that would spark a visual dialogue (Spring, 1994) and foster visual empathy (Franklin, 2010). I consciously deployed imagery and symbols that aimed to expand the intersubjective space. Strengthening my artistic expression was akin to improving verbal communication skills through new vocabulary while also practicing contemplation and mindfulness.

Moreover, I found myself spontaneously engaged in the writing of poetry as I worked on the narratives for the book project. I had not previously recognized my ability for writing such prose due to my limited experience. Poetry as a form of expression helped me gather my ideas while also creatively expanding my perspective on the trauma material and my emotional connection to it. Aesthetic writing allowed me, as

Feldman et al. (1994) posited, to “bear witness” to my emotional experiences from my relationships with clients.

In my self-transformation as an art therapist I acquired new cultural knowledge and widened my understanding of client circumstances and attitudes as another outcome. I let clients teach me about the meaning of cultural issues in the context of their lives as they arose in discussion, which improved essential cross-cultural competencies. Specific cultural content was reflected in my artwork and subsequent dialogue; for example, I gained a voluble sense of the societal restrictions one of my clients faced in addition to making sense of the collective trauma emerging in the ensuing chaos of our daily lives in Venezuela. Perhaps most importantly, I gained a crucially valuable perspective on my clients’ traumatization as a cultural as well as a biological phenomenon (Gantt, 2013; Marsella, 2010). As an example, I might otherwise have overlooked the callous reactions from one client’s community and authorities following a rape by focusing exclusively on that traumatic incident. Instead, my exploration of the entire context of the assault, as well as the impact of other trauma and forced migration, provided a firm ground on which new meaning could be built.

With respect to collective trauma, art making helped me gain insight into my own experience of such trauma and its far-reaching influence in the context of Venezuela. With this understanding I could begin to address trauma with clients from a perspective that went beyond a linear, cause-and-effect relationship between traumatic events and their impacts (Alexander, 2012; Drožđek & Wilson, 2007; Papadopoulos, 2002). Sharing my art responses supported the hermeneutic process of examining the relationships between the parts (differing contexts, relationships, and life events) and the

whole (overall life story) of the client narrative. Moules et al. (2015) argued that such a hermeneutic exploration is necessary in order to create authentic meaning.

As another outcome, artistic inquiry liberated me to express my feelings and reactions within the therapeutic relationship. This transformation markedly expanded my role as a therapist from the traditional treatment models I had learned because I was now focusing on my clients from an intersubjective perspective (Buirski & Haglund, 2001; Harris, 2007). Also, because clients could see that their stories were impacting me emotionally, such openness generated a sense of mutual empathy.

Additionally, I developed greater trust in the transformational process of art therapy. From my hermeneutic focus on the client sample in my study I could see and feel the profound impacts of visual dialogue. Although the literature affirms the value of visual dialogue through art (e.g., Moon, 1999; Robbins, 1973; Spring, 1994), my direct, systematically guided experience of a nonverbal, dialogical process from a research perspective gave me an appreciation of the method I employed. The feedback from clients and my own intuitive reactions to the art pieces demonstrated the full value of art as unique form of vital communication.

Another important outcome was that I had to reconsider the function of the therapist as "expert." In my role as an art therapist, I needed to move from a position of providing expertise to one of receiving new knowledge and perspectives that were, at the very least, equally valid. For example, a client might need me to share my expertise on how his dissociative symptoms were a biological reaction to trauma, whereas, as a learner, I would listen to and incorporate the client's expertise on how his cultural values were implicated. As a seasoned practitioner, I now take a humble and curious stance in

my interactions with clients. I also believe that these efforts to foster mutual and collaborative relationships led to more effective therapy.

I allowed a hermeneutic process of understanding to evolve on its own, taking greater time for meaning, understanding, and a trauma narrative to unfold. This hermeneutic process was reflected throughout the study with each of the clients and underscored the necessity of a collaborative, open-ended approach toward the complexities of traumatization and cross-cultural issues.

Finally, my art therapy work led to me to examine and create meaning regarding my personal spiritual beliefs and my sense of humanity. Although I did not directly share any results of my self-examination in these areas with clients, this exploration of personal meaning was vital in order for me to integrate my work with clients into my worldview.

Feedback From Readers

In creating my culminating book project, I had several aims: (a) to educate readers on the complexity of trauma and the influences of social contexts and collective trauma on individuals, (b) to aesthetically and emotionally convey the level of suffering that severe trauma engenders in order to help others understand the impact it has on survivors, (c) to illustrate the intersubjective approach to trauma treatment, and (d) to show readers what a positive and powerful tool therapist-made art can be.

As an informal process of validation regarding the degree to which I had achieved these goals, I asked three individuals to read the book and provide feedback. I recognize that the views of an art therapist, a social worker, and an elementary school teacher only represent a very limited sample. However, their feedback does give a

glimpse into whether and how themes resonated with audiences who are exposed to trauma in their professional work with others.

All three of the readers commented on the presentation of the layers of experience that influence traumatization, which they found insightful along with the need to allow time for these layers to be "peeled away" gradually during the course of treatment. Each reader acknowledged the reality that trauma can be individual as well as collective. Finally, the readers said they felt a connection to the pervasive feelings of sadness and deep pain suffered by survivors of trauma, although they also could see the potential for those feelings being transformed through a caring relationship. One reviewer commented that seeing trauma as a shattering of a person's sense of self was preferable to viewing trauma through the lens of symptomatic dysfunction.

Each of the respondents described having felt the power of art to convey the impact of trauma when they contemplated the book. They experienced the capacity of art to build relationships with clients by communicating empathy for their experiences. One person viewed the artwork in the book as "a symbol of the client's story being understood." Another reader noted that art seemed to help me as the therapist to witness the traumatic experiences that clients related. She also felt that my artwork appeared to provide me with a measure of relief from the impact of the work as well as clarity into the therapeutic relationship.

The reviewer who was an elementary school teacher stated that the book opened her eyes to a very different conception of what a therapist is or does. She underscored the importance of a therapist not taking a distant, neutral stance but instead trying to deeply understand the client on a level of mutuality. The other two reviewers related

feeling that their views on the therapeutic relationship were validated. In essence, they all felt that a nonhierarchical role as depicted in the book was a concept that aligned with their own core principles.

A consideration in seeking reader feedback on the book was whether or not to ask the clients portrayed in the book to comment on it. I chose not to offer the book to them to read. The decision to not share the book with them was based on two main points. First, I had not used the prose in the book within my therapeutic work with the clients. Although I had shared the artwork with them and in doing so had provided them with an opportunity to discuss, react, and add to it, I had not done the same with the prose before creating the book, given time constraints as well as the fact that I was no longer living in the United States. Second, in writing the prose I engaged in some necessarily fictional writing. I thought that it could be confusing for clients to read and react to content related to themselves that had this mix both fictional and factual information**.**

Limitations

There are several limitations within this study. First, the results of the study are based on my subjective understanding of what had occurred within the therapeutic interactions with clients. Although the clients and I engaged in dialogues regarding the artwork, my interpretations of the attunement that developed between the clients and myself as well as the meanings that were derived from the artwork and our conversations are based on my subjective understandings of our discussions. As such, there may be discrepancies between the insights I gained and the perceptions of clients. Had I carried out in-depth interviews with clients with regard to my artwork and their

responses to it, I might have gained a great intersubjective understanding. However, the use of such interviews would have contraindicated, as it would have been disruptive to the therapeutic process. Likewise, I did not record or transcribe sessions for the same reason.

A second consideration is role of visual dialogue in my arriving at my results. Given that visual dialogue occurs as nonverbal communication between the client and artwork, I cannot be fully aware of the messages or full range of insights and ideas that were conveyed from the artwork to the participants. I drew conclusions about the impact of visual dialogue from, at times, limited verbal feedback from clients.

Two final limitations are that I had a relatively small sample size (7individuals) and they presented with very different clinical profiles. Although I had a small number of participants, the quantity was appropriate for a research study using this hermeneutic model. Work with a greater number of participants would not have been feasible given the time needed to make. Also, the use of the hermeneutic circle as a research methodology required ongoing analysis and interpretation, and as such a large sample population could not be used. With that said, the analysis of the application of my therapeutic process was limited to a small number of individuals, as such may not have fully demonstrate the transferability of the process to other populations. Likewise,

potential problems with the application of this framework may not have become apparent with this study.

Regarding the limitations due to the clinical profiles of the clients, the participants presented with a wide range of primary treatment issues including but not limited to: coping with collective trauma, managing PTSD symptoms, and difficulties with

acculturation in a new country. Working with the clients to address this range of diversity allowed me to study the use of my therapeutic process to address an array of clinical issues, but at the same time prevented me from engaging in an in-depth exploration of a specific presenting problem. As such, different benefits and areas of consideration in using my approach may have become apparent if I had focused on one elements of treatment such as bridging cross-cultural issues.

Considerations regarding Self-Disclosure

Given that the therapeutic process used in this study involved the active expression of my feelings, thoughts and perceptions with clients, I will address different perspectives in the field of counseling regarding self-disclosure by the clinician. The role of self-disclosure in psychotherapy is debated topic within counseling and art therapy, with firm arguments and opinions on both sides of the discussion (Hanson, 2005; Weiner, 2002; Ziv-Berman, 2013). Given that a full discussion of this topic goes beyond what I can address within this essay, I will focus on a few elements of this issue as they pertained to my study.

Therapist self-discourse is traditionally viewed as being forbidden, with a professional mandate of strict adherence to the principles of therapist anonymity, abstinence, and neutrality (Ziv-Berman, 2013). Within this paradigm, by engaging in minimal self-disclosure, the therapist protects the boundary between patient and therapist and allows for the merge of unconscious transference conflicts, which can then be resolved in therapy. Before delving into other topics, I wish to address the construct of "boundary" as it differs in intersubjective trauma therapy from the previously established psychoanalytic definition. Instead of being a boundary that is protected by

neutrality, the division between therapist and client is maintained through the distinction of roles (Natterson & Friedman, 1995). Therapists affirm their role of the expert in their field of practice and clients as experts in their life and culture. With this boundary in mind, a therapist then strives to develop a collaborative, egalitarian relationship.

Along with the aforementioned shift in the *persona* of the psychotherapist, postmodern theoretical orientations to psychotherapy practice have introduced transformative ideas regarding the role of the mental health professional and the issue of self-disclosure. Numerous theories including self-psychology (Kohut, 2001), existential approaches to therapy (Hill & O'Brien, 1999), and intersubjectivity (Mitchell, 1998; Stolorow, 2007) assert that pertinent personal revelations by the clinician are a needed element within therapeutic interactions. For example, self-disclosure can help create change in the client by enhancing empathic connections (Kohut, 2001). Furthermore, within intersubjective theory, mutuality and sharing within the client–therapist relationship are central to the therapeutic process, as interpretations and meaning are seen as being co-constructed by the client and the practitioner. However, it is important to note that open sharing by the therapist is not a haphazard process; rather, it consists of thought-out and deliberative interjections based on the therapist's subjective and personal perspectives. As Hanson (2005) cautioned, therapists must be aware of their intentions in self-disclosure in order to ensure that they are not exploitative in any fashion.

Within the therapeutic work realized within this study, the self-disclosure that emerged within my interactions with clients was based on several premises of trauma and relational therapies. Although traditional psychotherapy emphasizes neutrality on

the part of the therapist in order for clients' unconscious conflicts to arise (Ziv-Beiman, 2013), Herman (2015) argued that trauma therapists need to take a moral stance on issues of injustice. Therapists must affirm a position of solidarity with clients who suffer from the consequences of social injustice. The image expressing my anger at Habib's God and my depiction of the lack of support for Victoria by legal authorities are examples of this within this research project. Hanson (2005) noted that the expression of moral solidity should occur sooner rather than later in therapeutic work and that clinicians need to consider their group status in relationship to a client's membership in social or cultural groups that are stigmatized or discriminated against.

Furthermore, with regard to neutrality on the part of the therapist, such a stance can lead to trauma reenactment within clients by contributing to feelings of social exclusion and isolated suffering (Ziv-Beiman, 2013). In my clinical experience, survivors of trauma have frequently spoken of feeling detached from others and unable to build new social bonds because they feel that the events they endured are not adequately understood by others. Often they feel blamed for what occurred to them. These experiences of blame stem from the projection of self-blame onto others as well a rupture in empathic connection with people with whom they share their stories. This ties into a second position linked to the need for survivors of trauma to feel deeply and unconditionally understood, accepted, and valued by others (Hanson, 2005). As such, a core objective of my self-disclosure through my art and within my dialogues with clients was to express an attuned comprehension of the events that they had lived through and the ongoing suffering generated by these occurrences. This connected to the process of witnessing, which is deemed by practitioners as being a core component of trauma

treatment (Lifton, 2013; Papadopoulos, 1998; Quillman, 2013). A process of witnessing is anchored in the therapist feeling and then expressing a deep emotional understanding of the suffering endured by a client. This necessitated my measured but revelatory expression of feelings and emotional reactions. Such communication was measured in order to not be overwhelming to clients or to make them feel burdened by what I experienced.

In addition to self-disclosure being important for developing solidarity and emotional attunement, self-revelation is a key to intersubjective therapy and hermeneutic research. Within an intersubjective, hermeneutic model of psychotherapy and investigation, meaning is co-constructed, with the subjective perspectives of both therapist and client serving as building blocks for the creation of meaning. This construction is a collaborative endeavor to make sense of the client's life story, trauma narrative, symptoms, and psychosocial experiences, as well as—in art therapy—to interpret art products. This framework hinges on the therapist engaging in relevant self-disclosure in conjunction with disclosures from clients so that, together, they can come to understand each other, as well as the therapist coming to understand the life of the client. Within this process, it is crucial that therapists not impose their culture or personal views on clients, but instead share them as a perspective that can add to what clients perceive and know, as well as to help develop a sense of mutuality in the therapeutic alliance. With vulnerable clients it is essential that they have—or over time develop—a strong voice within these exchanges.

Within my study, I see two primary considerations regarding the use of therapist-made art that merit future research. There are limitations regarding the extent that the

therapist can control or mediate the messages that emerge through the images and symbols that arise in artwork. Given that there is a visual dialogue, the therapist is likely not privy to all of the communication that emerges between a client and a work of art. Secondly, there is an inherent vulnerability that arises when therapists engage in a self-directed exploration of their emotional reactions and lack of cultural knowledge regarding clients. The potential sense of vulnerability is then intensified by the creation of art and the subsequent sharing of such artwork with clients. Although this can contribute to openness, new learning, and attunement, there are possible pitfalls that warrant direct study.

Conclusion

Upon completing my study, the book, and this contextual essay, I was left with a daunting amount of information to digest and make sense of. Just as the process of meaning making occurred within my relationships with the clients and artwork in my study, I engaged in a process of sense making as I integrated the different components of this research project in order to formulate final conclusions.

The strand of theory with respect to my experiences within the study that I found most salient from the research process and its products as a whole was the central role of the hermeneutic process in all aspects of the work. The process of interpretation and reinterpretation was fundamental to each of the lenses used in order to understand clients and their life experiences. With Victoria's experience of trauma, for example, I interpreted and reinterpreted the meaning of her rape by creating pieces of art that reflected elements of her narrative of her rape and subsequent experiences. As my

understanding of her trauma shifted and expanded, I could share my subjective experience of the assault with her as a witness as well as a way of working with her to create meaning around it. As another example, my understanding of the role of Habib's sexuality, religion, and culture on his traumatization and recovery was shaped through the different stages of meaning making. This included my research into cultural topics, the creation of my artwork, and the conversations that occurred between him and me. In both examples, it is essential to note that the clients and I engaged in a collaborative process. I did not impose my beliefs, new learning, or reactions, but rather explored them in order to deepen my understanding and then shared them with my clients. Finally, in conjunction with the clients, sense making and attunement occurred as we engaged with each other.

Implications for the Field

To conclude this contextual essay, I want to address the implications of my research project for the field of art therapy as well as for cross-cultural trauma treatment. The use of an intersubjective model in art therapy is an approach that is only minimally addressed in the literature. Likewise, the application of a hermeneutic framework for research and therapeutic practice has not been widely cited in studies within the fields of art therapy and multicultural counseling.

As discussed in Chapter 2, a primary use of therapist-made art has been the creation of response art by practitioners following counseling sessions in order to process their reactions to clients (Miller, 2007; Wadeson, 2003). Franklin (2010) furthered the application of artwork by the clinician as a tool for developing what he termed "visual empathy." He discussed his process of making art to cultivate empathic

attunement with clients. Fish (2013) documented an additional application of therapist-made art in her investigation of the use of her art in a process of inquiry to better her understanding of clients' life experiences. The therapeutic work realized within my study incorporated these previous practices and then furthered the application of the clinician's artistic creations by introducing art produced by the therapist into the intersubjective space of the therapeutic relationship. I demonstrated that use of therapist-made art need not be limited to its use tool as a tool to enhance understanding of clients and countertransference. Artwork created by a clinician can contribute to the intersubjective encounter between the therapist and client. In essence, art pieces can be "participants" during sessions by interjecting subject matter into therapeutic conversations and supplementing client–therapist exchanges with the addition of visual dialogue, as well as through the provision of perspectives on treatment-related topics embedded in the artwork.

The contributions of my artwork were varied and reflected numerous applications of art therapy techniques in trauma treatment. In several instances I took art therapy strategies typically employed by clients to address their trauma symptoms and applied them to my experiences as the therapist, with the ultimate intention of sharing my artwork with my clients in order to promote their progress in therapy. I depicted clients' trauma stories through visual images that created needed, coherent, linear visual narration (Hass-Cohen et al., 2014; Naff, 2014; Pilafo, 2007; Talwar, 2007) of the trauma they had endured. As I visually narrated their stories, I included contextual elements of their trauma to elaborate on the systemic factors that needed to be understand in the process of making meaning around their experiences and to explicate

factors that were central to their symptom development and subsequent recovery. The use of artwork helped both me and my clients to more fully understand the traumatization they had suffered with regard to the events themselves within broad social contexts. The contemplation and discussion of the art was a strong presence within our intersubjective exchanges and provided a vital tool for developing attunement and for making sense of their trauma narratives.

As a client and therapist delve into the client's trauma narrative, intense emotions come to the surface. Artwork can serve as a containment and externalization of trauma-related emotions (Naff, 2014. The creation of art helps survivors to manage overwhelming feelings (Naff, 2014; Pilafo, 2007) as well as bear witness to what they have suffered (Spring, 2010). Although in art therapy literature case examples refer to such uses of art by the client, I employed the same applications of art to my own experiences of clients' trauma. Within my intersubjective art process, I used these same applications of art in response to the trauma stories that clients shared with me. I drew, painted, and made collages to depict emotions that I experienced because of the therapeutic encounters, as well as the feelings I perceived within the clients. Subsequently, the sharing of the artwork was fundamental to the process of witnessing. From the initial step of engaging in the artist inquiry and exploration of my emotions in order to understand their implications as well as contributing to a subsequent process of vicarious witnessing with clients, I demonstrated an innovative next step for utilizing therapist-generated art in an intersubjective space through mutual contemplating between therapist and client of art products and dialogical exchanges regarding the art and the conversations it led to. Furthermore, I demonstrated how an evolving process of

meaning making through self-directed art making and interpretation of the art combined with therapeutic dialogue and additional art making led to deepening emotional attunement with clients and a richer intellectual understanding of their lives by both client and therapist.

A fundamental element of this process was the application of the hermeneutic circle of interpretation, which led to evolutions in the sense making that took place within the intersubjective exchanges among the artwork, the client, the therapist, and the prose. The interactions of these different parties over time were essential to understanding and revising meaning as well as to creating a deeper witnessing of the impacts of emotions, traumatic events, and social contexts on clients. Further exploration of this use of therapist-made art is warranted in order to substantiate and potentially expand its effectiveness within art therapy practice.

In addition to a therapeutic approach to the work through the impacts of trauma, art-based intersubjective therapy processes extend themselves to cross-cultural aspects of therapy. Complex systems of meaning are inherent challenges to therapeutic work in cross-cultural settings. Therapists strive to understand their own cultural influences as they relate to clients as well as the cultural worldviews of the clients. Therapists then work to bridge the cultural similarities and differences between themselves and their clients in order to create a mutual understanding between them. Through my research in this study, an "equation" of how to approach this therapeutic process emerged within the intersubjective process of engagement between my clients and myself. This theoretical "equation" was: acquisition of cultural information by the therapist + contextualization

by the client + mutual exchanges between the therapist and client = mutual cross-cultural understanding.

Within this procedure for developing cross-cultural understanding, the therapist seeks out relevant information needed in order to get to know clients' backgrounds. This information is then discussed with clients in order to contextualize it within their life experiences. For example, I sought out information on the pillars of Islam and their meaning to Habid within the social contexts of his past and current life. This sharing of information and collaborative meaning making occur within the mutuality of the intersubjective space in which the client and therapist encounter and influence each other in the exchange of information and subjective perspectives. In this dialogue therapists also bring relevant elements of their culture to the discussions. The dialogical exchanges result in a mutual cultural understanding of each of other. The use of artwork to hold and inform the intersubjective space was central within my research and could be further investigated in terms of the role of art within this type of exchange. The impact of clients and therapists making combined art pieces related to cultural themes is one possibility as a new avenue to explore.

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APPENDIX

Informed Consent Forms From the Kovler Center

HEARTLAND ALLIANCE MARJORIE KOVLER CENTER
CONSENT FOR TREATMENT
ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

CLIENT NAME: _____ **DOB**: _____

SOCIAL SECURITY NUMBER: _____

I, for myself or for the client named on this form, do hereby consent to and authorize the performance of all treatments, procedures, the administering of any medications and any and all other technical procedures which, in the judgment of the health care provider/physician, may be considered necessary or advisable for diagnosis and /or treatment at Heartland Alliance Marjorie Kovler Center (MKC).

I acknowledge that no guarantee or assurance has been made as to the results that may be obtained from such medical treatment.

I hereby authorize MKC to complete any insurance forms which I may submit or which may be submitted by others.

ASSIGNMENT OF BENEFITS: I hereby authorize payment directly to Heartland Health Outreach of the benefits otherwise payable to me for primary care and psychiatric services rendered.

RELEASE OF INFORMATION: Authorization is hereby granted to release to any entity which may be responsible for all or any portion of charges for treatments rendered, including but not limited to Medicare, Medicaid and third party payers for the completion of my claims forms.

SIGNATURE: _____ **DATE**: _____
( ) Client ( ) Parent ( ) Guardian

WITNESS: _____ **DATE**: _____

Whereby necessary, I have translated the required registration and consent information in the _____ language.

SIGNATURE: _____ **DATE:** _____

APPLICATION AFFIRMATION & AUTHORIZATION TO VERIFY INFORMATION APPLICANT SATEMENT: I certify that the registration information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information related to the determination of my eligibility requires verification and/or documentation, and by my signature, I authorize others to release such information as may be required for the determination of my eligibility.

PARENTS OR GURADIAN STATEMENT: I give my permission for the above named minor to participate in the program.

SIGNATURE: _____ **DATE**: _____
( ) Client ( ) Parent ( ) Guardian

Heartland Alliance Marjorie Kovler Center

CONSUMER RIGHTS

1. Consumers have the right to considerate, culturally sensitive, respectful care from all members of the Heartland Alliance Marjorie Kovler Center (MKC) staff and to be free from abuse and neglect.
2. Consumers have the right to reserve services in a safe environment that is free of illicit drugs and weapons.
3. Consumers have the right to receive accurate, easily understood information and/or assistance in making informed decision about their care in their primary language.
4. Consumers have the right and responsibility to fully participate in decisions related to their care.
5. Consumers have the right to communicate with service providers in confidence and have the confidentiality of their personal treatment information (including written records) protected. In cases involving child abuse, a serious threat to safety of the consumer or others, police investigation, or subpoena; MKC may be required to release information without written consent. Instances of this type will be fully documented in the consumer's record.
6. Consumers have the right to obtain, inspect and amend their personal records in accordance with Heartland Alliance policy.
7. Consumers have the right to a fair and efficient process for resolving complaints or differences regarding their care or service providers in accordance with the agency's grievance policy.

RIGHTS SPECIFIC TO RESIDENTIAL AND MENTAL HEALTH SERVICES

1. The rights of consumers receiving these services shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code.
2. Consumers have the right to receive services in the least restrictive environment. Whenever any rights of a consumer are restricted, notice of the restriction and the reason for the restriction, and the actions necessary to remove the restriction shall be given to the consumer or his/her legal guarding and program director.

AS RESPONSIBLE PARTNERS IN CARE

1. Consumers are encouraged to become involved in specific treatment and/or health care decisions.
2. Consumers are encouraged to work with agency staff to develop and carry out treatment plans.
3. Consumers are encouraged to disclose their personal history to health care providers including information that relates to people, medical conditions or situations that could pose a threat to others.
4. Consumers are encouraged to show respect for other consumers and staff of MKC.
5. Consumers are encouraged to keep MKC informed of changes in their personal circumstances and contact information, which may have an impact on their ability receive MKC services.

I have read and understood my rights and responsibilities as a consumer of MKC services, as listed above. I certify that I have received a copy of this document for future reference.

_____ _____
Consumer Signature Date

_____ _____
Consumer Name (Printed) Date of Birth

_____ _____
Witness Signature Date

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HEARTLAND ALLIANCE MARJORIE KOVLER CENTER
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect participant confidentiality and only release personal health information about you in accordance with Illinois and federal law. This notice describes our policies related to the use of your records of care generated by Heartland Alliance Marjorie Kovler Center (Marjorie Kovler Center).

Privacy Contact. If you have any questions about this policy or your rights contact the Chief Corporate Compliance Officer, Kelli Spencer at 312.660.1432 for services received at Marjorie Kovler Center (MKC).

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

To effectively provide your care, there are times when we will need to share your personal health information with others beyond Marjorie Kovler Center that we are consulting with or referring you to.

Treatment. With your permission, we may use or disclose personal health information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside Marjorie Kovler Center that we are consulting with or referring you to. *If you participate in primary care or psychiatric services you may be assigned to a Heartland Health Outreach provider in which case information will be shared between Heartland Health Outreach and Heartland Alliance Marjorie Kovler Center.*

Payment. Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

Health Care Operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, or training staff.

Information Disclosed Without Your Consent. Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointments/Care. We will be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required by Law. This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

Coroners, Funeral Directors. We may disclose personal health information to a coroner or personal health examiner and funeral directors for the purposes of carrying out their duties.

Government Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. We may need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement and to warn any potential victims when we believe an immediate danger may occur to someone.

Fundraising. As a not for profit provider of health care services, we need assistance in raising money to carry out our mission. We may contact you to assist with fundraising in a variety of ways.

Research. *We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information. An example of this is the project in collaboration with the National Consortium of Torture Treatment Programs.*

PARTICIPANT RIGHTS

You have the following rights under Illinois and federal law:

Copy of Record. You are entitled to inspect the personal health record Marjorie Kovler Center has generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records. You may consent in writing to the release of your records to others for any purpose you choose; this could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but doing so will only prevent the future sharing of information. We are not responsible for the retrieval of information that has already been shared based on a prior authorization.

Restriction on Record. You may ask us not to use or disclose part of the personal health information. This request must be in writing. Marjorie Kovler Center is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be give to the Chief Corporate Compliance Officer.

Contacting You. You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct. We also will be glad to provide you with information by email if you request it.

Amending Record. If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do this, contact the Chief Corporate Compliance Officer and ask for the *Request to Amend Health* information form. In certain cases, we may deny your request. If we deny your request for an amendment, you have a right to file a statement indicating that you disagree with us. We will then file our response. Your statement and our response will be added to your record.

Accounting for Disclosures. You may request an accounting of any disclosures we have made related to your personal health information, except for information we used for treatment, payment, health care operations purposes, information that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after _____[enter date six years from today's date], please submit your request in writing to our Chief Corporate Compliance Officer. We will notify you of the cost involved in preparing this list.

Questions and Complaints. If you have any questions, complaints, or if you would like a copy of this Policy, you may contact our Chief Corporate Compliance Officer in writing at our office for further information. You also may file a complaint to the Secretary of Health and Human Services if you believe Marjorie Kovler Center has violated your privacy rights. We are legally prohibited from retaliating against persons who file a complaint against us.

Changes in Policy. Marjorie Kovler Center reserves the right to change its Privacy Policy based on the needs of Marjorie Kovler Center and changes in state and federal law.

ACKNOWLEDGEMENT OF PRIVACY POLICY

I acknowledge having received Heartland Alliance Marjorie Kovler Center's, "Notice of Privacy Policies". My rights include the right to see and copy my record, to limit disclosure of my health information, and to request an amendment to my record, as explained in the Policy. I understand that I may revoke in writing my consent for release of my health care information, except to the extent Marjorie Kovler Center has already made disclosures with my prior consent. This consent is valid until revoked.

_____	_____	_____
Participant or Authorized Person Signature	Relationship	Date

_____	_____
Witness Signature	Date

Participant unable to sign. Verbal consent given. Reason_____

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