



The paradox of expressing *speechless terror*: Ritual liminality in the creative arts therapies' treatment of posttraumatic distress

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ABSTRACT

Western treatment protocols for psychological trauma often prescribe recitation of narratives, despite evidence that the human brain's storage of traumatic memories undermines verbalization. Creative arts therapists overcome this paradox in trauma recovery through nonlinguistic communication. Ethnographic research among holistic groups that rely on cultural rites, rather than words, as instruments of healing in the wake of massive violence can enrich creative arts approaches. Relevant case material, analyzed with reference to theories of ritual structure, is used to illustrate the interplay of symbolization, ceremony, and the verbal and nonverbal among war-affected children from the developing world. Included is the author's venture into psychological syncretism in Sierra Leone. There, the fusion of locally inspired expression with dance/movement therapy improvisation facilitated recovery in a group of boy combatants.

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Survivors of extreme traumatic exposure commonly exhibit difficulty recounting the terrible events they have suffered or witnessed. Nonetheless, within most psychiatric discourses, verbalizing the trauma history is deemed central to "processing" its meaning, and, in turn, to recovery from the psychological, emotional, and somatic sequelae. The contradiction inherent to this directive—to put into the logic of words experiences that utterly defy human comprehension and capacity for reason—amplifies already significant challenges to restoration after traumatic loss.

Creative arts therapists may choose to sideline this dilemma on the pathway to healing, bypassing verbalization in favor of nonlinguistic modalities of communication and expression. Contemporary neuroscience largely endorses nonverbal approaches to recovery, particularly given findings about how the human brain stores traumatic memories. The readily observed difficulty that survivors often present in conveying verbally the depth of a phenomenon that even our foremost trauma researchers refer to as "speechless terror" (van der Kolk, 1996b) is rooted in brain physiology itself.

There is, in fact, growing consensus that memories of traumatic exposure are stored in the brain's right hemisphere, an area identified as preverbal or nonverbal (Glaser, 2000; Klorer, 2008). As survivors of all manner of traumatizing incidents attest, such memories are frequently experienced as inexplicably amorphous sensations and images rather than linear narratives with explicit beginnings, middles, and ends. Formed amid the exag-

gerated autonomic arousal characteristic in moments of extreme personal threat, traumatic memories may intrude into awareness throughout a lifetime as vague impressions that are intensely felt yet little understood. Apparently, this disorientation has its source in the human subject's initial response to traumatic stimuli (van der Kolk, 1996a). It is hypothesized that at the originating moments of terror and hyperarousal, activity decreases in the left side of the brain—the site of language and declarative memory—thereby undermining verbal processing. Specifically, hippocampal function appears to be virtually shut down, thereby challenging the brain's capacity to contextualize the associated memories in space and time (van der Kolk, 1996a). Simultaneously, Broca's area, charged with transforming subjective experience into speech, is likewise largely deactivated (Rauch et al., 1996). Thus, in resisting assimilation at the echelon of language, traumatic memories, as Piaget (1962) would have suggested, appear to be relegated to the "more primitive" somatic and visual levels of information processing (van der Kolk, 1996c, p. 289).

As advances in clinical research transform developing hypotheses about the brain into a sturdy theory of the neuroscience of trauma, the rationale for nonverbal creative arts therapy interventions, which do not depend on left-brain linguistic processing, grows increasingly substantial. This paper considers the place of discursive processing in trauma treatment, specifically with regard to the creative arts therapies.

It may be, in fact, that our inherited knowledge of the aptness of nonverbal treatment in response to horror forms a legacy that reaches beyond recorded time. In traditional ritual and ceremony, we find lasting expression of that heritage, handed down body to body through generations. Ethnographic research into the healing

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practices of cultural groups that do not as a rule rely on verbal processing may prove a fruitful source of inspiration and knowledge for the creative arts therapist who is interested in fusing evidence-based practice with the wisdom of the ages (Harris, 2002).

Often informed by such ancestral traditions, the understandings of persons working to promote healing among children affected by war and organized violence in the developing world provide an unusual perspective on this broader dilemma regarding the (in)dispensability of words. Attending to interventions performed at the boundary between the wisdom of timeless traditional cultures of the global South and the neurophysiology-informed psychotherapeutic knowledge of the North may potentially bring insight to a fundamental paradox of healing: the way that, in the aftermath of collective horror, rituals in all the world's regions open up an unspoken and often symbol-laden "speaking" of the unspeakable.

Psychotherapeutic "processing" of stress related to organized violence and war

The various factions of the psychotherapy field have elaborated numerous approaches for facilitating posttraumatic recovery. A primary principle largely shared by these interventions is that verbalization about traumatic stressors is fundamental to the survivor's mental health, and that such *processing* or *working through* of traumatic stress necessarily precedes normalization. Hence, according to Başoğlu (1992), overcoming the psychological damage wrought by torture is best achieved through a paired behavioral and cognitive approach that involves repeated exposure to memories of the traumatic experience until something akin to inoculation is gained. Patients are discouraged from avoiding painful thoughts, a denial that is seen only to sustain and perhaps inadvertently augment symptom expression. Advised at the outset that their therapy will instead incorporate a thorough revisiting of disturbing experiences, the behavioral/cognitive client retells the torture narrative—in present tense—as often as necessary until the parasympathetic symptoms that distinguish the re-experiencing of stressors loosen their grip on the psyche and soma. Incomplete exposure, it is theorized, impedes "extinction" (p. 412) of the traumatic stimuli. The success of this process suggests why flashbacks and similarly spontaneous reliving of the trauma—hallmarks of posttraumatic stress—do not themselves yield a permanent habituation or alleviation of psychological sequelae.

Başoğlu (1992) argued that all psychotherapy methods utilized as treatment for survivors of torture share this common feature: All encourage survivors to talk openly about their traumatic experiences. In so doing, each modality involves the behavioral technique of imaginal exposure to trauma. Retelling the painful memories associated with the torture—a process also known as direct therapeutic exposure—and then cognitively reformulating the experience in some way, as a prelude to integrating the trauma, are procedures deemed pivotal to virtually all therapeutic interventions with torture survivors. Başoğlu's conclusion that all effective psychotherapeutic treatments incorporate a comparable sequence of disclosure and integration is often extended to include therapy for survivors of other kinds of traumatic exposure as well.

Among children, including children of war, individual posttraumatic psychotherapeutic interventions have usually accentuated the following sequence of interventions: assessing the character of the child's dysfunction; encouraging abreaction in terms of emotional expression associated with the trauma history; and facilitating an understanding of the stressor and subsequent distress (Jensen & Shaw, 1993). In this prevalent model, enabling cognitive appreciation of "the reality and meaning of the traumatic situation" helps secure ongoing developmental progress (p. 705). Accordingly, surviving such extreme traumatic exposures as violent political

repression, the atrocities of war, and the unpredictable losses and hazards of refugee flight is believed to require that children share their recollections of these experiences in words. It further requires affected children to integrate, or make concurrent cognitive and affective sense of, what they have endured and may still be enduring. Indeed, it is argued that no matter how mindless organized violence may seem to an adult observer, children are likely to construct meanings of their own from even the most horrific offenses (Cairns & Dawes, 1996).

Symbolization through fantasy may itself enable children to erect a fortress in the mind that defends them from the worst psychological effects of violence. Pynoos and Eth (1986) focused attention on marshalling children's "inner plans of action" (p. 310), four distinct uses of imagination that they determined might aid children in coping with the effects of violent events in their immediate environment: altering the precipitating events; undoing the violent act; reversing the lethal consequences; or gaining safe retaliation. Such imaginings are said to galvanize potentially vital inner resources for overcoming the sense of helplessness that may accompany exposure to traumatic stressors. In the opinion of Pynoos and Eth, who developed a 90-min therapeutic interview for use with child witnesses to various kinds of urban violence in the United States, sharing through drawing and speech these otherwise suppressed interior monologues—about imagined actions in defense of self or others—also helps offset "lingering feelings of personal responsibility" (1986, p. 310).

In contexts of organized violence and war, children's ability to assume a degree of autonomy, either imaginally or in actuality, has been further identified as a vital protective factor. The Sanctuary Counselling Team, a politically committed group of South African clinicians in the 1980s, utilized, to stirring effect, a culturally revised version of Pynoos and Eth's debriefing framework in single-session therapeutic interventions with youths who suffered under the worst of apartheid's repression (Straker, 1987). Sanctuary therapists drew upon their young clients' sense of agency, encouraging them to pay attention to their own "woundedness" by emphasizing that failure to do so might restrict self-determination and, hence, ongoing participation in the anti-apartheid movement. Considerable field research underscores this efficacy-focused approach. Broadly, findings of a meta-review indicate that having the option "to play an active role and to exert some control over one's individual responses to war stressors" (Jensen & Shaw, 1993, p. 702) may be critical to survival and mental health alike. The ability to take action and to assume control over one's life may depend on the capacity to assign meaning to a situation, whether in the form of political conviction, religious ideal, or revenge fantasy.

A number of investigators, in turn, have highlighted children's attributions of meaning and active pro-social engagement in times of war as adaptive mechanisms and sources of resilience. Punamäki (1996) showed that Israeli children who understood and identified their hardships in sociopolitical terms, through the force of ideological allegiance, tended to experience fewer negative consequences of the war environment. Similarly, a research team working in both Lebanon (Macksoud & Aber, 1996) and post-occupation Kuwait (Macksoud, Aber, & Cohn, 1996) found growing altruism and self-sacrifice among children exposed to war stressors. Enhanced concern for the pain and suffering of others is also linked in these studies with efforts to protect the vulnerable and to condemn injustice. In psychoanalytic discourse, such altruistic behavior amounts to a "higher order" defense mechanism for coping with the anxiety of loss and continuing threat (McWilliams, 1994). Indeed, Macksoud and Aber interpreted the children's tendency to opt for a humanitarian stance as an effective means of mastering painful anxiety.

A number of other investigations, also issuing primarily from the Middle East, have examined the pivotal role of ideology in

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