



**HEALING POST-TRAUMATIC STRESS THROUGH
IMAGINATIVE PLAY:
PART II OF AN EVALUATION OF A 20-WEEK IMPROVISATIONAL THEATRE and
PLAYWRITING WORKSHOP FOR VETERANS**

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“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.”¹

Abstract

After a successful pilot program of 10 weeks with women in the New Directions for Veterans program in 2016, the Imagination Workshop was invited to offer an expanded program of 20 weeks with both male and female veterans in the program. The expanded version added playwriting to the theatre improvisation exercises which culminated in a finished play was performed publicly. I was brought in to evaluate the program with the goal of not only assessing

¹ Van der Kolk, B. (2014). *The body keeps the score*. (p. 17) Penguin Books, NY:NY

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 it 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.

This report evaluates the final 20 weeks of the program. The group continued their writing individually, in small groups, and as a large group, and finished a full-length one-act play, which they then rehearsed and performed for the public as well as all participants in the New Directions for Veterans Program. The play was created completely in their own words and out of their own imagination. The evaluation of 20 questions on a pre and post-test for the first 10 weeks found statistically significant improvement on eight areas and partially significant improvement on an additional three areas. In addition, there was an overwhelming positive response from the participants themselves and the directors of the program. An overview of the New Directions program and the Imagination Workshop is followed by an overview of the final 10 weeks, observations, discussion, writing samples from the play, and recommendations for the future.

Introduction

The Power of Theatrical Improvisation for Healing

The arts are powerful tools for healing trauma as is generally known. How they are utilized for the most part is to provide a way to reengage with emotions and the story of actual trauma that has occurred, leading to integration and freedom from the memories of the events that were devastating and overwhelming. This is the typical role of art and drama therapy in rehabilitation.

Improvisation in the way it is presented by the Imagination Workshop is not focused on healing the past by directly working through it, but by being able to play in the realm of imagination – being able to imagine a life and identity *beyond* the trauma and beyond being a victim of it.

Most people think of improvisation as related to comedy, performance and being quick-witted, but the healing power of improvisation is because at its core, improvisation is about being obvious, and saying or doing the next logical thing; it's about being authentic. At its essence it is about exploring what it means to be human. Improvisation is an unconditional welcoming of the present moment, full of possibility and hope.

This form of improvisation involves the act of seeing through the eyes of someone different than yourself and this is an integral part of working through conflict.

The skills that are developed and facilitated by this kind of improvisation are, among others:

- **Attentive listening**
- **Being present in the moment**
- **Expanding awareness and observation**
- **Letting go of the need to control - or even know - what happens next**
- **Being open to noticing and receiving what the situation is offering**
- **Responding in a way that is supportive and promotes self-esteem**
- **Acknowledging our interdependence**
- **Opening ourselves up to previously unimagined possibilities**
- **Experiencing, embracing, and expressing joy**

New Directions for Veterans

The New Directions for Veterans program states that Los Angeles has the largest population of homeless military veterans in the nation. The LA Homeless Services Authority estimates that more than 4,000 homeless veterans live on our streets. Many of these men and women suffer from Co-Occurring Disorders, including substance abuse, mental illness and post-traumatic stress disorder (PTSD), as well as chronic medical problems.

Since 1992, New Directions for Veterans (NDVets) has provided comprehensive services to thousands of veterans in Los Angeles County. Founded by two formerly homeless Vietnam veterans and a local advocate for homeless persons, NDVets initially operated out of a five-bedroom home serving eight homeless Vietnam War veterans. They now operate four Transitional Housing Programs, a rapid re-housing and homelessness prevention program called Supportive Services for Veteran Families (SSVF), and four Permanent Supportive Housing (PSH) facilities in Los Angeles County, with additional projects in the pipeline.

NDVets offers a wide array of services. These include substance abuse treatment, counseling, remedial education, job training and placement, as well as parenting and money management classes. Legal and tax assistance are available, as is an active aftercare program and resources for alumni. Veterans leave NDVets with a savings account, housing, a job or other income, computer skills, renewed self-confidence and the support of mentors and peers. Such a transformation takes hard work, motivation and accountability, but the results are life altering—and for many veterans, life-saving.²

The Veteran Opportunity Center (VOC) houses up to 156 men at a time and is an assessment and transitional housing program for homeless veterans offering comprehensive services for men with Co-Occurring Disorders with fully equipped classrooms for computer training and Adult

² <https://ndvets.org>

Basic Education. It is a one-stop vocational rehabilitation center providing employment services, vocational assessment and career counseling.

The New Directions Oasis for Veteran Women is part of this long-term transitional program and is 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 for the women is divided into two phases, 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.

Background

The only criteria for being a part of the New Directions Program for Men and the Oasis for Veteran Women are being a veteran and having been homeless. There were no discussions about any individual's diagnosis or personal history before or during The Imagination Workshop, however 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.

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

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

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 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, the U.S. Department of Veterans Affairs (VA) states that the nation’s homeless veterans are predominantly male, with roughly 9% being female. The majority are single; live in urban areas; and suffer from mental illness, alcohol and/or substance abuse, or co-occurring disorders. About 11% of the adult homeless population are veterans. Roughly 45% of all homeless veterans are African American or Hispanic, despite only accounting for 10.4% and 3.4% of the U.S. veteran population, respectively.

Homeless veterans are younger on average than the total veteran population. Approximately 9% are between the ages of 18 and 30, and 41% are between the ages of 31 and 50. Conversely, only 5% of all veterans are between the ages of 18 and 30, and less than 23% are between 31 and 50.

America’s homeless veterans have served in World War II, the Korean War, Cold War, Vietnam War, Grenada, Panama, Lebanon, Persian Gulf War, Afghanistan and Iraq (OEF/OIF), and the military’s anti-drug cultivation efforts in South America. Nearly half of homeless veterans served during the Vietnam era. Two-thirds served our country for at least three years, and one-third were stationed in a war zone.

About 1.4 million other veterans, meanwhile, are considered at risk of homelessness due to poverty, lack of support networks, and dismal living conditions in overcrowded or substandard housing. Due to veterans’ military service, this population is at higher risk of experiencing traumatic brain injuries (TBI) and Post-Traumatic Stress Disorder (PTSD), both of which have been found to be among the most substantial risk factors for homelessness

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.⁴

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.⁵

Treatment of PTSD and co-morbid symptoms is complex and multi-layered and most programs including New Directions address 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 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.

⁴ [The 2016 Annual Homeless Assessment Report \(AHAR\) to Congress](#)

⁵ Herman, J. (1992) *Trauma and recovery: The aftermath of violence – from domestic violence to political terror*. Basic Books, NY:NY

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.”⁶

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.

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 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.

⁶ Van der Kolk, B. (2014). *The body keeps the score*. (p. 21) Penguin Books, NY:NY

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, I have identified specific skills that are developed. These include the following:

- 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

Imagination Workshop Sequence and Methodology

The program consists of weekly 1 hour workshops facilitated by two or three theatre professionals of the course of 20 weeks.

Overview of the first 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. After the first 4 weeks, writing was added to each session beginning with a group poem, and then into the writing of short scenes, evolving into character development, a group created story, and monologues. These are currently being developed into a coherent play that will be performed by the group. As a note, after 7 weeks the participants asked for more time to write and we were able to extend the session to 1 ½ hours per week. This speaks to their increased motivation and enjoyment of the process.

See Appendix B for research findings from the first 10 weeks of the workshop.

Overview of the second 10 weeks:

The second ten weeks were structured similarly to the first 10 with a few group interactive improvisational exercises at the beginning of the session and then immediately dividing into groups who were working on character development and scenes.

The storyline developed out of the characters they created through improvisation and this was a group process that evolved over 8 weeks. The first main character was a 17th century knight who is searching for the love he lost when he had to go to war and finds himself in the world today through a computer program glitch. He finds himself in a corporation that is being taken over by a new company and CEO who decides to cut costs by firing “unnecessary” employees and is moving the headquarters to an island. The move will destroy the natural habitat of endangered species and ruin the ecosystem. The employees then band together with the help of the knight to fight back against the large corporate takeover, get their jobs back and save the island. (See Appendix A for specific writing samples).

The characters were all based on imagination as opposed to the reality of the participants themselves. In many cases they wrote for each other and took on the gender and role of another character. The scenes developed out of both improvisation and writing.

Ultimately the scenes were put together in a coherent narrative and the sessions became rehearsals until they had learned their lines and blocking. Some were still “on book” through the performance and creative ways of having their lines as props on stage were devised. Additionally, by the time of the performance they all basically knew each other’s lines, which enabled several actors to either improvise if someone forgot a line or prompt someone who forgot.

The group created graphics for the play and t-shirts were created for them to wear. The play was performed on a proscenium stage with lights, sound and visual projections. The excitement was palpable building up to the performance culminating in a group focus process and cheer.

During the play itself, many unexpected things happened including several actors forgetting lines, entrances, and exits. In all cases, one or more of the cast helped steer an individual or the group to the right place. Lines and even songs were improvised on the spot. The flow was never interrupted, everyone stayed focused and the play was a resounding success.

After the play, the Colonel who runs the West Los Angeles VA gave each of them individually an award after they announced who they were, with their military rank and arm of service. They were cheered by the audience which was comprised of fellow veterans from New Directions and the general public.

Several weeks later the whole cast reconvened to talk about the experience and watch themselves on a full video replay of the play. Several of the cast brought food and also gifts for the IW facilitators. The warmth, pride and mutual support was wonderful to observe.

Observations

From Imagination Workshop facilitators:

“What stands out the most is as we started rehearsing the play how some of the higher functioning clients really took under their wing some of the clients who were suffering from greater disabilities.

For example, we had one elderly veteran, who had cognitive issues and speech impediments, among other syndromes.

His case worker couldn't believe he was going to be on stage, but on stage he did appear, and if ever he forgot cues or had trouble, his colleagues warmly pulled him, putting their arms around him, in character feeding him his lines etc.

It was incredible camaraderie and looking out for each other - lending such a helping hand. They had each other's back. Compassion increased.

As Dr. Davis pointed out (see letter below from Dr. Davis), there is camaraderie in the military, but the beauty of the IW play was they came together for a purpose of creation, not destruction.

We also had a young man with schizophrenia. He would spin off on tangents. He also was panicked

he wouldn't know his lines. Then, during the final rehearsal process, it was clear that he knew the script

better than most, and was able to guide the scenes when people got lost.

His case worker, too, couldn't believe he was going to perform, and yet he ended up being one of the most vibrant and focused on stage. “

“I also think about Stephanie who vowed she would not get up on stage.

She wrote a wonderful role she wanted someone else to play.

She was a combat vet who jumped out of airplanes, but she said getting up in front of people would terrify her to nausea. She ended up performing her role with flying colors and even designing graphics for the show. And a group of her friends, The Hoover Crips, all came out to see her!”

From Dr. Andrew Davis, PhD Theater History from NYU and Masters in Folklore from UCLA faculty at Otis and Pomona after attending “The Wandering Knight” last year:

“I attended the play put on last August by disabled veterans from New Directions for Veterans, under the guidance of Imagination Workshop. As a long-time theatre professional and academic, I did not have high expectations of a theatrical production written and performed by amateurs, particularly those with mental and physical disabilities. Boy was I wrong. The production of "The Wandering Knight" was one of the most deeply moving theatrical experiences I've ever had.

It was clear that members of the cast were suffering from varying degrees of mental illness, PTSD, substance abuse, and other problems related to homelessness. If I had crossed paths with them on the street, I would have likely looked away or tried to avoid an encounter. But rather than looking past them, the play invited the audience to experience them as individuals.

By playing characters other than themselves, the veterans – male and female – let down their guard, revealing themselves in ways that they might not, perhaps could not, in "real life." I felt like I had a glimpse into their souls. They were thoughtful, caring, supportive, wonderful people. I fell in love with them all.

Sitting in the audience, one got a sense of camaraderie and community these veterans undoubtedly felt in the military but is all too difficult to find when they come out. You could see how they were looking out for each other, assisting one other, and coming to each other's rescue when things were going off-track, which they did.

I have seen how valuable theatrical training can be for helping young people learn how to live in society, how to play a role, and how not to be defined by roles that society has imposed upon them. I'd never seen it so well demonstrated as in the performance by these homeless veterans. They might have a hard time fitting into society, but in the play, they were accepted by the group, and each had a valuable contribution to make. At least for the time they spent onstage – and undoubtedly through the rehearsal process – they were capable, needed, and valuable.

What is special about the theatre – and this production in particular – is that it builds community without competition and without an enemy. For those struggling to fit into society that valued them as warriors, but has no role for them in civilian life, the experience of putting together must be as eye-opening for the people onstage as it was for those of us in the audience.

There was no missing the deep humanity of the event. It made me feel warm and fuzzy inside about the potential of every individual in our society. It reminded me that, whatever our differences and our place in society, we are all connected.

I hope such projects can continue and be expanded upon.

Sincerely,
Andrew Davis, PhD
Faculty, IGE Department
Cal Poly Pomona”

Discussion

There are several critical aspects to the successful healing of the effects of trauma whether in individual or group work. Among them are those highlighted by the Imagination Workshop: safety and security; reconnection, connections and group support; and being in the here-and-now and imagination.

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.”*⁷

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.

⁷ Herman, J. (1992) *Trauma and recovery: The aftermath of violence – from domestic violence to political terror.* (p.157) Basic Books, NY:NY

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.

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.”⁸

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 to 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, but 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

⁸ Herman, J. (1992) *Trauma and recovery: The aftermath of violence – from domestic violence to political terror*. (p.202) Basic Books, NY:NY

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 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.”⁹

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.”*¹⁰

Conclusion

When we go through highly stressful experiences such as abuse, war, chronic poverty, domestic violence, neglect, racism, or singular events like sexual assault or an unexpected loss, we may experience a disruption in our sense of identity, safety, and connection to others. These ruptures can contribute to anxiety, depression, and emotional dysregulation which may, in turn, prompt helpful or harmful coping strategies such as avoidance and social isolation.

Exercises, where two or more people improvise or role-play scenarios from another's point of view, engage the psychological processes that contribute to empathy such as mirroring and Mentalization with a base of respect, a capacity for listening, an acknowledgment of perspectives

⁹ Van der Kolk, B. (2014). *The body keeps the score*. (p. 47) Penguin Books, NY:NY

¹⁰ Greene, M. (1995). *Releasing the imagination: Essays on education, the arts and social change*, (p.38). Josse-Bass Inc., San Francisco: CA.

other than our own, and a willingness to take personal and creative risks together towards a common goal.

Being able to make-believe gives people a chance to try out different possibilities and to create new storylines about their lives in a less risky environment. We can, in fact, rehearse the change we wish to be and see.

Art, and in this case improvisational theatre gives individuals a vital way to express and communicate inner experience which results in feeling less alone. This is important given that social support is a critical factor in how we manage life's stressors, especially for those who have experienced trauma. Art can also bring visibility to people and concerns that we have neglected as a society. With its ability to engage, connect, and sustain us, art and artistic programs such as the Imagination Workshop show great promise in reducing isolation and helping people to recover their creativity, imagine a better future, put ideas into action, and feel alive again.

It is clear from the combination of findings from the pre and post-tests after the first 10 weeks, the observations of facilitators, audience members, and the statements from the participants themselves in combination with my own observations, 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.

In the words of Daniel Jon Holbrook, E-3, Hospital Corpsman who was in the previous play created through the Imagination Workshop:

“My time involved with the Imagination Workshop has propelled mysterious interest and appreciation of theatre, acting, writing, and directing as a whole...I have since been involved at a local community college with their theatre department...participating in acting workshops as well as helping other aspiring actors with their craft. I am able to offer sound acting suggestions and demonstrations all due to my participation in The Imagination Workshop! Again, I thank everyone involved with The Imagination Workshop for their kindness, consideration, education, enlightenment, inspiration, and life changing work! I will forever be able to give to others what was so freely given to me!
Sincerely, Daniel Jon Holbrook”

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Acknowledgement: Statistical Analysis conducted by Robert Gould, PhD, Vice-chair of Undergraduate Studies UCLA Dept. of Statistics; Founder, DataFest

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 has studied interpersonal affective neurobiology with Allan Schore for over 15 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, trauma, 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 consultant for A Sense of Home, a non-profit providing homes for emancipated foster youth, and the Imagination Workshop, a non-profit providing theatre improvisation as a form of healing trauma for veterans, psychiatric patients and “at-risk” youth.

She is a founding faculty member of the California Institute of the Arts Teaching Artist Training Program, on the faculty of Antioch University Santa Barbara for the Masters in Clinical Psychology Program and the co-creator of the Somatic Psychology concentration and certification program at Antioch University Santa Barbara starting in the Fall of 2017, and on the faculty of the PsyD and PhD Programs in Clinical Psychology at Pacifica Graduate Institute. 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, 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, empathy, and metacognition as they relate to life-long learning, academic achievement, and personal fulfillment for all children.

Appendix A

Writing Samples

Early scene examples:

Scene 1

Sun (age 1) & Moon (age 2,017) want true love. The age difference and long distance complicates this.

Sun: Do you love me?

Moon: Do you love me? Is 2, 017 years old way too old for you?

Sun: They say age ain't nothing but a number.

Moon: If you love me run away with me.

Sun: You know how I feel about a long distance relationship. My job requires me to give light to earth.

Moon: To listen to lonesome hearts of people, that is my job.

Sun: I'm confused.

Moon: You have four seasons run away with me during the winter time.

Sun: Promise me you'll let me return for spring

Moon: I can have during the leap year too

Sun: Yes, yes

Moon: Can I have you during Daylight Savings Time too?

Sun: Slow down, I must keep Standard Time. We have to keep this a secret from Earth

Moon: What about the other 8 planets?

Scene 2

Stannis, the Knight (age 26) wants to make Meiji happy & Meiji, the Bard (age 29) wants to marry Stannis. They've both been broken-hearted, a war is on, and a Knight shouldn't marry a peasant.

Stannis: Tomorrow, we are off to battle...

Meiji: Oh, Stannis!

Stannis: I might not make it back. The numbers are against us.

Meiji: Let's escape, together! We still have time.

Stannis: My dear Meiji, as much as I love your sweet voice and your precious company, I'd rather risk my life in battle than fully destroy my heart.

Meiji: You don't mean that. I'm scared too. You promise you'll never give up on us. Let us happen... you make me happy. You make me forget.

Stannis: You also make me happy. I haven't smiled until I met you. But even putting my feelings aside, I have to fight. Thousands of lives are at stake.

Meiji: Kiss me and tell me you don't want us to happen

Stannis: Meiji, please don't cry.

Meiji: You're crying too

Stannis: I don't know what to do

Meiji: Go, but come back. I'll be waiting.

Stannis: I'll come back, and give us a chance.

Meiji: Is that what you want?

Stannis: Yes, because I love you

Meiji: I love you too, Stannis

Scene 1

Poseidon: Water God, million years old

Moana Johnson: Black/Simoa mix, 34 years old

- He is the God of the oceans. She is a beautiful slave
- He wants to free her. She's mad at the God's for the oceans that swallowed her home village island
- She wishes she could understand why it happened. He can't tell her they were about to create a portal to hell

Poseidon: Why must she refuse the help we offer her? I can easily free her of her bonds, she has only to ask. If I didn't destroy that Island, the gates of Hades would have released the red death upon her people.

Her Dad: This is something she must learn on her own. Thank you for your help. Please do not intervene.

Moana: I will free myself on my own. I need not be assisted by the God of destruction.

Poseidon: If you only pray, I can send you all the reasonable help you need!

Moana: And along with that, destroy another lot of innocent lives? Not at my expense!

Poseidon: You stubborn little mortal soul, if you do not take my assistance, you and all of those will perish.

Moana: Then we shall, at least we will not take the whole of peoples with us.

Poseidon: Then barbaric imbeciles will murder you and not lose a night's sleep and the (?) after that and after that all for you to die for nothing.

Moana: I stand as a symbol to my fallen people that we can unite and overcome the endeavors of these tyrants.

Scene 2

Ms/Mr. Rong: 40's, stranger. To become the most powerful/richest person on Earth. Conflict: This person had all the resources available.

Ms/Mr. Wright: 40's, stranger. To help the whole world/solve it's problems. Conflict: This person has no resources beyond himself/herself

Scene: Uber Ride, Listening to new on radio

Ms/Mr. Wright: There is so much negativity going on in the world. (*shakes head*)

Ms/Mr. Rong: Most of the issues out there are not my problems. Most of it are other people's fault, not mine.

Ms/Mr. Wright: What do you mean? How can you say that? I feel we need to do our part to make this world a better place.

Ms/Mr. Rong: That is not my problem. I don't have time for others. I'm only focusing on my world, not what others are going through. Plus, it's a waste of time, energy and money.

Ms/Mr. Wright: I wish I had more money and resources to do more for everyone.

Ms/Mr. Rong: Don't waste your time or energy. People are just ungrateful and won't appreciate it.

Ms/Mr. Wright: There may be people that don't appreciate it. But there are so many others that need the help.

Ms/Mr. Rong: Please! People just want a hand out! I plan to be the most powerful and richest person in the world!

Ms/Mr. Wright: What?!?! That is so selfish of you! You seem to have money and influence to help others, but you choose to just help yourself!

Ms/Mr. Rong: You got it!

Ms/Mr. Wright: I don't have much but I wish I had your money and influence. So many things could be done!

Scene 3

Simon – a middle aged gardener going through a divorce

Shufford – a talking dog that lives in a park.

Simon and Shufford are strangers until the day Simon finds out his wife wants a divorce and meets Shufford in the park.

Simon secretly wishes he was rich and carefree

Shufford secretly wishes that he was human and not a dog.

Simon envies Shufford's carefree lifestyle of living in a park. Shufford is jealous of Simon because he is human.

Simon: this is the worst day of my life!

Shufford: don't blame me. You should watch your step

Simon: I feel like what I just stepped in ... Wait! Who said that?

Shufford: I did! I am Shufford and it can't be that bad.... Look at me. I eat out of garbage cans.

Simon: Great. First my wife wants a divorce, then I step in dog poop. Now I'm talking to a dog. Scram! Mutt!

Simon: a couple walks by and pets you. You make a comment. I realize I am the only one that can hear you speak.

Monologue 1

Roger – 19 years old – audio technician

He wants more fame

I am 19 years old. I have a job. I graduated high school at the age of 15. I have the brains. People don't notice me. I have all the traits of a person that anyone could imagine. Yet people don't know who I am. I never get to "hangout" with friends or people in general. I have a failing YouTube, reviewing new music releases. My Ad-sense on YouTube makes me 27 cents a year. I need people to notice me. see me for who I really am. I need new YouTube views & subscribers. I must make that one song, that one prank, that one challenge video, that one viral video to become famous. Once I get the views and subscribers I can make my reviews again. get positive feedback and my channel with grow. I have the camera, computer, the skills, I even went to college for audio. I want to learn more things and show off myself on YouTube. I have friends but they just want to go to magic gathering events, I want a fan base, twitter followers and be known to the world. However, growing up I was always that kid who got picked last, my parents were strict and I could never do school activities or sports. I want the attention and fame. I need to be noticed. I want the life. I feel I should brainstorm a viral video that instantly gets a million views.

Monologue 2

Billy 27 – Janitor

My father has problems. He thinks he knows what career routes I should pursue. My father wants me to be a successful business man. Or get any job. I mean any job. As long as it makes good money but I won't sell my soul what my father does not know is I have a purpose to be a musical star artist. I know my purpose in life and I know my calling. I am an artist. I am here to make the world a better place with my art. My father seems to believe in me but has little faith and patience in me. I get high and touch the sky and talk with God when I'm high. I fight off the devil constantly. My family doesn't understand how I' a chosen disciple for Jesus to work for god. God blessed me with talent to give the word, the gift of God and art. To lead his people and defend his people from the devil. I want to say more but my mind is holding. I am done. I am done. Yes, go ahead ask me a question. I forgot what I was talking about.

Monologue 3

As the sun rise, and the bird sings. Me, myself and I wake up that morning, still mad at one another looking for a way out. I look out the window and see a beautiful rainbow with pretty color. I call me and myself to share such a beautiful site and sing "This land is your land. This land is my land." Wait, call out me, since this land is ours. Me and myself and I should make amends to work out our difference. To become whole again. You know three in one. Together they go to work enjoying the sunrise and the birds whistling. They work hand in hand while they pulled the order and stack boxes perfectly to impress the boss. It took the sunrise and bird singing to get along with one another. And love one another. As the boss says, "Well done."

APPENDIX B

Results from the evaluation at 10 weeks

The Study

Participants

The participants in this group were a total of 19 male and female veterans in the New Directions programs. 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, deaths, 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, four moved on and three more came into the group. Therefore we had only 12 pre and post tests for this evaluation.

Evaluation Methods

Outcome Measures

- Prior to the first day, I met with the women at their transitional housing facility and explained the program to them, including the fact that they would be participating with men to ensure their comfort with the process. I met with the men at the VA in West Los Angeles and explained the program with them as well and answered questions.
- 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 at the 10-week mark.
- I did a debriefing session alone with the group after they were done with the questionnaire 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

The overall score was created by summing the pretest and posttest scores on the twenty questions in the survey. We will refer to these scores as “total pretest” and “total posttest”. We have also created a third variable called “gain” which results from subtracting the total pretest score from the total posttest score.

Table one: Raw data

| participant | Gender | Total pretest | Total posttest | Gain |
|-------------|--------|---------------|----------------|------|
| 1 | F | 66 | 76 | 10 |
| 2 | F | 73 | 79 | 6 |
| 3 | M | 56 | 71 | 15 |
| 4 | M | 76 | 79 | 3 |
| 5 | M | 84 | 86 | 2 |
| 6 | M | 59 | 61 | 2 |
| 7 | F | 95 | 100 | 5 |
| 8 | F | 68 | 87 | 19 |
| 9 | M | 76 | 74 | -2 |
| 10 | F | 78 | 89 | 11 |
| 11 | M | 91 | 90 | -1 |
| 12 | F | 86 | 97 | 11 |

I Examining the Effect of the Intervention on the overall gain scores (total posttest minus total pretest)

- 1) The effectiveness of workshop was evaluated by comparing the pretest and posttest scores. Results indicated that the average improvement was 6.83 points (standard deviation = 6.49). This implies that on average the posttest scores were 6.83 points higher

than the pretest scores. The mean of the pretest and posttest were 75.66 and 82.54 respectively. The 95% confidence interval for the difference between the posttest and the pretest was (2.74 to 10.92). This means that we can be pretty confident that, were this group to be re-tested, their true improvement would be at least 2.74 points and possibly as high as 10.92.

- 2) One of the potential reasons that average improvement is 6.86 and not higher is that four out of 12 subjects score close to the ceiling (between 84 to 95) at pretest and thus, there is not much room for improvement.
- 3) If you want to convert the average improvement to the 5-point scale: average improvement is
 - a. 0.34, 95% CI is (0.14, 0.55).
- 4) To test the null hypothesis that the median change from pretest to posttest is equal to zero, the non-parametric sign-test was implemented. Results showed a p-value of 0.002. Based on this finding, we reject the null and conclude that the median change from pretest to posttest is higher than zero and shows an improvement with high statistical significance

II Examining the effect of the Intervention on the gain exhibited on each of the twenty questions in the survey

The gain score for each of the twenty questions on the survey was calculated by subtraction of pre score from post score on each question. Non-parametric sign-test was used to examine the improvement from pretest to posttest on each of the twenty questions on the survey. This is equivalent to testing twenty null hypotheses that the median change from pretest to posttest for all of the questions on the survey is equal to zero against the alternative hypothesis that the change is positive.

Table two. P-value, significance level, and rank for the comparison of pre and post answers for the twenty questions on the survey

| Question | P-value | sig | Rank |
|--|----------------|------------|-------------|
| 1. Focus and following directions | 0.399 | N.S. | |
| 2. Listening , hearing, and responding to others | 0.586 | N.S. | |
| 3. Remembering many things, steps and ideas | 0.191 | N.S. | |
| 4. Listening , hearing and responding to others | 0.339 | N.S. | |
| 5. Awareness and self-reflection on their thinking, feelings and body states | 0.257 | N.S. | |
| 6. Positive view of self-worth and value as a person | 0.257 | N.S. | |
| 7. Confidence in expressing ideas and feelings to others in a group | 0.166 | N.S. | |

| | | | |
|---|-------|------|-------|
| 8. Thinking creatively and coming up with many ideas to solve a problem | 0.026 | SIG | FOUR |
| 9. Imagining what others feel like and how things could be different from how they are | 0.082 | P.S. | SEVEN |
| 10. Ease in taking a leadership role and directing others | 0.017 | SIG | THREE |
| 11. Ease in resolving conflict in relationships with others | 0.191 | N.S. | |
| 12. Confidence that they can do anything in the world and have something valuable to offer. | 0.030 | SIG | FIVE |
| 13. Ease in controlling anxiety, fear or worry and deal with situations well. | 0.007 | SIG | ONE |
| 14. Ease in tolerating frustration and having patience | 0.017 | SIG | THREE |
| 15. Freedom to play and take risks by themselves or with other people | 0.012 | SIG | TWO |
| 16. Confidence in their ability to present themselves to others | 0.046 | SIG | SIX |
| 17. Ease in empathizing with other people and understanding how they feel even when disagreeing with them | 0.166 | N.S. | |
| 18. Ability to support others | 0.017 | SIG | THREE |
| 19. Hope for their future and a strong sense of faith in their own abilities. | 0.082 | P.S. | SEVEN |
| 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 | 0.054 | P.S. | SIX |

N.S. means not significant, SIG = means significant,

P.S. = partially significant ($0.10 < p\text{-value} < 0.05$). Same ranking is assigned to questions with similar level of significance

Based on the above table, there is statistically significant improvement in eight areas (P value is between 0.007 and 0.046) and partially significant improvement in three areas (p-value is between 0.054 and 0.082). In the cases for which p-values are equal, same rank was assigned.

III Examining the effect of intervention on males and females

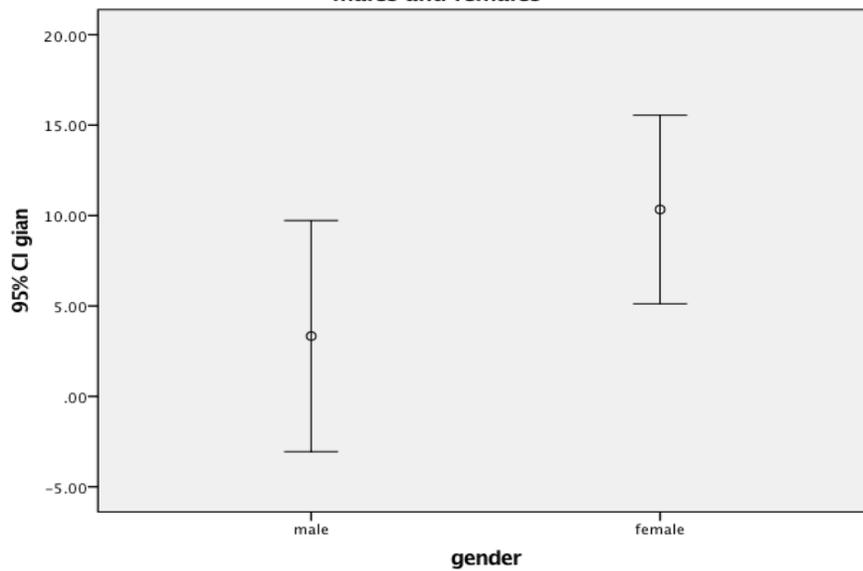
In order to test the null hypothesis that the overall improvement (or gain) was similar for men and women, the non-parametric two-sample test of the mean was used. Results indicated that the average level of improvement was significantly higher for female than male participants ($P = 0.041$). The average overall gain was 7.00 points higher for females than males (see table three and plot one).

Table three. Sample size, mean, and standard deviation for average gain by gender

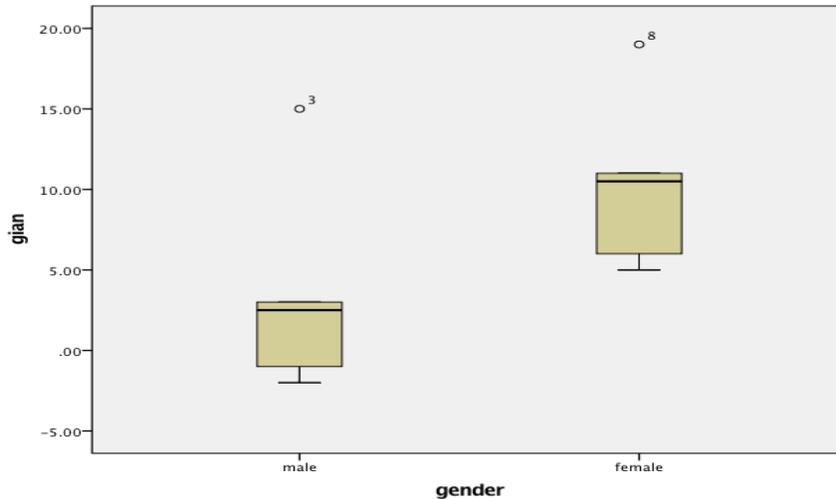
| Gender | N | Mean on gain | SD on gain |
|--------|---|--------------|------------|
| Male | 6 | 3.33 | 6.10 |
| Female | 6 | 10.33 | 4.96 |

Plot one

Mean and 95% confidence interval for average gain (posttest – pretest) for males and females



Plot Two. Side-by-side boxplot of gain scores by gender

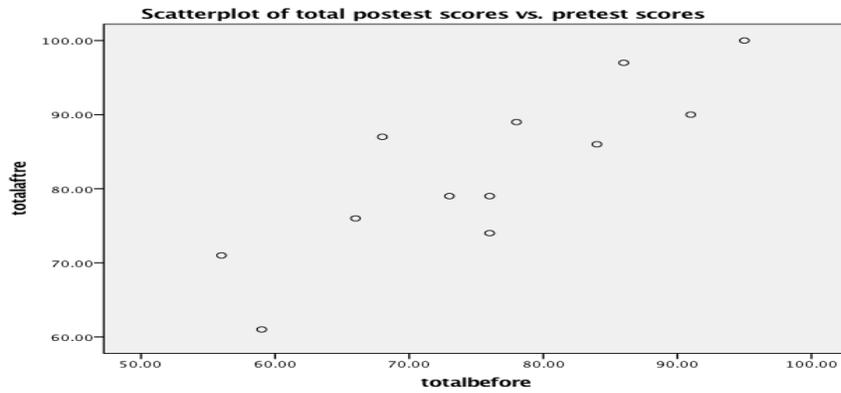


The dark lines display the median gain and show that median gain is higher for females than males. The scatter of data does not seem to be that different for male and female participants. Points eight and three show the outliers. Point three shows the overall gain of 15 for the third participant (male) and point eight shows an overall gain of 19 for the eighth participant (female).

IV Additional exploratory analysis about the data

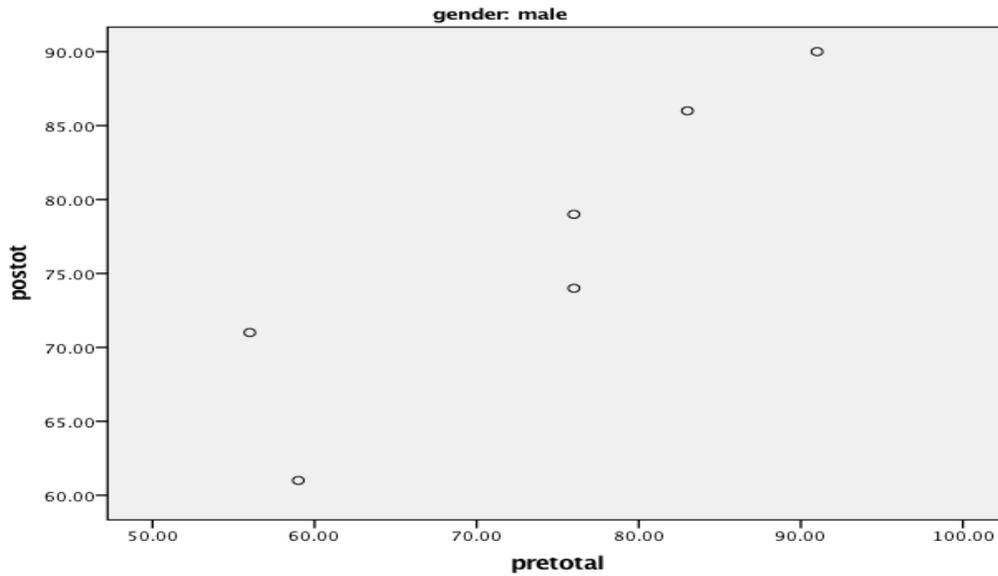
The coefficient of correlation between the pretest and posttest data is high (0.848) and it is statistically significant ($P = 0.000$). This implies a direct and positive relationship. In other words, that majority of the participants who scored above the mean on the pre-test also scored above the mean on the post-test and the majority who scored below the mean on the pretest also scored below the mean on the posttest. Correlation of 0.82 shows that 72% of the variance in the post-test scores can be explained by pretest scores.

Plot three. Scatterplot of pretest vs. posttest scores for all participants

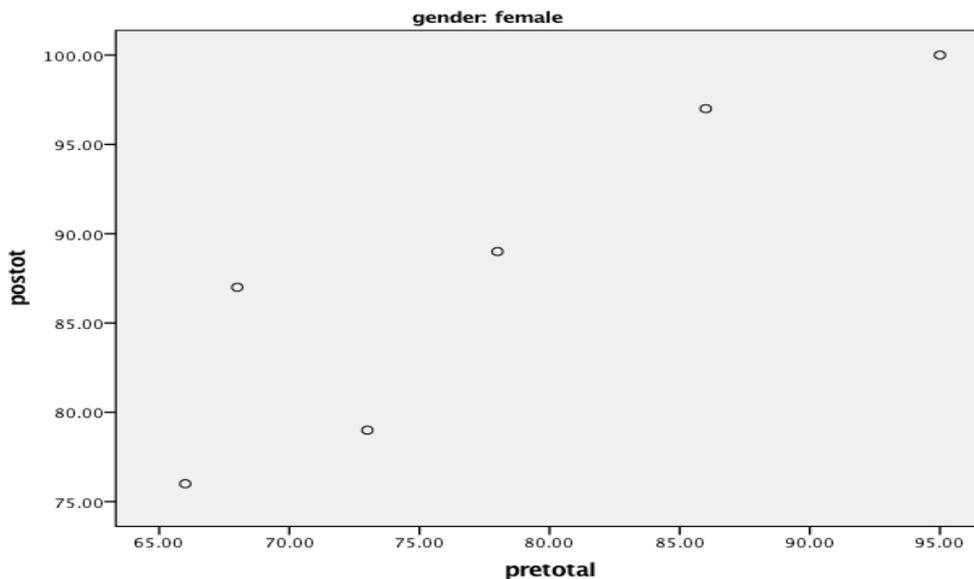


The coefficient of correlation between pretest and posttest scores was around 0.9 for both males and females. This implies that the pattern of relationship between the pretest and posttest scores is similar for male and female participants.

Plot four. Scatterplot of pretest vs. posttest scores for male participants



Plot five. Scatterplot of pretest vs. posttest scores for female participants



Discussion of Findings from the Data Analysis

The findings from the data analysis on this measure show results that correlate with my observations over the course of the 10 weeks, as well as with the statements from the participants themselves. It should be noted that there are many variables that could contribute to these findings as the participants also are receiving ongoing support from various forms of group work such as

AA meetings, and other forms of therapy offered by the VA. Below are the areas that showed the most improvement for both groups:

Statistically Significant Improvement on the following in order of significance:

1. Ease in controlling anxiety, fear or worry and deal with situations well.
2. Freedom to play and take risks by themselves or with other people
3. Ease in tolerating frustration and having patience
Ease in taking a leadership role and directing others
Ability to support others
4. Thinking creatively and coming up with many ideas to solve a problem
5. Confidence that they can do anything in the world and have something valuable to offer.
6. Confidence in their ability to present themselves to others

Partially Significant Improvement on the following in order of significance:

1. 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
2. Imagining what others feel like and how things could be different from how they are
Hope for their future and a strong sense of faith in their own abilities.

The question that showed the most improvement has to do with controlling anxiety, fear or worry. The feedback from the group was very strong in their statements that they felt like they were able to “let go of crises, worries, and problems while in the group”. The second question related to the freedom to play and take risks. This also was an experience that was shared unanimously by the group – they stated that they “had the freedom to feel silly and felt stress-free”. There were also statements having to do with having been “skeptical at first” and then gradually enjoying the process more and more. The other areas indicate improvement in emotional regulation, leadership skills, supporting others, thinking creatively, having confidence in themselves and presenting themselves to others. The final areas of improvement involve empathy, imagination in terms of possibilities, hope for the future, and faith in their abilities.

The fact that the female participants showed a higher gain than the male participants also fits with observations, as it was clear that several of the men had a lower level of overall psychological functioning than the female group as a whole. In addition, two of the women participated in the group last year in the women's group which indicates the value of a continued program.