



THE IMAGINATION WORKSHOP: EVALUATION OF A 10-WEEK IMPROVISATIONAL THEATRE PROGRAM FOR FEMALE VETERANS

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“Beneath the surface of the protective parts of trauma survivors there exists an undamaged essence, a Self that is confident, curious, and calm, a Self that has been sheltered from destruction by the various protectors that have emerged in their efforts to ensure survival. Once those protectors trust that it is safe to separate, the Self will spontaneously emerge, and the parts can be enlisted in the healing process”¹

“We also learned that trauma affects the imagination. The five men who saw nothing in the [ink] blots had lost the capacity to let their minds play. But so too, had the other sixteen men, for in viewing scenes from their past in the blots they were not displaying the mental flexibility that is the hallmark of the imagination.”²

Introduction

The New Directions Oasis for Veteran Women is part of a long-term transitional program in Los Angeles for female veterans who have served in any branch of the armed forces and who are dealing with issues of homelessness, post-traumatic stress and addiction in addition to other Co-Occurring Disorders such as mental illness and chronic medical problems. It was the first program in the United States designed specifically for female veterans dealing with these issues. Los Angeles has the largest population of homeless military veterans in the nation. The Los Angeles Homeless Services Authority estimates that more than 4,000 homeless veterans live on the streets of Los Angeles. While the women served in this program may have a wide range of issues, the only determining factors for participation are being a veteran and being homeless.

The program is divided into two phase, the first is an emergency house where residents may stay for up to 90 days and receive therapy individually and in groups, as well as anger management, parenting, computer and other classes. The second is a residence designed for veterans who are employed or going to school.

¹ Van der Kolk, B. (2014). *The body keeps the score*. (p. 216) Penguin Books, NY:NY

² *Ibid* (p. 17)

The Imagination Workshop was brought in as a 10-week group program for residents in the first phase of their transitional program. This is the first time that the Imagination Workshop has worked in the New Directions Program for Veteran Women and provided an opportunity for me to assess the program as an evaluator who was not connected to either program.

This report describes the outcomes of this evaluation from my observations, direct feedback from the participants and the data from pre and post questionnaires with regard to this particular group of women veterans. Due to the small size of the group, this is seen as a pilot study with the goal of not only assessing the efficacy of the series of sessions with this group, but also with the goal of understanding the uniqueness of this specific form of theatre workshop in the context of current research on post-traumatic stress. A discussion will be offered regarding the therapeutic value of this program and why can be seen as an important addition to the care, healing and treatment of individuals in groups suffering from the effects of trauma or mental illness in other contexts.

Background

While the only criteria for being a part of the New Directions Oasis for Veteran Women are being a veteran and having been homeless, and there were no discussions about any individual's diagnosis or personal history before or during The Imagination Workshop, it is important contextually to make note of the physical and psychological reality of the participants in the program. This is especially important when exploring the nature of the effectiveness of this program and why it is effective.

Post-traumatic stress disorder (PTSD) was only formally recognized by the American Psychiatric Association in 1980 largely due to the efforts of those working with Vietnam veterans. Since then research on all aspects of PTSD has grown exponentially and as a general diagnostic category, it has been a way of understanding the range of responses to traumatic events including child abuse, rape, domestic violence, terror and war.

The ubiquity of trauma is all too well-known now,

“Trauma happens to us, our friends, our families, and our neighbors. Research by the Centers for Disease Control and Prevention has shown that one in five Americans was sexually molested as a child; one in four was beaten by a parent to the point of a mark being left on their body; and one in three couples engages in physical violence. A quarter of us grew up with alcoholic relatives, and one out of eight witnessed their mother being beaten or hit.”³

Psychological trauma is characterized by helplessness, powerlessness, fear and loss of control in the face of events that are outside the range of usual human experience. The symptoms of post-traumatic stress that occur in reaction to traumatic events generally fall into three major categories: hyperarousal – the unshakable expectation of threat or danger; intrusive sensory, bodily, emotional and narrative memories of the trauma; and constriction – the protective

³ Van der Kolk, B. (2014). *The body keeps the score*. (p. 1) Penguin Books, NY:NY

numbing and dissociation in the face of terror and isolation. These responses vary with each person's unique life experiences in total and the nature of their social support or lack thereof.

According to the National Coalition for Homeless Veterans, 81-93% of female veterans have been exposed to some type of trauma – a significantly higher number than within the nonveteran, civilian population. More than half of female veterans surveyed experienced some type of trauma or abuse before joining the military, indicating that the problem extends far beyond the veteran population. Twenty-seven to 49% experienced childhood sexual abuse and 35% experienced childhood physical abuse.

For many, these traumas extended into adulthood, with 29-40% of female veterans reporting sexual assault and about half experiencing physical assault. About 19% of female veterans have experienced some type of domestic violence. Military sexual trauma (MST) in the form of sexual harassment and assault remains a significant concern for female soldiers. According to the U.S. Department of Veterans Affairs, an alarming 20% of female veterans who served in Iraq and Afghanistan have been identified as experiencing MST. According to the U.S. Department of Defense, approximately one in three military women has been sexually assaulted compared to one in six civilians.

The experience of trauma prior to enlistment, coupled with trauma experienced while in uniform, make abuse a common denominator among homeless female veterans. The impact of MST is especially pronounced. Female veterans assaulted in the military are nine times more likely to exhibit post-traumatic stress disorder symptoms; are more likely to have problems with alcohol or drugs; have lower economic and educational outcomes; and experience difficulty maintaining relationships, housing, and employment. Even though the female homeless veteran population has tremendous service needs, many of these are going unmet.

According to the pioneering trauma expert Judith Herman, recovery unfolds in three stages:

1. The establishment of safety in terms of being safe in one's own body, in the world and in relationship with others which includes restoring a sense of personal power and control;
2. Remembrance and mourning involving reconstructing the trauma through telling the story until it loses its power;
3. Reconnection with others and the world, moving toward the future.⁴

Treatment of PTSD and co-morbid symptoms is complex and multi-layered and most programs including New Directions addresses all three stages in a variety of ways: medication to balance the neurochemical responses to trauma; top-down methods using talking and sharing stories to experience support, relief, to gain insight, perspective and resolution through individual or group therapy; and bottom-up methods focusing on somatic memories and reconnecting with the body and emotions. These are often integrated with educational and vocational training and many other forms of training and support. Art therapies have been firmly established for years in integrated treatment programs. This includes drama therapy, which has and continues to be

⁴ Herman, J. (1992) *Trauma and recovery: The aftermath of violence – from domestic violence to political terror*. Basic Books, NY:NY

utilized effectively, usually focusing on dramatic role-playing and creating dramatizations based upon their experiences.

Given the recent advances in understanding the effects of trauma on the brain, mind, and body, there is a shift in emphasis from talking through and about the past predominantly to bodily-based here-and-now methodologies for fully integrated healing and repair.

In the words of the psychiatrist Bessel van der Kolk, a leading researcher on the current state of trauma:

“Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.

We have discovered the helping victims of trauma find word to describe what has happened to them is profoundly meaningful, but it is not enough. The act of telling the story doesn’t necessarily alter the automatic physical and hormonal responses of bodies that remain hypervigilant, prepared to be assaulted or violated at any time.

For real change to take place, the body needs to learn that the danger has passed and to live in the reality of the present. Our search to understand trauma has led us to think differently not only about the structure of the mind but also the processes by which it heals.”⁵

The Imagination Workshop

Imagination Workshop (IW) is a non-profit theater arts organization committed to using the unique power of the theater and the mentoring of theatre arts professionals (actors, writers, and directors) to provide life-changing artistic opportunities to those suffering from a broad spectrum of mental and emotional disorders. IW programs give those suffering from mental illness, frequently alienated or overlooked by society, a safe way to express themselves and gain insights that increase the quality of their lives and often help make their lives more successful.p8

Founded in 1969, IW is the longest-running theater program of its kind. For more than forty years, hundreds of actors and writers from Broadway, film and television, including such well-known names as Susan Sarandon, Ted Danson and Sam Waterston, have, through IW, worked on stage with more than forty-five thousand people suffering mental illness, most of whom have never before experienced theater’s ability to transcend real life.

On stage, those who have difficulty dealing with even the simplest aspects of life suddenly discover that, as a fictional character, they can do all that they ever imagined and more. Through imagination and play the participants develop the ability to imagine multiple versions of any particular story or situation, to be able to see alternate possibilities and to project into the future

⁵ Van der Kolk, B. (2014). *The body keeps the score*. (p. 21) Penguin Books, NY:NY

what possibilities might happen and what the consequences of those outcomes might be. This includes the ability to imagine things being different than they are and to be able to conceptualize what would happen “if” things were different.

The Imagination Workshop program is not therapy formally in any way, but it is therapeutic in the sense of being healing, health-giving, and restorative. By imaginatively creating characters and embodying them there is, in the words of IW founder and artistic director, Margaret Ladd, “redirection through the imagination, through metaphors, through characters that begin to lead one out of isolation and to begin to socialize in positive ways.”

IW helps homeless veterans, psychiatric patients, at-risk youth and other disenfranchised individuals synthesize thoughts and feelings in the realm of metaphor through creating and portraying fictional characters far removed from themselves under the direction of specially trained professional theatre artists. It provides a safe place for adults to play imaginatively as they did when children and because it is only “make-believe”, participants feel free to do and say things in the guise of a character that they may be afraid or unable to express as themselves.

In addition, the specific skills that are developed include:

- Imaginative Play with Joy, Fun and Humor
- Emotional Self-Regulation and Body Awareness
- Personal Agency
- Thoughtful Risk-Taking
- Patience and Persistence
- Introspection and Self-Reflective Thinking
- Self-Expression
- Empathy and Perspective-Taking
- Interpersonal Communication Skills
- Free Self-Expression
- Leadership and Group Participation
- Creative Thinking

Description of Program

Imagination Workshop Sequence and Methodology

The program consisted of weekly 1 hour workshops facilitated by two or three theatre professionals of the course of 10 weeks. The facilitators take turns leading various exercises and all facilitators participate in every exercise along with the workshop participants. I was there to observe (which I explained on the first day) but I also participated in every exercise.

This is an important point, in that while there are facilitators and structure, everyone who is there is equally participating fully creating both safety and a lack of hierarchy or the feeling of a teacher-student class dynamic. It is clearly a safe space for play without judgment.

Every session begins in a circle with physical warm-ups and movements, then moves into some form of sound and movement based on a theme where each person does something and then all do what the person created. One of the facilitators would start off with the sound and movement as an example every time.

Then there is some form of creative exercise involving quickly and imaginatively creating characters, metaphors and descriptions and then interacting with the group in some form. These longer exercises always involve each person “performing” in front of the “audience” either alone or with another participant in an improvised dialogue. The exercises are sequenced and become more complex as the sessions go forward. Everything is totally improvised and fully supported by the whole group with applause after each “performance”. Each person has their moment when the group is paying full attention to them and enjoying their imagination without judgment.

Each session closes back in a circle with each person stating their intention for how the rest of their day will go.

The Study

Participants

The participants in this group were 8 female veterans in the first phase New Directions transitional house. Nothing was ever discussed about their background historically, their war experience, any psychiatric diagnoses or their future plans. Occasionally there was a passing reference to having been in jail, using drugs or alcohol, but those were never taken up as a subject of discussion. The focus was always on the imaginative characters and situations created by the group. Over the course of the workshop, two moved on and two more came into the group. Therefore we had only 6 pre and post tests for this evaluation.

Evaluation Methods

Outcome Measures

- I created a pre-test of 20 questions based on the perceived and desired outcomes of the program as discussed with Executive Director of IW Jim McGrath. This was given on the first day.
- I observed while I participated during the course of the workshop
- I gave them the post-test of the same 20 questions on the last day
- I did a debriefing session alone with the group two days later and listened to their feedback.

The pre and post-tests measured the following on a five-point scale from “all the time” to “not at all”:

1. Focus and following directions
2. Listening , hearing and responding to others
3. Remembering many things, steps and ideas
4. Awareness and self-reflection on their thinking, feelings and body states
5. Positive view of self-worth and value as a person
6. Confidence in expressing ideas and feelings to others in a group
7. Thinking creatively and coming up with many ideas to solve a problem
8. Imagining what others feel like and how things could be different from how they are
9. Ease in taking a leadership role and directing others
10. Ease in working collaboratively with others in a group
11. Ease in resolving conflict in relationships with others
12. Confidence that they can do anything in the world and have something valuable to offer
13. Ease in controlling anxiety, fear or worry and deal with situations well
14. Ease in tolerating frustration and having patience
15. Freedom to play and take risks by themselves or with other people
16. Confidence in their ability to present themselves to others
17. Ease in empathizing with other people and understanding how they feel even when disagreeing with them
18. Ability to support others
19. Hope for their future and a strong sense of faith in their own abilities
20. Strength in their ability to put themselves in someone else’s shoes and understand their perspective even when feeling that they are very different from themselves

Statistical Analysis of Pre and Post Tests

- 1) The average improvement was 11.83 points ($s = 3.13$). (The post scores were, on average, 11.93 points higher than the pre). A 95% CI is (8.6, 15.1), which means we can be pretty confident that, were this group to be re-tested, their true improvement would be at least 8.6 points and possibly as high as 15.1.
- 2) If you want to convert this to the 5-point scale: average improvement is .59, 95% CI is (.43, .76).
- 3) To test the null hypothesis of no change against the hypothesis of change (either negative or positive), the p-value is 0.000245, so we can conclude the change is not zero. This test requires considerable assumptions on the distribution, and so we did a more conservative test that does not make such assumptions:

- 4) The non-parametric sign-test produces a p-value of 0.013. This test has a null hypothesis that the median change is 0 against the alternative that the median change is greater than 0. In testing that the alternative that the median change is not zero, then the p-value is 0.026---either way, statistically significant improvement.
- 5) Therefore, the finding of this small pilot study based on the data from the pre and post-tests is that there was overall significant positive improvement on the measures evaluated.

Summary of changes from pre to post:

pre	post	change
66	76	10
69	81	12
66	77	11
51	69	18
56	66	10
59	69	10

The most significant positive change was seen for these questions:

8. I find it easy to imagine what others feel like and how things could be different from how they are.
10. I find it easy to work collaboratively with others in a group.
5. I have a very positive view of myself and value as a person.
7. I find it easy to think creatively and come up with many ideas to solve a problem.
9. I find it easy to take a leadership role and direct others.
20. I feel strong in my ability to put myself in someone else’s shoes and understand their perspective even if I feel they are very different from myself.
15. I feel free to play and take risks by myself and with other people.
16. I feel confident in my ability to present myself to others.

Observations

1. On the first day, there were no introductions by the participants, nor the facilitators other than stating names. In addition, there was no stated overall purpose for the program other than to say that these will be a series of theatre games and that the program will be one hour for the next 10 weeks. Each week opened right up with the opening movements and exercise, so there was a clear structure and yet as each week’s exercises were different, what was going to happen was a surprise.

Comment: This way of beginning immediately made this different from a class and gave a structure for play without foreclosing the experience by stating the goals at the outset. The lack of personal introductions focused on everyone as people in the here and now without reference to the past narrative of trauma, issues or accomplishments. This created a clean slate for experiencing each other now without an identity defined by the past. It also served the function of not placing the participants as “students” and the facilitators as “experts” or “teachers”.

2. The demeanor of the facilitators was a combination of total security in themselves, a sure command of what they were doing at all times and warmth, openness, humor and full acceptance. This pedagogical stance continued throughout the 10 sessions. They immediately showed that they were part of the group and openly shared their personal responses to each prompt. They did not flaunt their professional theatre training, although it was clear they are professionals. They model complete authenticity and playful imagination as opposed to “acting”.

Comment: The importance of the training and way of being of the facilitators cannot be overstated. It is this that creates the safety and security for the participants to play and take chances doing things that they might feel self-conscious or anxious about. The warmth and humor of the facilitators, as well as full acceptance without judgment immediately set the tone for the group experience. Each person was treated with full dignity and respect for their individuality. They were simultaneously modeling ways of thinking and being, while opening up a safe space for each person to fully be themselves.

3. As a result of 1 and 2, the participants in this group showed virtually no resistance, attitudes or testing behavior. Everyone participated in everything in whatever way they wanted, but all participated even though this form of play was clearly unusual and new to them.

Comment: As they were asked to create characters and scenarios and act them out in front of their peers, one might expect self-consciousness, but that was not present. There was an immediate “jumping in” fully and that continued throughout the sessions.

4. From the first day and in every session observed, the predominant emotional response was laughter...genuine laughter. There were moments of poignancy, tenderness and expressions of anger within scenarios, but from beginning to end laughter was present. Each participant had their own sense of humor that came to the fore as they played in the imaginary scenarios and in the characters they created.

Comment: Laughter in the context of play and fun is a hallmark of security and safety. One of the first things that is compromised or shut down by trauma is free, joyful play with humor and laughter. When the world is unsafe and one must be vigilant and on watch for potential threats, there is no room for play. In addition, when one cannot trust

oneself or others, there is no security that allows for the natural flow of interactive silliness and playful action and responsiveness that occurs when the environment and people are safe and one feels safe with them.

5. In each session, the participants created characters that were usually wildly different from themselves in terms of gender, age, place, historical time period, profession and so forth, and yet their unique personalities were fully evident and this became increasingly clear as the sessions went forward.

Comment: The freedom from the identification and definition of self from the historical past narrative of “who they are” or who others have said they are opened up aspects of themselves that were fully authentic and unique as the individual they are and always have been separate from their traumatic experiences or the labels that others have placed on them. For some this happened more quickly than with others, but each personality shone through clearly. Without the shackles of an identity linked to the past and in the context of a completely imagined character other than themselves, ways of being that have been shut down or which may never have had the security to emerge came through.

Statements after the program by participants

In the debriefing session after the conclusion of the workshop, the participants gave the following feedback on their experience:

“Spontaneity! Laughing! Using our imaginations! Playing!”

“I learned that it’s okay for a grownup to be silly and happy. I was able to forget life’s woes for an hour every weekend. It was so much fun!”

“It was fun and helped us get to know each other more.”

“What was particularly useful to me was that I exercised my smile muscles a lot and remembered my mischievous side.”

“I felt less shy and less self-conscious.”

“I felt that it was ok to shut the world out for an hour and just have fun.”

“It was nice to be with each other and have fun without someone crying.”

“It was freeing to be outside of myself.”

“It was fun to know each other in all sorts of situations and not focus on problems.”

“I felt like I came out of my shell and I felt lighter after each session.”

“I felt like I was more motivated to think about the future and where I want to go rather than focusing on the past.”

“I feel like this was great practice for job interviews. I felt more comfortable being myself and listening and responding to someone else naturally and easily.”

“I haven’t laughed so hard in a very very long time, and laughter is the best medicine!”

“There was permission for free reign and space to be creative.”

“I was able to get out of my head”

“I loved the focus on the present, not the past or the future. No one asked how my week was going and we didn’t have to repeat negative statements.”

“I loved how the instructors all participated. It would be been very stilted if we were being watched and felt we had to perform for them.”

“I really appreciated how the instructors always started the first exercise off by doing the sound and movement themselves. They were so outrageous and fun that it not only showed us an example of what to do, but it gave us permission to be silly and free. If they hadn’t have done that, we wouldn’t have known what to do and would have felt put on the spot. This way, I felt comfortable doing whatever came into my head.”

The main subject of the discussion ended up being on how much they liked the fact that they were not asked to dwell on the past or retell their “stories” and how different this was from other forms of therapy, including art therapy. Many talked about how they feel that they are constantly being asked to revisit their traumatic experiences and have felt defined by them and trapped by their past. They loved that they felt seen as the person they are NOW and as they want to be moving forward into their lives.

Comment: This was not a criticism of other forms of therapy in themselves, but it was a critique about the amount of time and focus spent on the past in all forms of treatment: individual and group therapy; addiction counseling and groups; art therapy. They clearly emphasized the importance of experiences such as provided by IW that focus on the present here-and-now as an adjunct to other therapeutic modalities and interventions and as contributing to the next step in recovery as they are transitioning from their experiences in the military and having been homeless into the world of meaningful work and relationships.

Discussion

It is clear from the combination of findings from the pre and post-tests and the statements from the participants themselves in combination with my observations that the IW provides an important therapeutic experience for those that are recovering from any form of trauma.

Specifically, this program addresses the needs Judith Herman identified as phase one of recovery: The establishment of safety in terms of being safe in one’s own body, in the world and in relationship with others which includes restoring a sense of personal power and control, and phase three: Reconnection with others and the world, moving toward the future.

Additionally, through the art of theatrical improvisation the IW sessions provide repeated experiences of being seen and heard by others; listening and responding to others; empathy and perspective-taking; play, spontaneity, fun, laughter, humor, metaphor-making, being and living in the present, and the development and exercising the imagination - free cognitive play with possibilities, hopes, ways of being and dreams.

Safety – Security

As Herman says regarding the importance of safety,

*“Trauma affects the entire human organism—body, mind, and brain. In PTSD the body continues to defend against a threat that belongs to the past. Healing from PTSD means being able to terminate this continued stress mobilization and restoring the entire organism to safety. Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.”*⁶

The structure of each session and the way of being of the facilitators create a safe environment for individual participants to explore, play and stretch their imagination, as well as the safety to do this with others. A protected space allows fantasy to be freed and the freedom to translate that fantasy into action without fear of mistakes or looking foolish to others.

The creation of a security and safety then allows for the restoration of power and control and the development of a sense of agency. Agency here means the experience of having an effect on others and the world, of a personal sense of being seen and heard by others and of having something to do or say that makes a difference. Through the physical actions of improvising as created characters and interacting in imaginary scenarios, the participants have a safe way to practice and exercise this sense of agency and personal power, which is precisely what is taken from those that have suffered trauma.

Reconnection and Connections – Group Support

When a survivor is in the early stages of recovery and memories of the trauma are powerfully dominating, the imagination is limited and narrowed by helplessness, futility and hopelessness, the hallmarks of depression. Through the safety of a supportive environment created by others who are attuned, resonant and empathic, there is a lessening of the power of the traumatic memories and the ability to both reconnect with lost hopes and dreams and develop new ones. In addition there can be a reconnection with lost aspects of oneself and also the creation of a new sense of self.

⁶ Herman, J. (1992) *Trauma and recovery: The aftermath of violence – from domestic violence to political terror.* (p.157) Basic Books, NY:NY

The power of true group support cannot be underestimated. Groups provide a sense of belonging, being understood and mirrored by others empathically and is the opposite of the alienation, isolation and shame that accompanies trauma. One of the most telling signs of this kind of safety and reconnection is a decrease in rigidity and an increase in fluidity marked by increased humor, laughter, spontaneity and responsiveness.

The responses from this group clearly speak to the power of the group experience that is provided by the IW and the safety that is created by the facilitators, specifically the amount of laughter, humor and play.

“Social support is not the same as merely being in the presence of others. The critical issue is reciprocity: being truly heard and seen by the people around us, feeling that we are held in someone else’s mind and heart. For our physiology to calm down, heal, and grow we need a visceral feeling of safety. No doctor can write a prescription for friendship and love: These are complex and hard-earned capacities.”⁷

Being in the reality of the present and Imagination

The findings from this study highlight the therapeutic importance of the right timing for a group that focuses on the here-and-now rather than the past or the future in any kind of directive way. Current research on trauma treatment is now focusing on methods that actively provide ways for the survivor in creatively and vitally express themselves, engage with others and explore in the present moment.

The IW games and exercises are continually and fully engaging all participants in the present moment. As one participant said, “there was never any dead air, it was always exciting and you didn’t know what was going to happen next”. It is from fully being engaged in the present that the imagination can be utilized not for creating scenarios of what might happen in the future driven by fear, paranoia or anxiety, by for creative free playing with pure possibilities.

This kind of imaginative combinatory play includes metaphor-making, empathic perspective-taking and placing oneself in another’s shoes or oneself in another possible way of being. The exercise of this skill expands the capacity for holding multiple possible ways of being and of seeing anything. It is also the essential skill in the creation of meaning for one’s life. There are very few places where the imagination is actually **exercised** deliberately and sequentially, even in all forms of arts learning and performance. The specific kinds of exercises that make up the IW program are specifically designed for this through improvisatory play.

As Bessel van der Kolk says,

“For a hundred years of more, every textbook of psychology and psychotherapy has advised that some method of talking about distressing feelings can resolve them. However, as we’ve seen, the experience of trauma itself gets in the way of doing that. No matter how much insight and

⁷ Herman, J. (1992) *Trauma and recovery: The aftermath of violence – from domestic violence to political terror.* (p.202) Basic Books, NY:NY

understanding we develop, the rational brain is impotent to talk the emotional brain out of its own reality...Our scans have revealed how dread has persisted and could be triggered by multiple aspects of daily experience. They had not integrated their experiences into the ongoing stream of their life. The continued to be “there” and did not know how to be “here” – fully alive in the present.”⁸

And in the words of the philosopher and aesthetician Maxine Greene,

“If we can link imagination to our sense of possibility and our ability to respond to other human beings, can we link it to the making of community as well? G.B. Madison, writing about the centrality of imagination, says that “it is through imagination, the realm of pure possibility that we freely make ourselves to be who or what we are, that we creatively and imaginatively become who we are, while in the process preserving the freedom and possibility to be yet otherwise than what we have become and merely are” (1988, p. 191)....Those who are labeled as deficient, fixed in that category as firmly as flies in amber, have little chance to feel they can be yet otherwise than what they have become. Marginalized, they are left to the experience of powerlessness unless (usually with support) they are enabled to explain their “shocks” and reach beyond.”⁹

Summary

This small pilot study confirms the efficacy and importance of this unique form of creative therapeutic program as a crucial part of a multi-faceted treatment plan for veterans and any group of individuals who have suffered early, acute and or ongoing trauma. Current research in trauma and neurobiology are validating the value of this kind of series of group experiences as part of recovery, but also for the development of critical skills that are compromised by trauma, specifically imaginative play with possibilities.

Given that part of every integrated trauma treatment program, whether for veterans, foster youth, incarcerated youth, homeless individuals or victims of domestic violence, rape or child abuse, involves developing skills for being able to find and sustain fulfilling work and interpersonal relationships, the IW program has much to offer in that area as well.

The skills of creative thinking, imaginative playing with possibilities, empathy, leadership, group collaboration, listening, flexibility and adaptability to change, and emotional regulation are all considered to be critical skills for success in the 21st century workplace and therefore essential for all, but especially for those who have been victims of trauma and have had those skills compromised. Therefore, the IW can also be seen as an important part of vocational training, particularly for the disenfranchised.

Limitations of Study and Recommendations for further study and evaluation

This study was limited to a small group due to the constraints of the immediate situation. As a pilot study, the results are overwhelmingly positive in every way. Given how strong the results

⁸ Van der Kolk, B. (2014). *The body keeps the score*. (p. 47) Penguin Books, NY:NY

⁹ Greene, M. (1995). *Releasing the imagination: Essays on education, the arts and social change*, (p.38). Josse-Bass Inc., San Francisco: CA.

are with a small group and a short time frame, it can be safely hypothesized what the results might be with a larger group or groups and longer time frames. With an increased number of participants and more time, it is recommended that more complex studies be conducted involving randomized control and experimental groups and multiple assessment measures. Specific well-known valid and reliable tests such as the Torrance Tests of Creative Thinking and the Emotional Quotient Test would yield more specific information about the impact of this program. This would produce more hard data about the specific outcomes of the program.

It is certainly recommended that this program expand its time frame with other groups of both female and male veterans through New Directions as well as other programs for veterans. This would involve a longer time frame culminating in a play created by the participants and a public performance as they have done in the past. In addition it is clear that this program would be an important component for any integrated treatment program or educational program for a variety of populations that have experienced trauma or disempowerment.

Conclusion

Imagination is not easy to quantify, nor is joy, hope, empathy, play, a sense of purpose and meaning in life or love. Perhaps it is impossible to actually quantify these things and yet they are essential to life, the ultimate goals of any therapeutic or educational program and clearly palpable when present or missing.

The experiences of the female veterans who participated in this series of sessions with great good humor, dignity, grace, fearlessness and kindness toward each other show the power of playing in and with their imaginations, especially given the realities with which they have had to endure.

“Imagination is absolutely critical to the quality of our lives. Our imagination enables us to leave our routine everyday existence by fantasizing about travel, food, sex, falling in love, or having the last word—all the things that make life interesting. Imagination gives us the opportunity to envision new possibilities—it is an essential launchpad for making our hopes come true. It fires our creativity, relieves our boredom, alleviates our pain, enhances our pleasure, and enriches our most intimate relationships.

When people are compulsively and constantly pulled back to the past, to the last time they felt intense involvement and deep emotions, they suffer from a failure of imagination, a loss of mental flexibility.

Without imagination there is no hope, no chance to envision a better future, no place to go, and no goal to reach.”¹⁰

¹⁰ Van der Kolk, B. (2014). *The body keeps the score*. (p. 17) Penguin Books, NY:NY

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Biography – Victoria Stevens

Victoria Stevens, Ph.D. is a licensed clinical psychologist, psychoanalyst, speaker, researcher and educator. She holds a BA with honors in philosophy, cello and theatre from the University of Kansas, an MA and Ph.D. in clinical psychology from The Chicago School of Professional Psychology (CGI in Los Angeles) and specialized certifications in Hypnosis and the Treatment of Victims and Perpetrators of Violent Crimes. Her psychoanalytic certification is from the Psychoanalytic Center of California, and she studied interpersonal affective neurobiology with Allan Schore for over 10 years.

Her research specialty is the study of the development and inhibition of creativity in children and adults, with an emphasis on the relationship between creative thinking, neurobiology, emotional development and affect regulation, the arts and cognitive processes. She has integrated her experience as a classically trained cellist, singer, actress and dancer with her expertise in psychology and pedagogical theory to develop innovative art education curricula and assessments, teacher training programs and trainings for mentors who work with foster children and “at-risk” youth.

She is a founding faculty member of the California Institute of the Arts Teaching Artist Training Program and on the faculty of Antioch University Santa Barbara in Trauma Counseling. She has been a faculty member at a number of institutions: California Institute of the Arts School of Critical Studies, Mount St. Mary’s College, Pacifica Graduate Institute and the Santa Barbara Graduate Institute for Infant and Child Development. She provides professional development training for teachers in public and private schools across the country on the subjects of creativity, the arts, emotional regulation, imagination and metacognition as they relate to life-long learning and academic achievement for all children.