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RESPONDING TO TRAUMA: IN WHAT WAYS CAN AN EMBODIED EXPRESSIVE NARRATIVE APPROACH STRENGTHEN THE AGENCY OF WOMEN WHO HAVE EXPERIENCED ABUSE?

Katherine Menell

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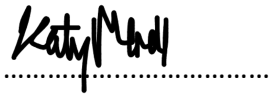
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ABSTRACT

Woman abuse is both a human rights issue and serious public health concern, that has not received the attention and action proportionate to its prevalence, globally or locally. It has far-reaching effects, that include the impact of trauma on women's physical and mental health. A need has been identified for interventions that centre women's voices and multiplicity of experience, while supporting their resourcefulness and resistance. This research aimed to develop of a community-based intervention that could support the agency of women who have experienced abuse. It proposed that a narratively informed, movement-centred expressive arts approach, was well positioned to address the effects of trauma and develop resources to build resilience and hope. A participatory arts-based research approach was adopted with two groups of participants, in experiential workshop series, over three months. Participants' experience of the groups, in the form of creative writing, drawing and reflection, was analysed using thematic analysis, as a means to evaluate the impact of the groups. Participants consistently reported feeling relaxed and energised by positive and novel experiences. Movements, feelings, imagery and narratives emerged that supported participants' preferred identities, as expressed by their behaviour outside of the groups and articulated hopes for the future. While this demonstrated the potential of this approach to support agency, a number of areas emerged in need of further development. These included expanding practices for eliciting relevant themes and 'thickening alternate narratives' and building relational safety with a focus on the role of the witness and co-regulation.

KEY WORDS

woman abuse, trauma, health, agency, narrative therapy, movement-based expressive arts, resilience.

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INTRODUCTION

The Problem

Violence against women is a world-wide issue that, since the 1993 World Conference on Human Rights and the Declaration on the Elimination of Violence Against Women, has been recognized as a human rights issue and significant public health concern (Assembly, 1993) (UNWomen, 2023) (WHO, 2013).The most common form of violence that women experience is Intimate partner violence (IPV) or 'woman abuse' (White, 2024) (Devries, 2013). In this study I will refer to IPV as 'woman abuse' in acknowledgement of the feminist principles recognizing the gender-specific nature of the violence existing in a context of disparities in power resulting from patriarchal practices (Boonzaaier, 2001). Jacobs and Suleman (1999: 2) define 'woman abuse' as: "A form of trauma, contextualized within an intimate relationship, which includes emotional, verbal, physical, sexual and economic abuse. It is generally perpetrated by a male partner and perceived by the woman as harmful and destructive to herself."

In a review of data from eighty-one (81) countries on global prevalence rates of women abuse, it is estimated that in 2010, 30% of women over the age of 15 have experienced physical and/ sexual abuse perpetrated by an intimate partner (Devries, 2013). Other more recent studies show a much higher prevalence in the most extreme form of this, being femicide, with a global study showing 30-38.6% of women are killed by an intimate partner (Stöckl, 2013). According to the South African Demographic and Health Survey of 2016, over a quarter (26%) of South African women, over the age of 18, report experiencing domestic violence from an intimate partner. The most dominant form of violence reported is physical, followed by emotional, then sexual (NDoH, Stats SA, SAMRC and ICF, 2016), with a high prevalence of financial abuse (Jewkes, 2001). Reliable statistics on women abuse in South Africa are difficult to find, as data is generally based on police reports and surveys, with under-reporting identified as a problem (Sibanda-Moyo, Khonje, Kyerewaa Brobbey, 2017) (NDoH, et al., 2016)(Boonzaaier, 2001).

The effects of abuse are far-reaching. As abuse varies in severity and chronicity so do survivors' responses to victimisation, with effects depending on duration and severity and access to resources and support (Warshaw, 2013). The WHO (2013) cited violence against women as a greater cause of poor health than traffic accidents and malaria combined. Domestic abuse has been shown to have detrimental effects on women's physical and mental health. Physical effects include injury, chronic pain, gastrointestinal, and gynaecological effects, including sexually transmitted diseases (Campbell, 2002) an increased risk of contracting HIV (Jewkes, 2001) and other effects associated with trauma (Mechanic, et al., 2008). Negative mental health effects include anxiety, depression, suicidal ideation or attempts and panic attacks and post-traumatic shock (Campbell, 2002) (Mechanic, et al., 2008), with those who have experienced childhood trauma, at higher risk of developing symptoms of PTSD (Warshaw, 2013). There are further relational effects brought about by shame and stigma resulting in social isolating (Herman, 2015). Trauma effects physiology, identity, relationships, systems of meaning and attachment (Herman, 2015). In addition, hope can be affected, which in turn affects both resilience and a capacity for agency

(Weingarten, 2010). While victimisation can damage mental health, it is also important to note that symptoms that may be symptomatic mental illness (such as an overactive startle response) may rather be an appropriate protective response to on-going threat (Warshaw, 2013).

From the literature reviewed it is evident that woman abuse is a complex problem with many contributing factors. These include patriarchal and other inter-sectional power structures with associated socio-economic constraints and enculturated gender roles that increase vulnerability (GBVF-NSP, 2020) (Sibanda-Moyo, et al., 2017) (Devries, 2013) (Boonzaaier, 2001). Despite the many measures taken in post-apartheid South Africa by the governmental and NGO sectors to address the problem and effects of women abuse, including an evolving legal framework to protect women and children and national education campaigns, problems of implementation have been identified and there remain significant gaps in support services for women and women abuse persists (Sibanda-Moyo, et al., 2017) (CSVR, 2016). As acknowledged in the National Strategic Plan on Gender-Based Violence & Femicide, woman abuse "has not received attention and action proportionate to its prevalence" (GBVF-NSP, 2020, p. 34) . The NGO sector, with limited governmental support, has offered a range of community-based interventions addressing socio-cultural practices and women's empowerment (both from psychological, cultural and economic perspectives) as well as advocacy and education (CSVR, 2016) (NDoH, et al., 2016). However, there is still a significant gap in mental health services available for women who have experienced abuse in South Africa (GBVF-NSP, 2020) (Sibanda-Moyo, et al., 2017) (Shukumisa, 2017).

In the WHO guidelines, need for research into the efficacy of support groups has been identified (WHO, 2013) (Campbell, 2002). In her survey on health consequences of abuse, Campbell emphasizes the importance of recognizing women's resourcefulness and strengths, respecting their autonomy and working in a spirit of collaboration (Campbell, 2002). Discourses surrounding the abuse of women can be seen to further undermine women's agency. Much research on why women stay in abusive relationships, represent women as deviant or passive and helpless (Boonzaaier, 2001). Often little attention is paid to the context of the abuse and women's reasons for staying and the meaning women give to their experiences. Boonzaaier (2001) suggests that a gendered analysis of violence would acknowledge women's active choices, strengths and survival strategies, as well as taking into account social conditions and constraints informing their experience.

In their review of nine interventions treating women who have experienced abuse, Warshaw and Sullivan (2013) identify helpful components that include: cognitive and emotional skills development addressing the effects of trauma and other life goals; a strength-based approach that can build on both individual and cultural strengths. They identify a need for more qualitative research that includes participants experience of interventions. They recognise a diverse range of needs and experience amongst 'survivors' and identify body-based approaches as an area inviting more research. In response to this, my research uses a body-based modality focused on women's resilience to strengthen women's sense of agency and hope and thus contribute to countering the effects of abuse (Boonzaaier, 2001) (GBVFNSP, 2020). It proposes that a narratively oriented expressive arts approach is well

positioned to do this, in that it both centralises the body in addressing the effects of trauma, while contesting damaging social discourses and developing resources to support narratives of resilience and hope.

Rationale for the research intervention

A post-structural feminist perspective

In finding ways to respond to the problem of the effects of abuse on women and the need for health support, this research responds to the recommendation to centre the experience and voices of women in the development of methods of practice that could contribute (SibandaMoyo, et al., 2017). To support the intention to join with the research participants, a post structural feminist research approach (Olesen, 2018) was chosen. This approach embraces research as a form of social activism, facilitating a deconstruction of power relations and their influence and identifying areas and strategies for change (Crenshaw, 1991) (Mc Hugh, 2014) (Mertens, 2017). Acknowledging that representations of women experiencing abuse have traditionally marginalized their voices and experiences (Boonzaaier, 2001) a post structural feminist approach, supports finding ways to centralize participants' knowledge and allow for a multiplicity of experience and is also appropriate to my position as an 'outsider researcher'. The research aimed to develop therapeutic practices that were relevant to the participants in question. To this end a 'not knowing stance' was adopted, drawing on the concepts of dialogical and collaborative practice (Anderson, 2014)(Gergen, 2022), which call into question the traditional role of the facilitator or researcher as 'expert' and advocate a deconstruction of this and reflexive, iterative practice to facilitate a process of mutual learning and change.

According to Foucault (1977), the abuse of power depends on the creation and maintenance of 'docile bodies'. The abuse of women is an example of both the creation and exploitation of 'docile bodies' of women affected. The internalization of narratives of submission and deficiency serve as mechanisms of self-surveillance, acting as constraints to women's agency. Foucault suggests that where there is subjugation there is always resistance. Shifts in current literature viewing women as "survivors" rather than "victims" focus on women's survival strategies and their learning around ways to negotiate the problem of abuse and thus focuses more on women's agency (Boonzaaier, 2001). This opens up both the possibility of learning from women's experience of abuse and unearthing narratives of resourcefulness and resilience that can be built on to support women in countering abuse and its effects on their lives and relationships.

A narrative approach

Narrative therapy (White, 1990) is a social constructionist therapeutic approach that foregrounds meaning making through the storying of our lives, viewing it as the means through which identity is constituted. 'Externalising conversations' (White, 1990) are used to distinguish the problem from the person and to bring awareness of how personal and cultural stories shape identities and lives. This provides a position from which to challenge dominant discourses that pathologize the individual, supporting agency in choosing preferred modes of life and thought. It recognises lives as 'multi-storied' and employs the practice of 'double listening'. Zimmerman (2018) describes this as: "while discussing the

Problem we look for agency, both in action and in feelings, in how the client is dealing with the problem. Although often not visible to the client, eventually these agentic anti-Problem responses will be a useful contrast to the Problem-influenced conclusions about themselves or others." (Zimmerman, 2018: 52). This practice supports the development of alternative narratives of resistance that can support hope. As part of this practice "unique outcomes" are listened for as a resource from which to develop these alternate stories. These are described by Madigan (2010: 171) as "a point of entry into the alternate story lines of people's lives that, at the onset of these conversations, become visible as thin traces, which are full of gaps and not clearly named." Neuro-narrative theory (Zimmerman, 2018) critiques the disembodied aspect of post-structural discourse, arguing for a need to expand affect and body-based experience in narrative practice.

An embodied expressive approach

Developments in neuroscience, show the interconnection between the physiological and psychological effects of trauma (Porges, 2011) (van der Kolk, 2014). This includes autonomic nervous system dysregulation, resulting in hyper-vigilance or dissociation (Dana, 2015) (Porges, 2011) (Levine, 2010). Evidence supports the value of embodied approaches that offer more than 'just talking' and include the different senses in trauma healing (van der Kolk, 2014) (Levine, 2010) (Malchiodi, 2021). Furthermore, narratives of trauma may lack coherence or even the words to express them, due to neurological processes of memory encapsulation and fragmentation or fracturing of language related to the horror of the experience (Siegel, 2010) (Herman, 2015) (Weingarten, 2000). Inherent in the practices of abuse, are strategies of silencing victims, these are further entrenched by socially dominant discourses of "victim blaming" and shaming and other cultural discourses silencing women. Silence and minimization are complex practices that also may speak to the resistance to illfitting "normalising discourse" (Brown, 2013). Thus, the shame and silence surrounding abuse has both a sociological and neurological basis. Despite the lack of words un-storied experiences resides in the body as sense memories (Fuchs, 2012) (van der Kolk, 2014). Adding embodiment to narrative practice opens up a possible means to access narratives and related memories that sit beyond language-ed experience and in their exploration and expression provide non-verbal means to express and integrate traumatic experience and share this with others.

Addiction

A high percentage of women who have experienced abuse has been found amongst women with substance use disorders (Warshaw, 2013). Substance use disorders or addiction can be viewed as a means of coping with the effects of trauma (Maté, 2008). Van der Kolk (2014) describes the high levels of somatic discomfort resulting from trauma, that can lead individuals to self-medicate through substance abuse, resulting in further damaging effects. The neurophysiology of addiction means that while it provides a short-term relief, it offers no long-term solution, but rather compounds the problem, bringing progressive damages to health and well-being. Once established it is very challenging to overcome (Maté, 2008) (McCauley, 2009). Recovery from addiction is supported by rebuilding a capacity for choice while supporting emotional regulation abilities and sustaining motivation to change (Miller, 2012) (Pleasure Unwoven, 2009) (Maté, 2008). From a cognitive perspective, addiction has been seen to entrench disempowering narratives that further undermine agency (Maté,

2008). The loss of control inherent to the condition creates feelings of shame compounded by systemic dynamics and social stigma. Somatic expressive practices offer both pathways of direct engagement with nervous system regulation, as well as a means to express and integrate emotions and narratives within a framework of personal choice. In working with a population who have experienced both woman and substance abuse, it was the hope of this study that a narrative embodied approach, offer a means to strengthen resilience, by developing alternate narratives and the capacity to exercise choice, that would support recovery in both areas.

Tamalpa Life Art Process

The Tamalpa Life Art Process (referred to from now on as TLAP) (Institute, 2024) is a movement-based expressive arts approach developed for healing, by dancer Anna Halprin (2002) (2019) and psychologist, Daria Halprin (2003) (2015). It was selected as an intervention method, as it is well-suited to the intention of the research and the researcher is a certified Tamalpa Practitioner. In the tradition of post-modern dance, TLAP takes life experience as a meaningful source for artistic expression, connecting the individual to the collective and challenging dominant norms to affect social change (Halprin, 2003). It sees the body as holder of narratives and movement as the primary language of the body. Dance is defined as happening when our awareness is focused on the expressive quality of movement (Halprin, 2019). The TLAP is grounded in ordinary everyday movement, making it accessible to all bodies.

Using arts practice for creative expression, personal and communal stories are accessed through movement, dance, image and narrative. Utilising emotional, visual, kinaesthetic and imaginal experience (Halprin, 2003) the TLAP offers innovative means to integrate traumatic experience and regulate the nervous system (Sammartino, 2019). Using the knowledge of the body, it provides access to local knowledge that can be used creatively to open up new responses and preferred ways of being (Halprin, 2019). It uses “life-art dialogues” to “create a bridge between movement experience and life experience” (Halprin, 2015: 13) It also includes the role of the supportive witness, bringing in a relational communal context that can harness the healing potential of an attuned other in rewiring neural networks (Siegel, 2010) (Weingarten, 2000).

Personal Motivation

My interest in movement is rooted in my personal experience as a young adult when I discovered it as a creative practice that could by-pass paralyzing “inner critical voices”. In 1992/3 I completed a one-year full-time movement based expressive arts training at the Tamalpa Institute, which introduced me to creative community practice that heightened an awareness of my relational patterns and provided a platform and resources to experiment with changing these, in a way that transformed my connection to myself and others and increased my sense of vitality and possibility. I have continued to practice movement improvisation through my life, returning to complete the final level of training at Tamalpa in 2017/18.

Growing up in a family with a history of inter-generational trauma, I developed a life-long interest in ways of countering the effects of trauma and particularly abuse and its effects on identity and the relationship to self and body. I grew up with self-stories of inadequacy and self-blame, which I confronted in my process of finding ways of living with mental illness and addiction in my family. As a divorced mother of three young children, feminist thinking helped me to challenge my 'not good enough' stories and deconstruct the devaluing of myself, in the role of carer. Through these experiences I was helped by the understanding that the personal is political, moving away from ideas of individual pathology to a more contextual or systemic lens. During this time, I returned to study, completing my BPsych (equiv.) in 2005, setting up a private practice as a Registered Counsellor working with those effected by addiction, trauma and loss, focusing particularly on supporting those who had been debilitated by adopting the role of carer.

Another relevant strand of my journey is growing up in a position of privilege as an economically advantaged, white South African, during apartheid. Coming from a politicized family, I was very aware both of the extent of my privilege and complicity in the context of devastating social injustice. As a child I found my position very uncomfortable, expecting to be hated for it by those who did not share my privileged access to resources. I was taught that with my privilege came a responsibility to 'give back'. I reacted to my sense that 'giving back' could become another means of further exploiting those disadvantaged, to help alleviate my own 'white guilt', while not contributing to significant systemic change. Also, that implicit in this story was a form of cultural imperialism that viewed the economically advantaged as somehow superior to those who had been disadvantaged by the socially inequitable systems. I was looking for alternate understandings and found in spiritual teachings the idea that material position says little about the identity or spirit of a person, which offered a different basis for equality. I still did not find sustainable ways to 'give back', as I felt cautious and afraid of becoming complicit in a power dynamic that I did not know how to consciously deconstruct at the time. My counselling work gave me a way to contribute to a broader community, but still in the economically privileged context of private health care in Cape Town.

When I discovered narrative therapy in 2014, it provided a framework that integrated the psychological with the socio-political, offering a way to engage cross-culturally that actively deconstructed power dynamics that supported social inequity. For the first time I felt I had a practice that could support me in venturing into community contexts less privileged than my own, without 'doing more harm'. Aware of the unequal distribution of health care resources I was looking for a way that I could contribute to redressing social injustice through my work. Narrative therapy also allowed me to further deconstruct "mother blaming" (White, 2019: 806-809) discourses in my own life and find new identities around resilience and care.

In the course of my work with recovery from addiction, I came across trauma theory (Siegel, 2010) (Levine, 2010) (van der Kolk, 2014) that offered rich and graphic descriptions of the neurophysiological effects of trauma that included, fragmented sense of identity, a disconnectedness from body sense and a sense of aliveness and a difficulty establishing trusting social connections. This added an understanding of the relationship between

trauma and addiction (Maté, 2008) (van der Kolk, 2014) that resonated deeply with my personal and professional experience. I have been further inspired by somatic practices that restore connection and mirror my own personal experience of dance or movement (Dias de la Léon Z, 2021) (Sammartino, 2021).

Researcher positionality

Adopting a post-structural feminist perspective allows for a multiplicity of women's experience and contexts that are fluid and contradictory (Boonzaaier, 2001), while acknowledging and taking a critical stance towards class, race and gender stratifications (Olesen, 2018) (Mertens, 2017). It includes examining biases and assumptions and awareness of researcher positionality, drawing on critical autobiographical reflections (Keane, 2016). Mindful of my position as a female, white South African working in a community impacted by the legacies of the trauma of colonialism and apartheid, I have attempted to reflect critically on my own biases and assumptions and how they informed both my perspectives and choices during the research process (Chavez, 2011) (DiAngelo, 2018) (Draper-Clarke, 2022). I see these at play in my choice to shift content design, in the Post Covid-19 research, from an open-ended structure to a more structured approach to the sessions. This was a response, in part, to the levels of stress I experienced in trying to 'measure up' as a narrative therapist in an unfamiliar context, introducing material that was new for both the participants and I. Underlying this was a narrative questioning my right, as a privileged outsider, to contribute and my own doubt in the relevance of what I had to offer. My decision to construct the study as a collaborative one was influenced by a desire to disrupt dominant power structures that privileged my knowledge.

LITERATURE REVIEW

The literature explored in this study covers a number of different areas pertaining to the context of the study, appropriate approaches to research and intervention and also to the various methodologies utilised and combined in the intervention and theories relevant to those.

Research Context

Woman abuse

In terms of the broader context of the research, literature revealing the far-reaching extent of the prevalence and effects of domestic violence or abuse on women both globally (White, 2024) (Devries, 2013) (UNWomen, 2023) and locally (NDoH, et al., 2016) (CSVR, 2016) was reviewed. This research reveals the extent of effects on women's mental and physical health. This knowledge was useful in contextualising the intervention (Mechanic, et al., 2008) (Jewkes, 2001) (Boonzaaier, 2001). Literature pertaining to the broader effects of trauma on physical, psychological and relational well-being, offered a broader understanding of health in the context of woman abuse (Herman, 2015) (Weingarten, 2000) (van der Kolk, 2014) (Guilfoyle, 2012).

In the South African context, the National Strategic Plan on Gender-based Violence and Femicide (GBVF-NSP, 2020) acknowledges both the complex systemic nature of the problem, the lack of political will to invest in remedial action and the needs to co-ordinate a multisectoral response. Response strategies and recommendations (WHO, 2013) (Sibanda-Moyo, et al., 2017) (Shukumisa, 2017) (CSVR, 2016) (WHO, 2013) reveal the need to further develop and extend support services for women effected (GBVF-NSP, 2020) (Shukumisa, 2017) (Sibanda-Moyo, et al., 2017). A strong argument is made for resilience-based approaches that centre women's experience and allow for a multiplicity of responses (GBVF-NSP, 2020) (Sibanda-Moyo, et al., 2017) (Boonzaier & van Schalkwyk, 2011) (Campbell, 2002).

Boonzaaier's thesis (2001) exploring women's narratives of violence and resistance in Mitchell's Plain, provides a valuable analysis of discourses influencing narratives around abuse and challenges the notion of women as passive victims, highlighting women's own strategies for change. The complexity of the problem and its inter-relationship with intersectional power structures is recognised in much of the literature, highlighting a need to be conscious of practices and discourses that contribute to the problem (Sibanda-Moyo, et al., 2017) (Devries, 2013) (Boonzaaier, 2001). An overlap between this and the need for a trauma-informed approach that is sensitive to the effects of inter-generational trauma also emerged in the work of R-cubed (2021), Shukumisa (2017), Knight (2015) and Dana (2015). The work of Foucault (1977) provides the useful concept of 'docile bodies', which contains echoes of the 'freeze' response to threat and trauma. His understanding of the presence of resistance where there is subjugation, echoes the narrative practice of excavating for alternative stories (White, 1990) (Madigan, 2010) and provides further basis for a focus on women's agency and resourcefulness.

Interventions to support women who have experienced abuse

Available literature both globally and locally, reveals a lack of research on the effectiveness of interventions to support women who have experienced abuse, resulting in an absence of agreement on evidence-based practice models or consensus on efficacy as a whole (Allen, 2017) (Condino, 2016) (Hackett, 2015) (Joyner, 2012). Allen at al (2017) postulate that the lack of program evaluations may be due to confusion around program goals, while identifying a general consensus around a need to support autonomy, emotional restoration and safety. Despite the lack of research there is a growing body of evidence supporting the positive effect of counselling support for women experiencing abuse, that include gaining confidence to leave the relationship, expanded capacity for problem solving and improved emotional well-being (Fleischack, 2020). In a meta-analysis of seventeen studies Hackett et al (2015) assessed efficacy over six dimensions: external stress, psychological adjustment, self-concept, social adjustment, family relations, recurrence of abuse. They found that interventions were efficacious across all dimensions, helping women cope with the effects of trauma and that maternal mental health significantly impacted child health and decreased risk of re-traumatisation. Allen et al (Allen, 2017) assessed the impact of shelter stay and the efficacy of self-compassion support groups, concluding that shelter stays are beneficial, with a positive correlation with length of stay. Support groups of all kinds were shown to be of some benefit, which increased in significance for short-stay clients. No clear evidence for self-compassion support groups was found. Dimensions assessed, were changing locus of control, stress, self-esteem, social support. In their global overview of most-used interventions, Condino et al (2016) emphasise the multi-dimensional aspect of support needs that include a need for psychological support, that recognises the social dimension and avoids pathologizing (and thus further victimising women).

In their review of nine studies of trauma-based treatment approaches used to support women who have experienced abuse, Warshaw et al (2013) identify that research is needed to assess applications of these approaches to the context of domestic violence treatment and identify the modifications required. They highlight the need to consider issues related to working with long-term complex trauma and common co-occurrence with substance use disorders, emphasising the significance of navigating present day needs for safety, competing demands and risks related to pathologising and re-traumatisation. They also identify the challenge of high drop-out rates and the need for short-term interventions and a need for “more work to clearly identify survivors’ goals and priorities and to tailor treatment, accordingly, including what it takes for survivors to safely engage with treatment over time” (Warshaw, 2013: 15). Advocating inclusion of understandings of complex trauma treatment that draw on neurobiology of trauma with a developmental relational perspective, state regulation, skills building and a feminist emphasis on strength-based empowerment approaches and social context, they recognise the need for multi-dimensional approaches including non-cognitive or more body-based modalities and culturally specific approaches. Both areas are identified as being under-researched at the time of their study. They conclude that brief interventions with focus on safety, cognitive reframing and skill enhancement, cultural competence, social connection and individualised needs hold promise for healing. That these should be developed regarding participants as survivors rather than victims, with an emphasis on collaboration and choice and an attention

to cultural and spiritual values of participants or clients. They recommend more research on the efficacy of complex trauma models with a gender-responsive approach to collective trauma.

In the South African context, Joyner and Mash identify the need for services, policies and protocols guiding the care of women who have experienced abuse (Joyner, 2012) . In their research with counsellors providing services to women who have experienced abuse, Fleischack (2020) supports the value that counselling can add, whilst recognising the risks attendant on delivering support services within a patriarchal context. They recognise the influence of this in a narrow outcomes-based narrative that sees success as measured in all or nothing outcomes with regards to whether women stay in or leave abusive relationships. They advocate a need to view clients as complex and recognise the value in small gains which may also be seen to reduce the effects of abuse (e.g. an experience of comfort receiving support or an increased experience of agency within an abusive relationship). They acknowledge that counsellors and clients alike are impacted by patriarchy and need both communities of support and engagement in political activism.

Research orientation

Post-structural feminism

Identifying the need to develop a research intervention that could centralise women's multiplicity of experience of a complex problem, embedded in entrenched inter-sectional power structures, led to reading on the theoretical orientation of post-structural feminism. In her chapter on feminist qualitative research Olesen (2018) speaks to the influences of post structural thought on feminism, raising questions of power in relation to whose knowledge is foregrounded and what kinds of knowledge is given credibility. She aligns with the transformative politics of post-colonial feminism and queer theory, both of which seek the "disruption of normalizing ideologies" (Olesen, 2018: 71) and recognises the impact of intersectionality (Crenshaw, 1991) (Cho, 2013). She raises the need for awareness around issues of power and privilege and researcher reflexivity, as well as problematising experience by viewing it contextually. Reflexivity was adopted as a relevant research practice, described by Olesen as demanding "steady, uncomfortable assessment about the interpersonal and interstitial knowledge producing dynamics of qualitative research, in particular, acute awareness as to what unrecognised elements in the researcher's background contribute" (Olesen, 2018: 277). This was further supported by writings on Indigenous Knowledge research arguing for a relational perspective that includes the positioning of the researcher in the research (Keane, 2016).

The aim of the research intervention to create a relational context in which to disrupt the replication of oppressive power dynamics and support the development of collaborative relationships, is aligned with this orientation. I found support for the challenging of dominant cultural discourses in narrative (White, 1990) and feminist theory (hooks, 1984). This also in line with the aim of Transformative Theory to use knowledge construction to help people improve society and the recognition of the interplay between individual and societal change (Mertens, 1999)(Mertens, 2017). The collaborative-dialogue based research approach (Anderson, 2014) resonant with narrative therapy (Epston, 1999) privileges 'local knowledge', de-centring the therapist or researcher and recognising knowledge as emergent

from relational collaboration. Both provided inspiration for the improvisatory structure of the Pre Covid-19 fieldwork phase and supported the use of the creative expressions and the use of the verbatim language of the participants, as data.

Body Intelligence

In the field of arts-based research, various work on body intelligence and body memory supports the hypothesis that a movement-based expressive arts approach can yield autobiographical material that can contribute to healing and change. Koch et al makes a strong case for the value that 'embodiment' research can bring to arts therapy research, with its capacity to access a 'special category' of data that can be experienced from both the inside and outside (Koch, 2011). This is supported by Fatseas, in her writing exploring the notion of 'body intelligence' as experienced in the context of physical theatre, making a case for body-mind integration. "Body Intelligence" has been defined by Anderson (2006: 359) as "the awareness and use of bodily sensations to (a) support health and well-being, (b) supply information about environmental safety and comfort, and (c) enhance personal and spiritual development over a lifetime." This is echoed in the indigenous expressive arts research work of Miller (2009) who draws on writing about Hawaiian indigenous epistemology, which makes a strong case for validating somatic knowing (Meyer, 2001). Halprin, A. expands upon this in her work with people with cancer and AIDS where she distinguishes between 'healing' and 'cure', exploring how expressive movement can facilitate a way of working with autobiographic material that can tap into unconscious aspects and have an integrative and healing effect (Halprin, 2019) (Halprin, 2003). This is further developed by Sammartino (2019) in her work with healing trauma.

Relational-cultural perspective

In seeking to understand the complexity of relational dynamics that emerged during the intervention, the writings on Relational Cultural Therapy of the Stone Centre, provided a valuable resource (Jordan and Walker, 2004)(Hartling, Rosen, Walker and Jordan, 2004). Exploring the impact of shame and humiliation on relational health, Hartling et al (2004) describe how we learn protective strategies to keep important parts of ourselves out of relationship. This leads to a 'relational paradox', where the desire for relational safety (which is found in authentic, growth-fostering relationships) is obstructed by strategies for safety that inhibit authenticity in relationships (Jordan, 2004). Hartling et al (2004) go on to explore experiences of shame and humiliation systemically, in a way that moves across the different levels of trauma: individual, mass and collective (Mogapi, 2020), creating links from interpersonal acts of disrespect, to abuse, to forms of collective de-personalisation and discrimination, to war and genocide (Hartling, 2004). Exploring relational complexity, they invite us to situate all relationships in a relational-cultural context that take into account the lived experience of all parties, as well as the broader socio-political and historical contexts and attendant power relations. This provided a useful map for exploring the inter-personal relational dimension of the project, that include the facilitator or researcher and reinforce the value of researcher reflexivity.

Relational Cultural Therapy, built on Miller's concept of growth-fostering relationships and mutuality (Miller, 1986), provided resources for addressing and subverting the power dynamics that underlie strategies of disconnection (Jordan, 2004). These writings propose

(Jordan, 2004) that relational disconnection offers an opportunity for growth through developing pathways and capacities for reconnection. This is supported by careful attunement to shame and humiliation, as a source for disconnection. Building on these ideas, they draw on the work of Horney (1945) who categorises responses to shame and humiliation, according to three categories. These are 'moving away', which involves ways of creating separation that can include withdrawal, silencing and invisibility; 'moving towards', which is a way to earn or keep connection (while keeping important parts out of relationship) and included attempts to please and appease; and 'moving against' which includes directing anger, resentment or rage against those perceived to be the source of shame or humiliation. These three strategies can be seen to correspond with the commonly identified mammalian responses to stress, which are also evoked in trauma theory: flight, fawn (or tend and befriend) and fight. Horney's work provided a valuable movement metaphor through which to view the relational dance that occurred during the research. Hartling et al. (2004) develop this metaphor further to include a 'moving with'. This offered a framework to hold the intention of this research intervention and recognise the 'sparkling moments' or 'unique outcomes', when the practice supported moments of connection or reconnection that had growth fostering potential.

In their chapter titled 'The Dance of Race and Privilege in Community-based participatory research' Chavez, Duran, Baker, Avila and Wallerstein (2011) embrace the metaphor of dance to describe the relational aspect of research and explore it as a metaphor for building cross-cultural alliances across differences of race, class, ethnicity and privilege in community-based participatory research. Chavez et al (2011) offer a useful inter-sectional analytical lens, as well as suggesting practical relational tools in the discussion of the practice they describe as 'cultural humility', which they define as: "a life-long commitment to self-evaluation in order to redress power imbalances and develop and maintain mutually respectful dynamic partnerships built upon mutual trust" (Chavez, 201 100). An important aspect of this is researcher reflexivity. Draper-Clarke (2022) provides further tools for this, in her work on sustaining 'compassionate activism', in her chapter titled 'The Activists Achilles', describing 'blind spots' or 'shadow material' that needs to be addressed by the activist/ researcher, in order to support the work of relational transformation. DiAngelo's (2018) work on 'white fragility' was also useful in developing my understanding of my experiences of 'white privilege' and its normalisation.

A trauma-informed approach

The growing field of work on trauma-informed practice further supports approaching the research space with a sensitivity, to both the past and present relational contexts of the participants. Knight (2015) distinguishes between a trauma-centred approach and a trauma-informed approach describing the former as focusing on traumatic experience, with the latter being an awareness and sensitivity to the possibility of past experiences of victimisation and the ways in which current difficulties can be understood in the light of past trauma. She highlights the significance of building trust in therapeutic relationship and the normalisation of clients' experience. This approach has been explored and developed in the South African context by R-cubed (R-cubed, 2021), who offer an integrated perspective that includes somatic cues for safety and sensitivity to individuals' needs for autonomy, freedom and respect, in a variety of everyday contexts, such as the workplace and schools. This

approach was influential in the construction and practice of this intervention, as well as the identification of the focus on agency and the exploration of the theme of choice, in the practice and data analysis.

Intervention Methodologies

Narrative Theory

Central to the intention of the research intervention is the integration of a narrative therapy approach. Reading of the foundational narrative therapy work of Epston and White (White, 1990) (White, 2007) and its explication by Madigan (2010) provided a basis for the theoretical orientation of the work and informed aspects of the practice design (most notably In the Pre Covid-19 phase). A number of narrative practices provided threads that connected to both the creative-expressive and resilience-based approach of the research. These include the concept of 'externalisation', as a means of representing aspects of experience that provides a reflective distance that can support agency. The concept of 'double listening', arising from the understanding of life being 'multi-storied', and that of 'unique outcomes', support the development of 'alternate stories' or 'counter-narratives' (Madigan, 2010) (Guilfoyle, 2015).

As further discussed in the following section, the work of both White and Guilfoyle proved useful (White, 2007) (Guilfoyle, 2012) in the definition and investigation of the concept of agency. The role of the witness, as outlined in narrative outsider witnessing practice (Carey, 2003), provided resources that were not fully explored in this project, but could be further developed in future work (White, 2006) (Weingarten, 2010). Weingarten's work on this topic (Weingarten, 2000), provides a useful link between narrative and expressive arts approaches. This will be expanded upon, later on in this review, as a section in itself.

Narrative trauma work

The writings of Denborough (2008), White (2006) and Freedman and Coombes (2009) regarding the application of narrative therapy for trauma healing in individual and community based contexts, emphasises the significance of the strengthening of narratives of resistance, as well as the process of meaning making, further supported the interventions' focus on resourcing or resilience-building. White offers an understanding of how the effects of trauma act to reduce or contract a sense of self. He describes healing as involving a process of scaffolding re-connection points to aspects of life-story and identity, that can provide a reinvigoration of a sense of self and 'another place to stand' (White, 2006).

The work of Ncube (2006), in which she developed 'the tree of life project' with vulnerable children in an African context, offered inspiration in developing a creative expressive approach, rooted in narrative practice, for trauma healing. Her work illustrates the value of departing from 'problem saturated' stories and finding creative ways to tap into relational resources from both past and present in support of hope. Morkel's (2018) work in a South African context, draws on Weingarten's (2010) concept of 'reasonable hope', which offers a relational practice that can support agency in contexts where hope is threatened. Weingarten describes 'reasonable hope' as a sensible, moderate, actionable, relational practice (Weingarten, 2010). Writing on Narradrama (Dunne, Afary and Paulson, 2009)

provided an example of how narrative practice can be combined with drama therapy in a workable model.

A neuro-narrative approach

Zimmerman's (2018) integration with trauma theory in his neuro-narrative approach, provided useful illustrations of practical integration of narrative therapy with trauma theory emphasizing a somatic or affective focused practice. The original intention of the research intervention to include narrative therapy as a central element of the intervention methodology, was explicitly practiced in the Pre Covid-19 phase. Post Covid-19, narrative became more of a theoretical orientation than an element of the intervention practice. This shift is further discussed in the Theoretical Framework chapter.

Trauma Theory

Herman's (2015) work situating trauma and its effects in a societal context, and exploration of the history of trauma studies from a feminist perspective, was useful in contextualising this research in the broader field of trauma studies. Her highlighting of the societal tendency to discount victims' narratives, as well as her extensive research into the effects of trauma, provided further resources. This socio-political perspective on trauma was further developed by the work of R-cubed which applies current trauma theory to a South African context with a particular focus on collective experience (R-cubed, 2021). Van der Kolk (2014) exposition of the politics of trauma treatment, in a north American context, provided useful insights into the current tensions in the field of mental health, between a traditional biomedical model and one that integrates a socio-political perspective.

The research intervention methodology, was supported by literature in the areas of interpersonal neurobiology (Siegel, 2010) (Zimmerman, 2018) and trauma theory (Porges, 2011) (van der Kolk, 2014) (Levine, 2010). This project drew inspiration from the work of Siegel (2010) in the field of mental health, who provides a neuro-biological basis from which to understand both the effects of trauma and the significance of relationships. His work also provides scientific grounding for 'bottom-up' and 'left-right brain' integrative approaches to trauma healing. This is further developed by van der Kolk (2014) , who paints a compelling picture foregrounding the body by making a strong argument for an integrated (mind-brain-body) approach to trauma healing emphasising the connection between changes in the brain and bodily responses and the efficacy of 'bottom-up' or body-based approaches to healing. Porges' Polyvagal Theory (Porges, 2011), widely adopted and applied in the field of trauma treatment, offers a complex understanding of the role of the central nervous system in the mediation of experience, and how it is impacted by trauma. This provides a useful map that underpinned much of the practice and analysis of this research. Dana's (2015) accessible and practical application of this theory provides further resources. These are expanded upon in the Somatic Experiencing approach of Levine (2010) which provided further resources in the intervention practice.

Trauma and addiction

In his work on addiction, Maté's (2008) work, making a strong argument linking the effects of trauma and addiction, and supported by that of van der Kolk (2014), provided

understandings that supported the intervention approach. Drawing on decades of clinical work with a marginalised, addicted population in Vancouver, Canada, he makes a compelling argument emphasising the role of trauma in addiction and the significance of connection and the value of compassion in recovery. His comprehensive work has brought innovative, powerfully humanitarian perspectives to a critical area of global public health, bringing a socio-political lens and novel approaches to treatment, in its support of harm reduction and application of compassionate inquiry. The linking of trauma and addiction was particularly relevant to the second group of participants in the study, who were both effected by woman abuse and substance use disorder. Further understandings of addiction came from the field of neurobiology (McCauley, 2009), as well as , the evidence-based addiction treatment approach, Motivational Interviewing (Miller, 2012), the 12 Step Program (W., 2002) and my own experience as an addiction counsellor.

Expressive Arts and Somatic Practice

Malchiodi's (2021) work provides a strong argument for the value of a community expressive arts approach to trauma healing based on its integrative and relational practices. Sammartino (2019) and Miller (2009) focus specifically on movement-based expressive arts practice. These three authors all recognise the synergy of this approach with indigenous healing practices (Meyer, 2001) and their appropriateness for application in multi-cultural spaces. Halprin describes the long and ancient history of expressive arts as a vehicle to "explore our stories, create community, heal our wounds, mourn our losses, and celebrate our victories" (Halprin, 2019: 2). In their group and community work Halprin (2002) and Halprin (2003) both emphasise the value of dance movement as an integrative practice that can enhance healing or health and offer methods of practice that weave together the expressive modes of movement, image and story. Identifying, expressing and expanding movement range through innovative challenging of familiar patterns, is central to Anna Halprin's work (2002), forming the basis of its transformative potential. This possibility for movement as a subversive practice that can challenge the status quo is developed by Johnstone (2022), who draws on the work of Loots (1995), in her exploration of embodied research, as a decolonised movement praxis in a South African context.

The Tamalpa Life Art Process (TLAP) work, as applied to groups, is supported by the work of Halprin (2003) (2015) and Halprin (2019) (2002). The latter, focussing particularly on community-based practices. Their writing provides the main source of material for the intervention design in the Post Covid-19 phase, specifically the use of the Body-part Mythology processes (Halprin, 2003). The work of Eddy (2017) usefully locates the Halprins' work in the global field of somatic movement education and therapy and its role in bringing together influences from post-modern dance, the science of movement and somatic inquiry as personal investigation. Eddy's work goes on to explore the field of 'social somatics,' where movement practice is used as a form of social activism, offering practices for healing and empowerment, with an emphasis on equity and access (Eddy, 2017).

The work of McHugh (2021), Johnson (1986) and Schusterman (2020) provided useful frameworks for practicing improvisation in a somatic education or investigative context. Tuffnell and Crickmay's (1990) (2004) work provided further inspiration for creative movement explorations with an emphasis on awakening the 'sensing body' and creating

fertile contexts for improvisation. Olsen (1991) provided additional valuable resources for the groupwork in the area of applied anatomy. Reeve's (2011) concept of the ecological body brought in an enhanced awareness of the effect of the constellation of moving bodies, place and space, and the possibilities of this for a co-moving facilitator.

The role of the witness in expressive arts practice

The role of the witness in relational practices, is an area of focus that spans literature from several different fields. In narrative therapy, the role emerges early on in the form of the outsider witness practice, as developed by White (1995), drawing on Andersen's (1987) therapeutic reflecting team work and the work of Meyerhoff (1986) on definitional ceremonies. Narrative outsider witness practice, utilise a socially constructionist conception of identity to tap relational and communal support for strengthening 'preferred identities' to lessen the effect of 'problem stories' (Carey, 2003). In his work on the exploration of 'unstoried' experiences, in the context of trauma, Guilfoyle (2017) develops the notion of witnessing as a 'constitutive' practice, that enables the person witnessed to 're-position' themselves in relation to their experience. He expands the narrative concept of listening beyond discursive practice, to include "looking, saying what you see and not looking away" (Guilfoyle, 2017: 7). In his neuro-narrative approach Zimmerman (2018) links witnessing practice with the field of inter-personal neurobiology, bringing a physiological dimension in the understanding of co-regulatory relationships (Siegel, 2010).

In her extensive work on witnessing, Weingarten (2000) explores the role questioning how to maintain connection in the face of pain, trauma and loss. She connects voice as dependant on witnessing, with voice "contingent on who listens with what attention and attunement" (Weingarten, 2000: 392). She explores the realm of embodied memory, where there is difficulty of finding language even as a witness of trauma, where language itself becomes traumatised. Developing her work on the psychology of witnessing, Weingarten includes the witnessing of 'everyday violence' and witnessing collective trauma (Weingarten, 2000)(Weingarten, 2004) creating a typology of witnessing positions along dimensions or awareness and empowerment (Weingarten, 2000: 398). Referring to the concept of 'ubuntu' Weingarten describes how it: "creates persons simultaneously as participants and witnesses to everybody else in one's community" (Weingarten, 2000: 400). This connects to work she has done on hope, moving the concept into the relational realm in a way that is constituted by action and supports agency, defining hope as "something we do with others" (Weingarten, 2000, p. 402). Her work explores the health benefits of hope and its capacity to strengthen agency and build resilience as well as developing the practice of 'reasonable hope' which offers tools to cultivate hope in therapeutic relationships (Weingarten, 2010).

Moving this role into the field of dance movement, the work of Adler, in the development of Authentic Movement, has made a profound contribution to understandings and practice of this role. Adler constructs witnessing as an embodied practice, that integrating mindfulness practices and moves attention into the present to still or 'empty' the mind. She describes directly experiencing what is witnessed through the senses, alongside inner witnessing that can track the inner sensations, feelings and thoughts of the witness (Light: 5 Days with Janet Adler, 2022). This is echoed in Halprin's (2003: 116) description of how "the relationship

between enactor and witness requires unconditional acceptance and trust in entering the unknown together". In both the TLAP and Authentic Movement tradition the witness is invited to directly experience the enactor without interpretation or analysis. Halprin (2003) constructs the role of witness in the TLAP process, as an aesthetic responsive one where the witness uses their sensing, feeling, imaginative capacities. Witnesses are invited to give feedback around five intentions: "to acknowledge what is there, to deepen the experience, to expand the means of expression, to develop new resources, and to suggest possibilities for change" (Halprin, 2003: 116-117). Halprin (2003: 116) describes how: "simply by the act of paying attention, the witness creates a holding environment in which the mover feels seen and cared for. The eyes of the witness bring intensity to the unfolding process ". Thus witnessing is seen as a means of creating a container for healing, but also as a creative resource that can enhance the movers expressive life art process.

THEORETICAL FRAMEWORK

Methodology

Phenomenological arts-based, practice-as-research

The focus of the study is on the practice offered and its effects on participants' agency. The approach is phenomenological, in so far as it focuses on emergent subjective experiences in an inter-personal context (Merleau-Ponty, 1962) (Miller, 2009). It employs arts-based research, which McNiff describes simply as "the use of the arts as an object of inquiry as well as modes of investigation" (McNiff, 1998: 15). The intention to use this research as a means to develop a creative practice, of applied arts facilitation, is in line with this tradition. In common with the decolonial approach, adopted by Indigenous Research (Miller, 2009) and post-structural feminism, this research challenges western epistemologies by allowing for the inclusion of 'embodied knowing' in which: "We can know through our bodies, our bodies become instruments of knowing and instruments of cultural expression." (Meyer, 2001134). The research could also be viewed as a form of practice as research (Nelson, 2006) (O'Toole, 2006), with the practice being an embodied narrative approach drawing on the TLAP (Halprin, 2019) (Halprin, 2003), narrative therapy (White, 2007) (Madigan, 2010) (White, 1990) and collaborative practice (eds. Anderson, 2007). In summary, the development of this practice and its effect on the agency of the participants, are the dual foci of the study.

Theoretical Concepts

The construct of agency

The focus of agency as a measure of change, draws on the post-structural perspective of narrative therapy, which supports individual's autonomy in determining 'preferred outcomes' while interrogating, rather than relying on, normative constructs of health or well-being. As a construct, it also has relevance through the lens of trauma-theory, as discussed below. Shifts in current literature viewing women as survivors rather than victims, focus on women's survival strategies and their learning around ways to negotiate the problem of abuse and thus focuses more on women's agency (Boonzaaier, 2001). For the purpose of this research, I use a post-structural definition of agency, described by White (White, 2007: 103) as: "intentional state understandings of identity, whereby people are seen as living out their lives in line with their intentions and values". This is opposed to an 'internal state' definition of agency, which draws on more fixed notions such as the unconscious, dispositions or personal traits. Agency is seen as constitutive, with intentions seen as a cause of agency, expressed through action (Guilfoyle, 2012).

In her writing on 'Embodied Technique' Johnstone (2022) highlights 'somatic modes of attention' that enable techniques that allow for the expression of agency as part of a 'material-discursive practice'. Johnstone makes a case for her research into collaborative choreographic practice as a decolonial praxis that answers Loots' argument that in the South African context "the culturally constructed body needs to be offered the potential to create and experience unexplored movement patterns in order to generate new cultural practices" (Loots, 1995: 56). This opens a space for an embodied practice that can find spaces between

dominant discourses and from a narrative therapy perspective, discover and develop alternative narratives. In this conception, agency is expressed through creative embodied exploration and innovation. The theme of 'preferred stories' was selected from a view of the participants as active agents in 'storying' of their own lives and in the selection of narratives from past, present and future.

Collective, mass and individual trauma

This lens views trauma as having a complex set of effects on body, heart and mind (Herman, 2015)(Siegel, 2010) (van der Kolk, 2014) (Levine, 2010) (Maté, 2008) (Porges, 2011). It includes an understanding of intergenerational and collective trauma (Siegel, 2010) (Maté, 2008) (Mogapi, 2020) that recognizes that human beings are impacted by multiple layers of trauma: historical (inter-generational or collective), mass and individual. Mogapi (2020) defines historical or collective trauma, as traumatic events taking a specific social form that is experienced as shared, e.g. colonialism, apartheid; mass trauma is caused by events causing a large number of people to suffer at the same time while each having individualized experiences e.g. gender-based violence while individual trauma is defined as individual events with personal effects. This lens enables recognition of the systemic impact of trauma on communities, cultures, organisations, environments and relationships. The advent of the Covid-19 pandemic during this study and its impact on the organization, community and individuals included is also a significant part of its context. The assumption that this lens brings to the study is that the participants, as members of historically marginalized group who have been affected by gender-based violence, are affected by multiple layers of trauma. Tracking signs of nervous system regulation and the significance of a sense of safety, informed my selection of themes that appeared useful while interpreting the data.

Window of tolerance

In his work synthesizing the fields of Interpersonal Neuro-biology, Affective Neuroscience and Narrative Therapy, Zimmerman (2018) uses the concept of 'window of tolerance' (Siegel, 2010) as widely used by trauma specialists (Levine, 2010) (Porges, 2011) (Dana, 2015) (Draper-Clarke, 2022). He describes this window as "an amount of stress we can tolerate and still hold on to our preferred selves" (Zimmerman, 2018: 146). Draper-Clarke describes the window as "the ways we can regulate states of hyper- and hypo- arousal, so that our brain and body are capable of functioning optimally, to keep us safe and allow us to find creative solutions to challenges." (Draper-Clarke, 2022: 17). Zimmerman (2018: 146) describes how the size of the window is influenced by both "our internal contexts (our own experiences and wiring), as well as the external context at hand".

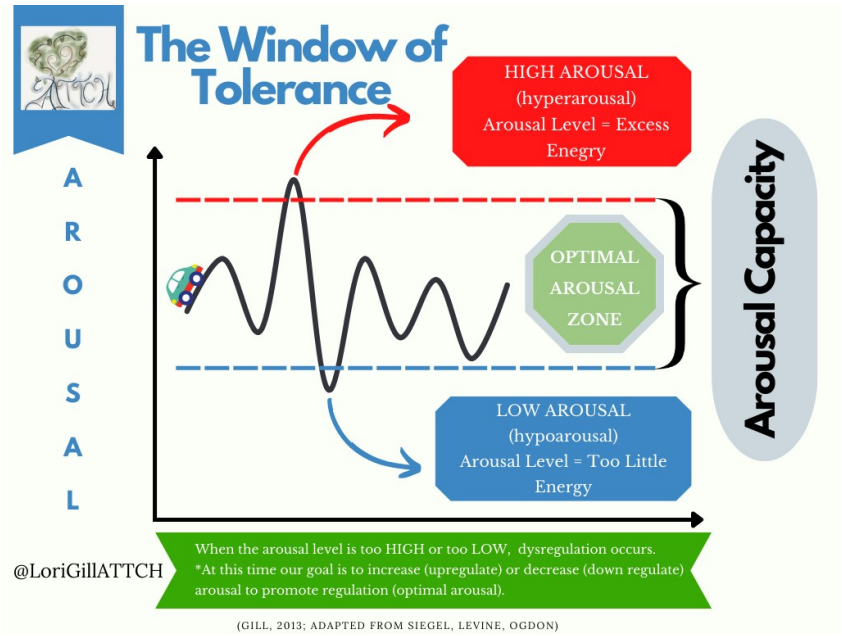


Figure 1: Diagram of Window of Tolerance (Gill, 2013)

Trauma specialist-Dana describes the ventral vagal pathway, as that which mediates experiences of being "safe and connected, calm and social" (Dana, 2015: 2). "Some of the daily lived experience from this state include being organized, following through with plans, taking care of myself, taking time to play, doing things with others, feeling productive at work, a general feeling of regulation, and a sense of management" (Dana, 2015: 3). Dana speaks of tracking and tuning and toning our autonomic nervous system and how this supports the ability to find ways to meet needs for safety and connection. Levine describes how trauma can result in a sense of being trapped between 'feeling too much' (when flooded or overwhelmed) and feeling too little (when numb and disconnected) and a loss of trust in inner sensations and a sense of self. (Levine, 2010). He describes healing as developing an increased capacity to tolerate extreme sensations without a loss of a sense of self, this leading to an incremental expansion of the window of tolerance. In this model, strengthening agency might be seen as an ability to regulate autonomic arousal to widen the window of tolerance. This would also involve strengthening capacities to move from dis-regulation to regulation.

METHODS AND MATERIALS FOR INTERVENTION

Background

The origins of this research project began in 2018 with a fieldwork project for the final Coursework Level of the Tamalpa Practitioners' training, with women who had experienced abuse, at a residential shelter in the southern suburbs in Cape Town. I had chosen this context because of an interest in somatic trauma healing, women's health and gender equality. The residential facility was selected as a site for practical reasons, as it offered access to an on-site community, in a context where a significant degree of safety had been established while also avoiding the common challenges related to sustaining attendance where participants need to come in from other places to attend groups (Warshaw, 2013). The facility offered the groups as a component of their compulsory program. The group included women from a diverse demographic regarding age, race and socio-economic status.

Completing the eight-week series of weekly workshops raised a number of questions. In some ways the work had been well received by shelter staff and participants with the participants' visual arts journey and feedback bringing out a number of resources that were reported as valuable to them. However, at times the participation was low and the work seemed inaccessible or unhelpful to participants. It called into question the choice to come to this group with already decided themes, based on my ideas, without any direct knowledge of their context myself. This led to considering how to develop a more collaborative approach (Warshaw, 2013) that could increase the accessibility of the TLAP work in this context. A Research Masters' emerged as a useful structure within which to develop this.

The intention was to approach the context with more conscious acknowledgment of my position as an 'outsider' researcher (Fuchs, 2012) seeking to be receptive to learn from and collaborating with participants. This approach was supported by my training in narrative therapy which seeks to decentralise the role of therapist/ facilitator as expert and privilege participants' knowledge (White, 2007). The idea of attempting to integrate a narrative approach with an embodied expressive arts practice was born.

During the field work project, I developed an awareness of my own embodied stress responses while facilitating the groups, noticing a flight or freeze response that was evoked both for the participants and myself. I realised that I needed to strengthen my ability to regulate my own nervous system in this context in order to support participants (Zimmerman, 2018; Sammartino, 2019) . The Polyvagal Theory (Porges, 2011) conceptualises a sense of safety as mediated by the central nervous system with a complex network of largely subconscious processing occurring on an embodied level. Work on trauma-informed practice further elaborates the significance of physical and emotional context in creating a sense of safety (Benjamin, 2020) (Porges, 2011) focusing attention on details of physical environment: light, sound, positioning of bodies in space; embodied awareness: state of physical tension, relaxation, body language, voice tone, facial expression; language: clear and honest communication about the work and structure, positioning and intentions and

reinforcement of respect for the freedom of choice of the participants around their levels of engagement. Polyvagal theory gave insight into my experiential awareness of the workings of co-regulation (PVT), which was reflected in my stress responses to feelings of anxiety or disconnection in the room. This increased my awareness of the importance of further developing my own nervous system regulation skills.

Context of Research Project

I approached the Centre in 2019, as an established service facility for women and children who have experienced abuse offering 'services in the management, treatment and prevention of violence against women and children'. The organisation employed an integrated approach in addressing multiple dimensions of the problem of GBV, engaging in advocacy, policy work, offering psycho-social and para-legal support, job and parenting skills training and child care. The Centre is located in in the Cape Flats, an area with extremely high rates of crime, gangsterism, child abuse, unemployment, substance abuse and domestic violence (Chauke, 2023) . Due to the limited support services in the area, the Centre serves a wide range of constituencies in the vicinity. The premises include a large building which houses all the individual and group support services as well as the residential facilities. The grounds include a large vegetable garden, some outside recreational areas including a children's playground and the transitional housing facilities. The Centre is a 100-bed facility that offers a 4-month residential program to women and children who have experienced domestic violence and also includes a Substance Dependency Unit. The substance unit serves women who have experienced abuse and have a substance use disorder and can also accommodate their children. The Centre's director responded very favourably expressing a strong need for creative expression in the community. While working on my research proposal, I started to volunteer at the Centre doing weekly craft groups, with the intention of familiarising myself with the context and community. I was connected to the social worker in charge of programming, who I will call Maria, who assisted me in co-ordinating with staff and participants.

The research project had two distinct phases, the first taking place in February - March 2020, which involved a staff workshop and a series of three workshops with participants. This phase was interrupted by the pandemic. The second phase took place October – November 2022 and involved a series of seven participant workshops. There were a number of differences between the two phases both in my approach to the work and in the group of women I worked with.

Overview

Pre Covid-19 phase

Date	Length	Theme	Number of participants
20.02.2020	1.5 hours	Introduction for staff	8
02.03.2020	2 hours	Introduction for participants	11

09.03.2020	2 hours	'going along with others or listening to discomfort'	13
16.03.2020	2 hours	Supporting safety	14

Maria agreed to assist me in setting up a workshop to introduce my research work to the staff. This took a number of weeks, with a number of failed attempts, including last minute cancellations and one meeting that involved only two staff members. The meeting was attended by eight clinical staff members. It was my hope that there may be staff members willing to act as 'cultural consultants' which Freedman describes as those with insider knowledge of the cultural contexts of participant groups (2009), who could share some of their community knowledge with me. The social worker running the Substance Dependency Unit asked me some probing questions about maintaining safety for the group participants. I hoped to learn more from her regarding this and attempted to meet with her contacting her a number of times via email. I did not receive a response to that request but rather an affirmation of her support of the work because of a belief that it will reduce stress levels and anxiety and boost self-esteem and self-awareness in clients (e-mail correspondence 21.02.2020).

We set up an Introductory Session, inviting the broad client community, on 2nd March 2020, where I introduced the work and research project. I structured the session experientially to illustrate the connecting, settling, mood shifting and expressive possibilities of the work. Nine women signed up to join the project at the end of the session. The following week on 9th March, four more women joined. I brought a theme that had emerged from my experience of the previous session: 'allowing or going along with others vs. listening to or expressing discomfort'. In the movement practice we emphasised choice and listening to our bodies by exploring choices around tempo, direction, force and form. I did a third session on 16th March 2020 with fourteen women present. We created some agreements around supporting safety in the group. I gave the participants journals in which they wrote reflections on the group, some of which they shared. They took their journals away with them with an invitation to write any reflections around their experiences of their bodies or movement during the week.

Interruption

The following week lock-down was announced, and the facility stopped admitting volunteers. I sent the group members an e-mail and tried to set up a group online, but I did not receive any response to this nor have contact with them again. During the next eighteen months of the pandemic, I made the decision to be very cautious about social contact as I was living with my elderly mother. I put my degree in abeyance and only re-registered in July 2022.

During this time, I gained access to online TLAP workshops and found myself able to refresh my relationship with my own personal practice of the work. The focus of one of the courses I did was the use of TLAP to regulate the nervous system and manage stress responses (Dias de la Léon Z, 2021). This course inspired me to facilitate a number of online expressive

movement series myself. In addition to this my own personal and professional experience of the pandemic reaffirmed the value of embodied practices in supporting mental (and physical) health.

In October 2021 I returned to the Centre as a volunteer, with the intention of re-introducing myself and the TLAP work to the community, between October 2021 and April 2022. Rather than bring specific themes evoked from the group, I decided to organise my sessions around the Body Part Mythology process (Halprin, 2003) using applied anatomy as a framework for engaging the practice.

Post Covid-19 phase

Date	Length	Body Part Mythology Theme	Number of participants
07.10.2022	1.5 hours	Introduction & self-portrait	7
14.10.2022	1.5 hours	Legs & Feet	4
21.10.2022	1.5 hours	Spine	6
28.10.2022	1.5 hours	Arms, Shoulders & Hands	8
04.11.2022	1.5 hours	Rib Case & Breath	6
11.11.2022	1.5 hours	Head & Neck	3
17.11.2022	0	SESSION CANCELLED	
25.11.2022	2 hours	Closure	5

I resumed my studies in July 2022 and set up my fieldwork to begin in October. My initial hope with the fieldwork was to create a consistent group over the workshop series to support building safety in the group and build on the work together over time. Although there had been a consistent core of participants in the three groups of the 1st phase, each week, newcomers had arrived, despite my request to staff to close the group. Through my experience with the volunteer groups, I realised that attempting to create a 'closed group' felt contrary to the organisational culture, which invited more open-ended participation. This applied also to the inclusion of children of varying ages, who were sometimes brought with and sometimes not. I decided that I needed to adapt my intentions and work with the circumstances by accommodating children in the group. I also had the idea to request to work only with the clients of the Substance Use Unit, which comprised a smaller, more cohesive grouping forming its own therapeutic community, as a subset of the broader community. My thinking was that this could be a way to support building safety while still being inclusive. My request was agreed to by both of the relevant social workers (Maria, in charge of programming and Gamila, of the Substance Unit).

I made the decision to structure my fieldwork around the Body Mythology journey with less emphasis on the anatomy and more on eliciting themes. This came from my reflections on the level of stress I had felt relying on narrative conversations, as a means to elicit emergent themes. My hope was that bringing more of a structure for the sessions would create safety for me and the participants, by providing a container within which relevant themes could

emerge. This decision represented a departure from my original idea that a collaborative approach would be best expressed by arriving to each session to discover the theme of the session through improvisation. In deciding to work with the Body Mythology journey (Halprin, 2003) I was in essence choosing a structure provided by our shared human anatomy as an accessible entry point from which to elicit themes relevant to the group. This was a next step in attempting to answer my fundamental research question exploring what form of a narratively informed TLAP work might find resonance with participants in this particular communal context.

On 6th October 2022 I met with the Substance Unit team (social worker, auxiliary social worker and nursing sister) and held the first of my fieldwork sessions with the clients from the Substance Dependency Unit. I had planned eight sessions ending on 24th November and managed seven sessions as the centre closed to visitors on the week of the 17th November. In the meeting with the clinical staff, I shared my intention to work with the Body Part Mythology and gave a brief outline of the process planned. I was told about the structure of their treatment program and some of their norms and practices around confidentiality and participation. The nursing sister shared the high tolerance for conflict in the group and some anger management strategies they encouraged with clients. I learned that my groups had been introduced to participants as a compulsory part of their treatment program. This introduced a different element to the Pre Covid-19 phase, where participants had joined groups on a voluntary basis knowing that meant enrolling in the research project. I now needed to find a way to run compulsory groups, while still facilitating choice around engagement in the research project. I did so by offering participants the option to 'opt out' of participating in the research (by not including data pertaining to them). No participants chose this option. We made an agreement that I would give feedback from the group which would enable support of any participants need follow up assistance (as per my ethical guidelines).

My initial fieldwork had taken place in the 'hall' which was on the first floor and the biggest space in the centre, with many windows, high ceilings and linoleum floors. It provided a large area (once chairs and tables were cleared) and also felt open to interruption (as the doors to the landing stay open). When I did my first session for staff and my volunteer movement groups, we were situated in the 'boardroom'. This room was a carpeted room far less spacious (with much more furniture to stack) but more contained. At times during the Covid19 pandemic it doubled as a dormitory for residents and so was filled with matrasses and personal possessions. On a couple of occasions, we were re-directed to the hall during this period as the boardroom was in use. During this time the hall had also become a dormitory and was filled with beds and personal possessions. Post the Covid-19 pandemic the Hall was reclaimed for communal activities and was the space we used for the first three sessions of this series.

Session 1: 7.10.22 Introduction

From my prior experience I had learned that getting the group moving early on helped to bring energy and focus to the work. I had also repeatedly experienced that higher energy movement seemed to relax the group. I decided to bring the Body Part Mythology process

using the TLAP practices of psycho-kinetic visualisation processes (Halprin, 2003) creating the same loose structure for each session. I brought this with the intention of improvising around the structure where needed. I started with an everyday movement to bring attention into e.g. walking, building up energy by speeding up, then moving into something more high energy e.g. body part warm-up dances to music, followed by a movement check-in exercise. My intention was to introduce movement awareness using very familiar movement to support participants' levels of comfort. Increasing tempo was introduced to bring energy by activating our nervous system in a playful way. Thereafter I introduced the body part theme of the session through discussion bringing in some anatomical information. The intention was then to lead into a discussion of the possible metaphorical themes that might resonate with the group eg. with feet it might be: 'where I have come from and where I am going to?'/ "what I'm rooted in?', 'feeling stuck to the spot'. We then moved into applied anatomy exploring the movement repertoire of each body part (Halprin, 2003). Following that, I guided creative expressive practices using movement, drawing and writing, according to the TLAP psychokinetic visualisation process, which uses moving between different forms of creative expression as a means to stimulate creative process (Halprin, 2003). Closure involved sharing in partners, small groups and the larger group, inviting reflection and feedback from the session, thus allowing participants to use reflection as a mechanism for integrating new experiences (Halprin, 2003).

The aim of the first session was to provide an introduction and an initial experience of the work. After introducing myself, the work and the research element and hearing from the group what they hoped for from the sessions we started with an active dance warm-up, an expressive movement check-in and then a quiet somatic sensing practice. Out of this came a self-portrait drawing, some reflective writing and group sharing. The first group was attended by seven women.

Session 2: 14.10.22 Legs and Feet

At the second session four women arrived (one late and one left early). One woman was new to the group. Two children also joined unexpectedly. Two women were away on a training and two women were not feeling well. The theme of the session was Feet & Legs, with a focus of connecting to the ground. I had intended to request participants to sign the Consent Forms but decided to wait until there was a fuller group to explain the Participant Information Sheet (referred to from now on as PIS). I thus did not record group discussions as I had not yet discussed this proposed data gathering method with the group. I had selected this method as a useful one to capture participants their verbal responses while allowing me to keep my attention on relating to them (rather than note-taking while they were talking). During this session we explored the movement repertoires of the legs and feet and used drawing writing and expressive dance.

Session 3: 21.10.22 Spine

This session started with two of the original participants, a new member joined shortly afterwards. Four others of the original group came joined from about half-way (one then left early). The new participant from the previous week came just before the end. I went

through the PIS at the end and received signed forms from seven participants. The body part we focused on was the Spine, once again moving, drawing and writing.

Session 4: 28.10.22 Arms, Shoulders and Hands

This session I decided to change my plan to focus on the Rib Cage and work with the Arms, Shoulders & Hands and the theme of 'holding in and holding out' and to engage around the topic of boundaries and creating safety in the group. On arrival I found out that we were to be working in another space. Eight women attended (the new woman from last week had left the centre). All the women arrived on time before the start of the group and helped set up the space. During the group, at different times, two participants were called out to meetings with the nursing sister. At a later stage two others left to get water and stayed out for ±15 mins. We created a list of guidelines around maintaining safety in the group. We also did a mirroring exercise, as a means to activate relational aspects of the brain that can support regulation (Siegel, 2010) as well as creative improvisation (Halprin, 2003) and spent time exploring a wide range of shoulders, arms and hands movements, through movement followed by drawing and writing and sharing.

Session 5: 4:11:22 Rib Cage and Breath

The fifth session took place back in the hall. Six participants arrived (one of the previous ones had completed her stay at the centre and another was doing a job). After 20 minutes two of them left, also to do a job. One of them left a baby behind for another group member to look after. Another of the members had also brought her baby and was in and out during the session. The focus of the group was on the Rib Case and breath. The quiet exercise I introduced was disrupted by the babies crying. Two of the group members decided to write rather than move. Three of them made drawings and two of them joined in with some movement.

Session 6: 11.11.22 Head and Neck

When I arrived for the sixth session both of the spaces we usually used were occupied. The Substance Unit staff was away on training and the part-time receptionist helped me to identify the communal kitchen/ living area in the Substance Unit, as a place we could use. There were only three participants. They helped move some furniture aside. It was the smallest space we used thus far. Of the other previous participants, two had been discharged, one was feeling ill and one had a meeting with Child Welfare. The session focused on the Head & Neck and the theme of What we show & What we Hide or Masking and Unmasking (Haplrin 2003). We started with some discussion on how they were experiencing the groups and then moved, drew and wrote.

Two days prior to the 7th session, I was informed that the session was cancelled due to a security risk at the centre, which closed to volunteers and visitors for the week. I was informed of this by Maria, who told me that there was violent gang activity around the centre that included shooting. I had been planning a session focusing on the Belly and Pelvis. It was a theme I had reservations about, my past experience with myself and others was that these areas of the body are very vulnerable ones that have a higher likelihood of evoking stress and traumatic memory particularly related to gender-based and sexual violence.

Knowing that all participants had experienced gender-based violence with a high risk of having experienced sexual violence I was concerned that the level of safety we had developed in the group thus far would be insufficient to support safety in this area.

My 8-week cycle was due to end on Friday 25th November. The timing of this worked well with the four of the participants discharge dates (which were due early December). The following Friday 2nd December there was a big event at the centre which the community was preparing for and so could not easily accommodate an extra session. For all these reasons I decided, after some consideration, to leave out the Belly and Pelvis session and hold the final session on Friday 25th November as planned.

Session 7: 25.11.22 Closure

The final session took place in the 'board room' with the five remaining women, four of whom had attended since the first session. We began with a discussion about their frustration with the restrictive security measures that had been put in place over the past week. During the discussion it became clear that they had not been given the information I had about the reasons behind these measures. As the group seemed both very flat and very tense, I started with a sensory settling exercise. We then moved into a body part warm up dance, then took time for individuals to review the artworks and writing they had created over the series.

During this time two participants left and returned. Shortly after this, the whole group was called to a meeting with the nursing sister and one participant to follow that with a meeting with the social worker. This interruption came just as I was beginning to guide a sensory awareness process in preparation for the final self-portrait drawing. When three of the group returned from the meeting, they were all reluctant to draw and decided to rather do some writing. We then had a closure circle with them in which they selected objects to provide a reminder (touch stone) of a resource they found during our time together. Each person then shared this with the group and any other reflections they wanted to share in closing. After this group left the other two participants returned. I then repeated this closure process with them.

Data Collection & Analysis

As the study took place in two phases due to the disruption of the Covid-19 pandemic, the data comprises of two sets, with variations in practice and context, that will be explored in the discussion.

There are four types of data in this study:

- Participants practice including art works
- Participants creative writing
- Participants reflections in recorded group conversations and journaling
- Facilitator/ researchers' notes (from staff meetings, observations and experience of the groups, personal reflections)

The first three types of data were selected due to being appropriate both to the group context as well as the TLAP as they were all generated as part of the group process and represent the participants experiences of this process. Recorded conversations were

transcribed. The last data type was selected in order to include the researchers' experience as relevant context for the research, from a relational perspective (Mertens,2017).

The method used to analyse the data is 'thematic analysis', as outlined by Braun & Clark (2006) (2012) who assert that this widely used method of qualitative analysis is "poorly branded" (Braun, 2006: 79) and often ill-defined. They seek to remedy this by providing clear guidelines for using this thematic analysis (Braun, 2012) which have been followed in this study. This involved a process of reviewing and representing all data and create groups and developing themes using a recursive process of coding and analysis (Saldaña, 2014) (Braun, 2006) (Braun, 2012). I chose to use of thematic analysis as a data analysis approach as was well suited to working with mixed forms of data that included visual arts and creative writing. The lens through which the data was viewed and themes constructed was primarily a trauma-informed approach underpinned by the Polyvagal Theory (Porges, 2011). This theory has provided the co-ordinates of the inquiry and come with certain assumptions.

Choices in representation

In her work on the ethics of engagement and representation Pickering et al advocate for "working and speaking with, rather than about, our participants" (Pickering, 2017, p. 299). It is this that I have attempted to do in creating iterative cycles within the work and using participants voices in the form of visual expression and verbatim quotes. My theoretical orientations question my 'interpretive authority' and require that I make visible my voice and the positionality from which it emerges. In line with this, my analysis has consciously been located at the level of exploring signs of influence of the work on participants not seeking to interpret their expression of the work. A further question of representation arose, whether to represent participants words and writing as was written and spoken or to alter them to conform with conventions of grammar and spelling? I have opted for the former, in a wish to retain participants' 'authentic voice'. Understanding that the ethics of representation is influenced by the real and imagined audiences of the work (Pickering, 2017) I am trusting (and sincerely hope) that the 'audience' of this work is not one likely to exercise any prejudice that may arise in this regard.

I have also chosen to use pseudonyms in my second data set to facilitate insight into individual's process over time. In the first data set, which was interrupted before a continuous consistent group was established, I have deemed this less important. I have omitted naming participants in this set, also due to my own difficulty in identifying voices on the recordings of discussions. In line with an ethics of engagement (Pickering, 2017) I have engaged in the process of sharing this work with both staff members of the Centre and the participants of the study, as agreed with them. I invited feedback regarding pseudonym choices, representation and any other comments, but did not receive any feedback from either participants or staff. (Although participants' had agreed to the use of pseudonyms in the PIS I had mistakenly not thought to ask them to select these at that point).

FINDINGS

In analysing the data, a number of themes and sub-themes emerged that I have chosen to group into the 'three levels of awareness and response', as used in the TLAP (Halprin, 2003): the body, the heart and the mind, in an attempt to capture the different levels of participants' experience that stood out to me (Braun, 2006).

BODY: Shifting States

Settling

In the introductory workshop with staff members, after a somatic exercise, one of the staff members shared that "it can be hard to get the women to unwind" (field notes 1). Also, that the women were "not verbal, so this could work" (field notes 1). In discussions with the first participant group, when asked what made them want to join a movement group, participants shared: "doing something to relax and energise", "learning to manage fear", "listening to our bodies" (field notes 1.1). This spoke to a need for support with nervous system regulation. The efficacy of this work to support the 'shifting of states', is a theme that stood out as persisting through both sets of data.

Pre Covid-19 Series

All the groups contained a combination of expressive arts practices that were intended to be activating and settling, to support central nervous system regulation. Often feedback was requested from the group around how they were feeling after an exercise.

Some responses after a settling exercise were: "good" "connecting" "relaxed" "less stressed" "a little more calm" "I feel lighter" "alive" (field notes 1.1; 1.2; 1.3). Some responses after an activating exercise were: "relaxed" "energised" (field notes 1.1). On occasion relaxing exercises brought up reports of discomfort: "sore in my shoulders", "my cheeks paining" (field notes 1.3) or had little effect: "I came here feeling anxious so I'm still feeling anxious so it's fine" (field notes 1.3). Energising exercises were often experienced as tiring: "I feel like sitting down" (field notes 1.1). One participant shared in our second session, how she had done what we did "with my daughter, when we were done, I relaxed on the bed, I puffed the pillow under her head, and I put it under her neck and I did with her everything we did… and it relaxed her" (field notes 1.2). During active movement, I consistently noticed the energy rise in the group.

> *"We gather in a circle and start a group rhythm with feet then hands. There is an upbeat energy like the participants are happy to have a chance to move and make noise. I then invite them to break the circle and walk around to the same beat. They do this while chatting and clapping which makes it hard to talk over" (field notes 1.1)*

At the ends of sessions, in a closure circle, participants were asked for feedback from the session, things they found helpful and unhelpful. These are comments from recordings of the last session of the pre Covid-19 series: "finding a moment of peace, joy", "this movement in the class helped me to find a calm peaceful place inside myself", "to discover that certain movements can calm you. I must say I feel a bit calmer than I was when I got

here". From one participant who had shared at the start of the session that she was not disinterested, but rather drowsy from taking tablets that made her fall asleep: "today…I experienced a big change, because from the time I enter and …I was a bit tired and falling asleep, but when the session started and we started exercises and dance I had a wake-up call. After everything we've done in such a small time and now, I feel awake and focused". (recording 1.3)

Post Covid-19 Series

Similar to the first workshop series, during this longer series, both the settling and activating effect of the somatic and expressive arts practices emerged.

> *"I guided the group to walk around the space offering somatic cues eg. feeling of feet on the ground, noticing how the movement of walking travels through parts of the body, noticing ways of walking (speed, force, direction). I then invited a speeding up while walking into spaces, taking it up faster and faster and faster, then slowing back down. This brought up some laughter in the group which appeared to release tension. Participants reflected feeling more relaxed, feeling their heartbeat speed up, feeling tired". (field notes 2.1)*

In the introductory session after a body sensing exercise, participants were asked to visualise themselves in an environment of their choice and then create a self-portrait drawing, including any words that came to mind. Most of the drawings included some nature imagery, with a couple depicting homes. Here are two examples of nature imagery below (for home images see Mind section of Findings).



"Sunset Beach!!! To go to a place where I can relax my mind and body" Ruksha



"Me at the sea
Freeing my inner
being"
Denise

"In the group discussion the dominant feeling was of relaxation/ calming. A couple of members shared how the exercise had evoked past happy experiences eg. Denise shared how she reconnected to a sense of freedom and calm that she has experienced by the sea. Laurie shared memories from childhood that were evoked of being with her sisters and enjoying drawing. In closing I asked the group to share anything they found helpful/ unhelpful about the group. Mercy said she enjoyed 'the still time' and Denise that she 'felt much calmer'. Valentina shared that she enjoyed the time to 'just focus on myself'. Ruksha shared that she was physically tired by the end and mentioned feeling her weight gain and how this made her feel irritable. Zobuhle was quiet in the group saying only that she felt 'happy'. Marcella said she was feeling tired and did not share more. She also did not write any words to go with her house drawing." (field notes 2.1)

The expressive movement dances, which in this series focused on different body parts, also had a settling effect. After a dance led by feet, "I asked 'if your movement could speak in words what would it say?' Laurie responded: 'I feel comfortable', Cindy: 'set me free', Ruksha: 'take me there'". (field notes 2.2).

There were times when I was aware of states of collapse or anxiety that I offered resources to help shift but they were not taken up/ did not create a shift. During a somatic exercise with the spine: "Several women's spines rested in collapsed postures. I invited exploration of extension, which was not taken up." (field notes 2.3). In the 4th session Cindy arrived and reported feeling very anxious. I offered a breath awareness practice and also connected to her while dancing. She left the room and returned a number of times throughout the session. Later she shared in her journal: "my heart was experiencing anxiety and my breathing were very disturbed and difficult at the time".

On several occasions (sessions 2.4 and 2.7) the whole group arrived in a noticeably heavy or flat mood. On these occasions getting moving created significant shifts to the group's energy.

"There was a feeling of heaviness in the group. When I asked about it, a couple of women said they were tired. Mercy shared a feeling of disappointment she had woken up with…. I got the sense that there had been some conflict in the community…. We moved into a walking warm-up choosing pace and direction and walking side-by-side in pairs. We then moved into a mirroring exercise to music alternating leading/ following then moving together with no leader/ follower. This exercise seemed to lighten and relax the feeling of heaviness in the group." (field notes 2.4)

"The group was quiet and unresponsive…We started to sense our heartbeats and walk to them around the room, then letting go of them and finding a common rhythm to walk to, then speeding up and slowing down. The speeding up once again seemed to relax the group who started to laugh and talk."(field notes 2.5)

"(*The group) followed me dragging their feet with very low energy…I invited the group to do a sensory settling exercise pressing feet into the ground on an inhale and releasing on the exhale. After a few breaths the group noticeably started to settle. We moved into a body part warm-up using the Toni Braxton songs Ruksha requested. We used movements to shake out, throw off and kick out tension and the mood became more upbeat as we went on….With our arm warm-up we explored forceful releasing movements like punching and throwing, I noticed a sense of enjoyment and increase in energy levels" (field notes 2.7)*

During the series a number of participants reported physical shifts.

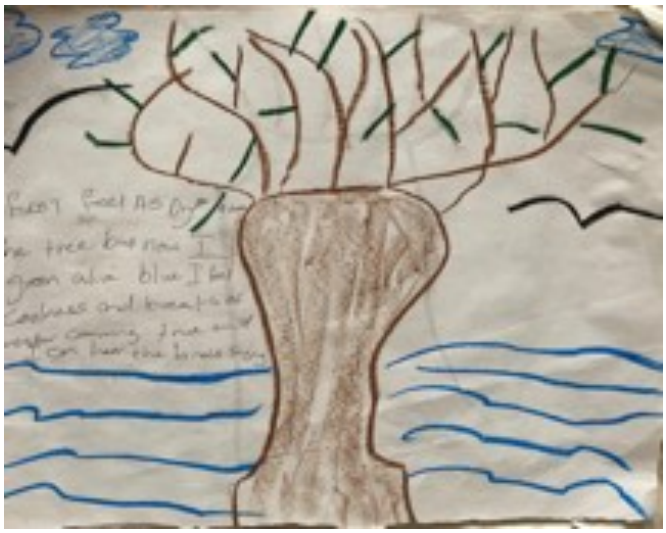
Denise: "the music the loosening up my shoulders my arms my fingers my headache is gone. Yes, I had a major tension headache earlier. Lately I've been getting these tension headaches right on top here – so I've been taking pain block pain block pain block and it's not helping. It's part of stressing…(the sessions) help me personally feel better. I feel more relaxed coming from these sessions. And the drawing does a lot for me as well."
Valentina: "my body is healthy. My healthy body. I'm feeling peace and calm. I'm feeling happy and I feel sad…it does me also good to come here…loosening up and ….just listening to my own body and being myself'." (recording 2.4)

Pleasure

Participants consistently reported enjoyable embodied experiences.

Pre Covid-19 series

Feedback after the first workshop included: "finding pleasure in my body", "surprisingly fun", "encouraging", "exciting", "alive", "good"(field notes 1.2). In the 2nd session Rhoda expressed her feelings of coming alive in our exploration of choice in her drawing and writing.



"At first I feel as dry as the tree, But now I feel green alive blue I feel The coolness and breath of the water coming true and I can hear the birds singing". Rhoda

"I'm still feeling very relaxed. I love the free sensation that I am always left with. This is …a class where I always feel just free, I think it's after the moving. I feel very connected with my baby bump, because last week the music was a bit upbeat and I was more focused in trying to keep up with the music and then the baby's kicking and not really taking notice. This week I actually listened to my body more".
"it's more about appreciating the body, listening to the body, feeling free…off limits, no limitations…" (recording 1.3)

The pleasure of 'self-care' also came up in feedback from the first session.

'It's nice to take care of ourselves',
'We so busy in the day, we don't take time for ourselves, for self-care'.
I asked: 'what does that mean?'
'Relax, read, do something I like doing. Have space.'
'Dance. Sing in the shower'." (field notes 1.1)

"*what makes me feel good and relaxed…getting to know me and my likes and don't likes. Finding out who I am…it feels good to discover more and more about myself and it is an exciting experience….makes me excited and curious to get to know me. I'm on this journey of discovery". (recording 1.3)*

Post Covid-19 series
Throughout the series the participants used the term 'free' to describe their experience. In session 2, Cindy moved with arms up spinning around the room taking up space. The words to her movements were "set me free". She shared later in the group: "I used to dance. Today my body remembered. It's fun. Dancing again." (field notes 2.2). In session 3, connecting to the spine, Laurie reported: "my spine good, no pain, feeling free". In session 6 Laurie and

Denise were reflecting on the series thus far and shared pleasurable experiences of strength and energy.

> *"(I like) the movement and the writing about myself, expressing my feelings, the way I feel…the way we are doing things openly, we speak openly… I like that a lot…it takes my tiredness away, makes my body feel stronger". Laurie (recording 2.6)*
> *"I feel rejuvenated by it sometimes. I'm loose, I feel free, I feel different. Just to let go, what your imagination allows you, whether its pen to paper/ drawing/ just the music that you play. Just the relaxing of the muscles, just be you, you know. For me it's a mental good stimulation, it is definitely. And it's sad that it has to come to an end. I would love to have continued. If I can, I will". Denise (recording 2.6)*

> "*If your spine could tell you what it wanted…what would be possible*?"
> (*Fatimah drawing 21.10.22)*
> "*there are so many things you can do, just relax your body, by moving your spine, going with the spine" (Fatimah recording 2.3)*

Although, not always successful in helping participants to 'shift states', according to participants' reports, the practices offered contributed significantly to relaxing participants and offering positive embodied experiences.

HEART: Finding Safety

Building Relationships

Taking time

Pre Covid-19 series

The process of building a relationship with the Centre took place over some time. At the first meeting with the Director she responded enthusiastically to the research proposal saying that creative activities were always welcomed in the community and that there would be no difficulty recruiting participants. After this initial meeting, a staff member, Marie, was assigned to play a coordinating role with regard to the groups, which continued over the years spanning the project. It took a number of months to set up a workshop with staff to introduce the project. This seemed to be related to the busyness of the staff and the challenge in co-ordinating timetables. This challenge re-emerged at different times throughout the project in coordinating the starting and resuming of the groups. Marie, was consistent in being extremely helpful, supportive and communicative. There were sometimes delays in her response time and last minute cancellations or change of plans, which gave me the impression she was navigating changing stressors and pressures in the working environment.

At the introductory workshop with staff, staff members shared various challenges and concerns. These included, "keeping the women motivated", "women take 'cues from each other, so one says something and they all do, except for the loud ones", a concern about how this work will be held as "the women take some time to 'open up' but once they do,

they can be vulnerable" (field notes 1). These comments spoke of both a willingness to engage and the need to mediate or regulate safety in relationships.

Showing up

Pre Covid-19 series

From the outset of the introductory group, participants were willing to engage in both movement and discussions. All of those (except one) who signed up for the first group, returned in the second and the third groups. Each week group participants arrived slowly over the first half hour. In the third group it emerged that the starting time cut into tea time. An agreement was made to start half an hour later, but this was never implemented as the groups were disrupted by the Covid-19 pandemic restrictions. Motivation came up in discussions around the groups being compulsory or voluntary and mixed messages around this: "Only certain days I was supposed to come, last week I was told not to come…now today I'm told to come….I was told you only wanted ten people." (recording 3.1)

Post Covid-19 series

The context of this series was different to the first, in that the group comprised of women only from the Substance Unit, which was a much smaller and more cohesive community. The groups were positioned as part of the treatment program with attendance being compulsory. Despite this, attendance varied over the series, sometimes due to other commitments and sometimes due to participants not feeling well enough to participate. For the first session, all the participants arrived punctually, this changed in the second session.

> *"At the starting time I waited for participants to arrive. I had been told that Denise and Mercy would not join as they were on job training. I went down to the Substance Unit and found the social worker there. She called Ruksha, who told me that Valentina and Zobuhle would also not be coming as one was sick and the other did not want to get out of bed." (field notes 2.2).*

For the third session the group largely arrived on time. With the fourth session the group was alerted to the change of venue and all arrived early together and helped me set up the space, despite there being a quiet, heavy feeling in the group. In the fifth group, Ruksha and Mercy arrived on time, but left fifteen minutes later to go to do a job. Denise, Cindy, Laurie and Zobuhle came in late, one at a time. Denise shared her current experiences of "extreme tiredness" (recording 1.4). Laurie shared: "I did not want to be here but I came because my body needed to relax." (recording 1.4). At the start of the sixth session only Denise and Laurie were present but reported feeling tired (Cindy was feeling ill, Marcella and Ruksha out at work). When she returned, Ruksha chose to join part way through the session although she was feeling tired and chose to sit out for the movement. In the final session there was a visible reluctance to join.

"I went to call the group members, they were sitting watching tv eating chips… Ruksha, Laurie, Marcella, Denise and Cindy followed me dragging their feet with very low energy. When I asked what was going on with them Ruksha said they were frustrated and irritated with the lock down. I asked them about it, and they said they could not go out into the main garden or leave the property and that no-one can visit or drop anything off for them and that no-one is "telling us anything". They said it makes them feel like they do not want to do anything – to participate in groups or do duties. Ruksha said "we could've just as well not come here". When I asked why they did, she said "because we have nothing else to do"."(field notes 1.7)

Strategies for safety

Pre Covid-19

At the Introductory session, while waiting for women to arrive the women present get into a casual conversation about being caught in a cross-fire. This brought to light the shared experience of collective violence in this community of women, which heightened my awareness around a need to recognise and respect participants' individual strategies for safety.

"While we wait for others to arrive, the women present start a conversation about shootings they had recently experienced. They speak of people being shot dead. One woman shares her experience of being in her mothers' house, in the middle of gangster cross-fire, needing to stay low so as not to be seen by the gunmen and become a target herself. Of lying on the floor behind the fridge peering out to try to see what was happening. Another woman says she would've been too curious and would've wanted to get up and look out the window. They all laugh. I reflect on my own fear arriving here to offer this introduction and what a different level of threat it comes from" (field notes 1.1).

Post Covid-19

In this series there is a movement exercise we do repeatedly where I see the women 'take cues from each other' as described by a staff member in the staff workshop.

"We moved into a circle where I invited each participant to introduce themselves using their name and a movement (without thinking about it too much). The group then reflected the name and movement back. I started and someone followed, the next person began 'my name is…' with their movement. Thereafter everyone added this 'my name is…' and the movements started to repeat as a kind of introductory flourish of the hands. This offered less expression of how each person was feeling, than I had hoped". (field notes 2.1)

During the groups a number of women participated but did not speak much, even when invited to. Zobuhle often shared very little and Marcella often chose not to share, but in looking at their drawings and journal it is clear that they were engaging with the work. Laurie was in the initial groups, but shared more in words as the groups went on. She was the only participant who attended all seven of the groups and someone who consistently

chose to engage in all the exercises, writing and drawing each week. Both taking cues from each other and quietness could be seen as a way of maintaining safety. There were times that the group was able to provide a safe space to share feelings, mostly in writing. Mercy checked in that her journal would not be shared with her social worker, before writing.

> *"ek voel baie seer vir my socil work het nie tyd van my nie ek voel baie kwaad vir haar…ek wil huis toe gaan maar ek voel nie reg om uit (the Centre) uit te gaan nie van ek net nie 'n vastag geplek van myself nie".*
> *"I feel very hurt by my social worker, who doesn't have time for me. I feel very angry with her…I want to go home, but I do not feel ready to leave the Centre without a secure place for myself". (Mercy Journal 28.10.22)*

There were also moments where there was a sense of connection, where movement practices facilitated and experience of safety, such as a partner movement mirroring exercise Zobuhle wrote about.

> *"Today I feel very tired and I feel relieved my body was very heavy and I feel very happy. Today thanks Ketty for helping me being with I feel everything that I had or I was thinking about it gone by doing all the movements…Today I feel gratefull and thankfull my hands feel happy and also feeling good." (Zobuhle's Journal 28.10.22)*

Community of support

> *"When I asked the staff group about "any other struggles/ things you are at a loss around…" I was told "you need patience and tolerance and flexibility". I asked where their patience came from and they looked up to the heavens. Another staff member said: "we keep going because of the support from one another…even when there's not time to talk…just passing in the passage…just a look, knowing from their expression they recognise you…or a hug'." (field notes 1)*

From first visiting the Centre it was noticeable how welcoming everyone was. Despite all the stressors and pressures, Marie faced over the years, when we communicated, she was consistently warm, supportive and helpful. It was my hope that we could create a supportive communal space in the groups.

Pre Covid-19 series
There was at times a clear sense of enjoyment in moving together and a recognition of it being a non-judgmental space: "It's good to just move without that voice that tells me I'll look stupid, stopping me". (field notes 1.1). One participant reflected her experience of: "I felt colourful tribal unity" (notes 1.2). In the second session we did partner mirroring exercises which highlighted different relational patterns.

"*I was struck by the willingness of the women to work in partners and the interesting observations they shared. eg. 'I didn't expect anything of my partner - she could do what she wanted'. 'We both did - we felt free'." (field notes 1.2)*

This shifted, when participants were invited to share of drawings in partners and people started to laugh at their own and one another's pictures. This highlighted a lack of scaffolding ways of sharing and witnessing that support safety to express.

"*The invitation to share the drawings and gestures seemed to bring up self-consciousness and embarrassment in that women started to share what seemed a quite self-mocking manner and laughed at each other and started to talk at the same time. When I invited them to honour their expressions and be respectful of what they had created by giving each person time and attention the group quietened down. When I invited them to repeat the gestures for a second time there was more of a sense of listening and feeling each other. The feedback at the end was brief but largely positive: 'I liked how it brought the group together." (field notes 1.2)*

Post Covid-19 series

The initial meeting with the staff of the Substance Unit included a discussion about feedback and a confirmation that should any of the work in the groups evoke responses from participants requiring further support counselling staff would be notified. It was my hope that being included as a member of the therapeutic team would offer a supportive peer community. I sent e-mail feedback after each session but did not receive any responses (apart from acknowledging my first e-mail) or feedback from staff during the course of the series.

Being a small group, I made the choice to invite sharing of drawings and movement experience in the whole group, rather than in pairs or small groups, which made recording possible. Most often participants did not respond to one another's sharing directly, but often agreed or added to what was being said. On one occasion participants responded directly making light of someone's drawing:

"Laurie shared that her drawing is 'not perfect, but I try', someone said 'it's a spinnekop' ('it's a spider'), others laughed. I spoke about finding a way to honour each person's offering. Laurie did not speak again" (field notes 2.3).

That this group formed a cohesive community outside of our groups together became particularly evident on two occasions when the group came into sessions it seemed that the 'group mood' had been created by shared experiences outside of the group. On the first occasion I did not come to know what might be behind it. On the second occasion it turned out that the group was responding to the 'lock-down regulations'. In the final session, participants were invited to share reflections on their experience of the whole series, in partners. Each pair started and finished at different times and several left the room on finishing. The disruption that then occurred in that group resulted in the group fragmenting

and us not finding a way to create any closure together. Despite being a cohesive community outside of the research groups the Post Covid-19 groups did not seem to reflect this as a greater sense of safety in the group. More conscious focus on building safety and particularly developing the role of supportive witness could be explored in future work.

Creating Space

Physical space

The physical spaces available for use changed during the fieldwork periods. Pre Covid-19 a large hall space was made available. The same space was available for the first three groups of the post Covid-19 series. At the time of the 4th group, the Hall was in use. An alternative room, the Meeting Room, was provided. For the 6th group neither space was available, and the Substance Unit staff was away on training so could not assist in finding a space. The person working in reception assisted in finding another space, which was the kitchen/ living area for the Substance Unit clients. The final group took place in the Meeting Room.

'Interruptions', Boundaries & Agreements

In the first, introductory session with participants, a number of interruptions occurred with people coming into the hall and asking questions or making requests of the participants who then got into conversations. This occurred also in guided movement practices when the women would start to talk loudly amongst themselves so that my voice as facilitator, could not be heard. While I felt uncomfortable about the disruption I was unsure how to respond. As described below, I used my experience and the social beliefs that came up for me, to introduce a theme around 'going along with or speaking up about discomfort'. This led into a discussion about group agreements to create a space of safety to work together in.

In the second session, having shared my experience of not speaking up around discomfort, I made three requests: that if anyone comes to the door I go and speak to them and mediate any requests from the outside; for minimal talking while moving; that if I feel the level of activation or noise is getting too much in the group I invite a settling gesture of hand to heart. The group agreed. These seemed to work during the course of the group to reduce interruption. In the third group, discussion was initiated about what the group would like in terms of agreements to make it feel like a safe space. Also what kind of space the group is wanting to protect. There was a long discussion, particularly around late-coming. Agreements, that came from the group, were written up.

> *"Rules to maintain respect:*
> *When you want to speak you should lift your hand up*
> *Talking one at a time*
> *Cellphones off Late*
> *coming*
> *We agreed to change the time of the group to start half an hour later (as I learned that they needed to cut their tea short to get here on time which explained some of the late coming)*
> *Any late-comers to slip in quietly and blend in*
> *We discussed confidentiality and how it could make people feel safe to share.*
> *The women from the Substance Unit said it was an agreement in all their group."*
> *(field notes 1.3)*

A request was made of me: "Don't ask us if we are willing, just tell us, we must do it, otherwise people will just chillax…". I responded by explaining that part of my research was to learn what felt comfortable, uncomfortable, helpful or unhelpful for participants so I would prefer people exercise their choice around participation. Also, to "Liaise with management around the project, what you expect from us…" (field notes 1.3). This was about whether the groups are open/ closed/ voluntary/ compulsory as people had received mixed messages.

Post Covid-19 series

During the course of this series there were many factors that distracted from an uninterrupted focus on the group work. These included participants coming and going during groups to attend to other responsibilities including fetching children, work duties and meetings with clinical staff. I requested the latter to be scheduled at other times, but received no response. In the middle of our final session the entire group was called to a meeting with the nursing sister, which was followed by a series of individual clinical meetings. This made it impossible to have a final closure circle together. This led to holding two separate closing groups. Although there was some child-care provision that could enable women to attend the group without their children, children attended on several occasions. Children were included in the session and the care of babies was shared.

> *"Ruksha and Mercy left to go do their job and left Mercy's baby for Zobuhle to look after in the group….To allow the care-givers a chance to engage I took one of the babies to hold and then another. I was trying to guide the practice and keep the babies settled at the same time. They both started to niggle and cry at the same time. The moment of trying to guide the 'quiet breathing practice' with the intention of creating some quiet, settling time for interoception, while holding two crying babies was so bad it was funny" (field notes 2.5).*

Often times participants talked amongst themselves during activities, on one occasion taking turns to go eat some cake hidden behind a vase of flowers, during the group. On a number of occasions participants would go out to the toilet or to get some water only come back

after ten or fifteen minutes. After the 3rd session, I realised once again that making agreements was important.

> *"in order to create a space conducive to getting the most out of the work I was offering, we needed to create some boundaries in the group. I decided to change my plan and work with Shoulders, Arms and Hands and bring the theme of 'holding in & holding out'. This was instead of working with Ribcage and Breath as I had planned. It was my sense that the group would resonate with a more active rather than a quieter session given the levels of distraction in the last session". (field notes 2.4)*

This time, I introduced the discussion, by describing my hope to create a space for experimentation and creativity, which required a safe space, asking the group for suggestions to support this.

> *"The group raised issues of 'responding to one another supportively and respecting each other's opinions'. They spoke of a wish for honesty, but also 'if you don't have something nice to say don't say it'. I got the sense that there had been some conflict in the community. We agreed to speak one at a time, offer only supportive feedback and I requested no chatting while I was guiding movement". (field notes 2.4)*

We omitted to make agreements around what to do if boundaries were not respected.

Navigating disruption

Pre Covid-19

Three groups had been held and a consistent group of 13 participants had agreed to continue when the disruption of the Covid-19 pandemic restrictions occurred. Feeling very uncomfortable leaving things open-ended with this group of co-researchers I attempted to communicate via e-mail, sending a letter to the participants via Marie. Marie responded but participants did not. All of them left the centre during the first few months of the pandemic.

Post Covid-19

During this series events in the external environment again brought disruption to the groups when the Centre was closed to visitors due to threats of gang related violence.

"The plan for the second last session was to focus on Belly and Pelvis. I had had some concerns about this theme as I have experienced these body parts as potentially connecting to vulnerability and being evocative. I received a message two days before the scheduled session that "due to gang activity (the centre was) cancelling all visitors until next week". I had to decide whether to try re-schedule the missing session possibly going on a week longer than planned/ just cancel the missing one and have a final session on the 25th as planned. Due to the centre having a big event scheduled the following Friday and the discharge dates of the group members I decided to just cancel. I contacted the social workers in charge to confirm that Friday 25h would be our final session and requested an extra half an hour for the session. They both agreed. The following week I checked in two days before the session to confirm if it could go ahead and was told that I would be allowed in, although the clients movement was still being restricted". (field notes 1.7)

The process of entering into and setting up on-going groups, was one of building relationships and alliances. Negotiating group agreements emerged as important, but had variable success, indicating that this is an aspect of the work that needs further development.

Exercising Choice: feelings, beliefs & rules

When introducing the work and repeatedly through the workshops, some variation of the following was shared: "Whatever I offer, is an invitation, please feel free to accept it or refuse it. You are welcome to do whatever feels good for your body and you. If at any point you would like to sit out and watch, please do." Each time this was done, one or more of the participants' bodies visibly relaxed. The intention was to communicate respect for participants' own knowledge and skills, 'de-centering' the role of facilitator as 'expert' (Madigan, 2010), thus challenging normative power relations. It speaks also to a traumainformed practice model, which highlights the importance of supporting clients' agency to counter experiences of helplessness (Knight, 2015). Throughout both series, participants engaged variously in the activities offered.

"We started with a walking exercise. Some women sat out. I felt pleased that they felt free to choose" (field notes 1.1).

Pre Covid-19 Series

A plan for the second session emerged from reflections with narrative therapist Thérèse Hulme (who played an active role as mentor to me, Pre Covid-19).

"we unpack my experience of interruptions to the group last week and how my social beliefs 'don't rock the boat, 'this is how it's done here, who I am to do things differently', 'don't make anyone uncomfortable,' led to me accepting interruptions that undermine my hopes of creating a focused space for the women to connect to themselves. I bring this story to the women today and a question around their experience of social beliefs that get them to agree to things they aren't comfortable with. I then plan to build on the theme of 'going along with'/ 'refusing'/ 'listening to discomfort'". (field notes 1.2)

This lead to a conversation that moved back and forth between two themes: the one I introduced and a longer discussion about the Centre's rules (see 2.2.1). Picking up on a comment about the Centre's rules not being there to "take our voice away", I moved the conversation back to social beliefs that may lead us to go along with something that feels uncomfortable for us.

"K: 'Do you think there are sometimes times when we learn rules that do take our voice away?'
S: 'Yes there is times. A husband has rules sometimes and with those rules you have no voice'
K: 'what kind of rules are you thinking of?'
P2: 'a wife should be quiet' 'she has to be obedient' 'a wife's place is in the kitchen and wives honour your husbands'
K: 'are other people familiar with those rules?' (laughter and nodding) 'so they are quite common rules'.
P3: 'it's a new millennium. Everything changes'.
P4: 'Women change".
P3: 'I've learned the second time round, my money is my money. My things is my things.'" (recording 1.2)

After I steered the conversation back to social beliefs that get us to do this, a participant quickly returned it again to the Centre's rules, saying: "I think the rules is there to keep order, but not to take your voice away" (recording 1.2). It became clear during the conversation that this was an unusual forum, as it was a combination of women from the Substance Unit and those from the Shelter, with different rules for each community and limited contact between them. There were two stories going around about a no contact rule between the two communities: that the women from the Shelter were not allowed to talk to the women from the Substance Unit, because there was something wrong with them; alternatively, that this was there to maintain safety as the women from the Shelter were allowed to leave and could be asked to get drugs.

"we get reminded all the time they didn't put a table outside and invite you here, you came here, you signed that contract before we came here so you know what you agreed to. So now if you have a problem with it, here's the door."
And also, loss of freedom *"what I was thinking, you know, maybe outside we come in with trust issues right, so now there's limitations here you still feel like you are in this box, you are in a box outside, so how are you able to trust again if there's limitations. You can't speak to this one and that. How are you going to experience that freedom, that total freedom in here? Because another thing, we are all adults, we are supposed to have common sense, that's my belief, common sense is the thing most of us grow up with…they are supposed to give us that freedom and space. Maybe if they allowed us to just become adult enough…to trust…"*
"it's not about you, you don't have the freedom. Like each one has our own reason for being here, it's the circumstance also, because (when I came here) it feel like I was safe, it was the first time in my life that I was safe cos I could sleep for the first time".
"ek was net die selle" (I was just the same)
"….I feel more safe on the outside…" (recording 1.3)

There was a heated discussion about the rules about drug testing on return from being out and its effect on trust. Also, how a positive test for drugs means immediately being put out. The conversation then turned to freedom of choice. The conversation about 'going along with things we are not comfortable with' emerged in two strands: the one reflecting on constraining social beliefs, the other on the rules of the centre. Participants reflected critically on the rules of the centre, experiencing them variously as constraining and supportive and exploring the idea of agency or choice within them. Ideas about the different rules for the 'substance and shelter ladies' revealed different meaning being made of these ranging from stigmatising to protective.

The complexity of the context with regards to choice and agreement emerged, and was further illustrated by the mixed messages participants had received about the research groups being compulsory/ voluntary. In the third session it became clear that the participants had been getting mixed messages about the group. One woman being told she cannot join, then the next week being told she must. I had requested to Centre staff that the group be closed after the second session. However, new women had been sent the following week, one being told it was compulsory. In the Post Covid-19 series I attempted to more clearly delineate the space of choice within the constraints of the rules and agreements of the centre.

Other social beliefs came to light in the third session shared by a participant.

"things that I learned here, I would say some of the things are against my belief…when you grew up people tell you 'moenie so vat aan jou ligaam', ('don't touch your body)' but now I discover if you touch your body in certain ways it calms you down…there are certain things I must still get used to…. to discover that certain movements can calm you. I must say I feel a bit calmer than I was when I got here." (recording 1.3)

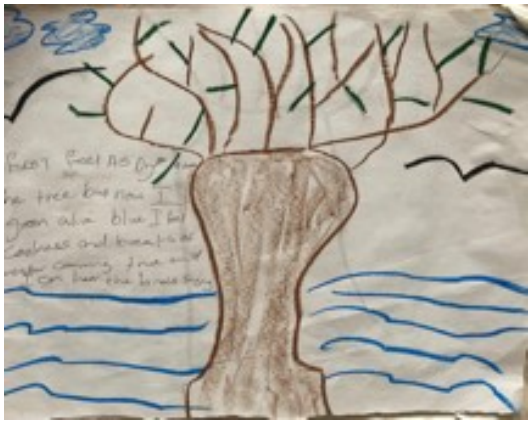
"Thinking of these classes with the body, if we have kids we can help them to get in touch with their bodies because there are so many things on radio and on tv that we hear about sex and things like that. Where little ones, they grow up with this mentality/ the society with the mentality that sex is going to make you feel better. You know that there is something apart from guys touching you/ getting a partner in life to begin to love your own body, discovering what you can do with your own body to make you feel good and not some person to touch you to make you feel better". (recording 1.3)

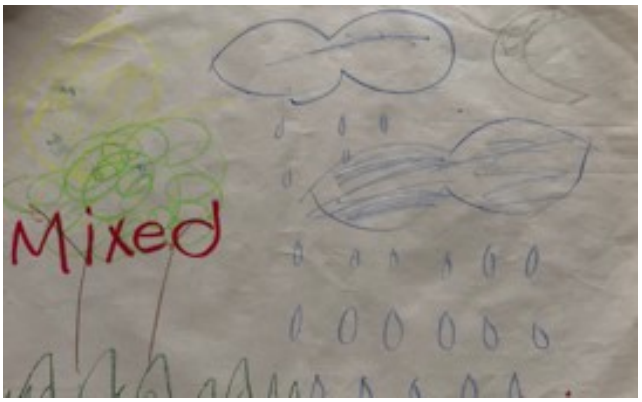
This participants' reflection highlights the experiential tension emerging between social beliefs and personal experience, opening up a critical space to reflect on personal choice and agency. We used the session to explore choices through movement.

"walking around the room, choosing direction, distance, closeness. joining another. agreeing/ refusing. hand on heart. 'I took it personally when she walked away'. 'it wasn't personal, I just felt like space'. Then partners. One moves into a frozen gesture. Other responds. Mirroring or not. I notice them all engage. After one participant says: 'I was trying to keep up to a high standard getting it exactly the same as her movement' The partner responds 'it felt like a lot of pressure'. Another - 'I didn't expect anything of my partner - she could do what she wanted'. 'We both did - we felt free'. I put on music. A feet dance. Choose to connect or not. Let your feet choose. Energy rises. Fun. After, an invitation to remember a moment of choice from the day: a time of doing what I felt like. Draw it. Add a word. Feel your picture in your body. Add a gesture. Share the gesture". (field notes 1.2)

The drawings that emerged are distinct in their individualism, reflecting different personal experiences of moments of choice.









A participant shared a gesture with the group. She was using the fingers of her right hand to make a flicking movement over both shoulders. She described this as 'flicking the shit off' and how it represented her choice to not take on things from others that she didn't want. This gesture provides an embodied illustration of an empowering act of resistance (Foucault, 1977). At the end of the group participants reported mixed feelings.

> *"P1: 'I actually felt emotion, mixed emotion when doing this…it was a big change.*
> *Researcher: 'Where did you feel it, in your body?'*
> *P1:'in my stomach, ya'*
> *P2:'I felt everybody mixed together, I love that feeling'*
> *P3: 'different movements, different feelings'." (recording 1.2)*

In the following session, participants shared ways they had used these experiences of choice during the week.

" Researcher: 'Any movements, thoughts/ experiences that stayed with you during the week?'
P 1: 'I learned I can live in the moment.'
Researcher: 'where did you learn that?'
P1: 'in the dance. I could let myself go.'
Researcher: 'and how has that been for you in the week?'
P1: 'it's nice…it helped me a lot…to live in that moment'
Researcher: 'can you think of a moment in the week where you were helped?' P1: 'aaaa, somebody stressed me out so I could just let it go and continue'.
Researcher: 'thank you. anybody else?'
P2: 'I learned you can choose anytime any direction you want to go, without making anybody else feel uncomfortable'.
Researcher: 'can you think of a time when that came up for you in the week, when you thought of that?' P2: 'ya…'
Researcher: 'want to share about it…./not….? (laughter) you don't have to'
P3: 'sometimes when someone stressed me out in the kitchen then I start tapping with my feet, tapping my arm…those that weren't here might think you are acting childish…it doesn't matter'
Researcher: ' a way of you holding on to happiness for yourself?' (recording 1.3)

Post Covid-19 series
In the initial meeting with Substance Unit staff two 'rules' governing the community, came to light. These were common to residential treatment facilities, but impacted the study and role of researcher:

1. Confidentiality in client groups is understood to exclude feedback to all clinical staff
2. All groups are compulsory for clients, which was to include the research groups After reflecting on how to manage these, I decide on sharing explicitly with participants regarding the first (that I will share some feedback from groups with clinical staff) and an adaptation of the second: that while it is the Unit's rule that they attend the groups, they are free to opt out of participating in the groups, by observing and of participating in the research study and/or by not signing consent to use anything they share as part of the study.

Over the weeks there were a number of occasions when participants did not arrive to group and I was requested to 'report them' by others in the group. Despite misgivings about being drawn into a 'policing role' I did give feedback to staff about who attended the group. On one occasion Mercy asked if I was going to share her journal writing with the clinical staff. I told her if she preferred me not to, I would not. My feedback became more general as the groups went on (not sharing specific content from participants' processes). I shared the feedback via e-mail and mostly received no acknowledgment of these. All participants chose to sign consent forms.

In the 5th session, after what was intended to be a quiet breathing practice is disrupted, when the two babies I am holding (so participants can focus) start crying, all group members

make their own choices about what to do next. Although during the series participants regularly exercised choice around engagement (eg. after having actively engaged in the first two sessions Ruksha regularly choosing to sit out thereafter), this was the first instance anyone had chosen a form of expression without it being suggested.

> *"I invited the group to move into a breath dance...Only Denise accepted the invitation. Laurie and Zobuhle spontaneously went to write in their books… Cindy came and went, dancing a bit, writing a bit and leaving again to change her child and only returning near the end of the session". (field notes 2.5)*

An exploration of the theme of choice unfolded organically, revealing a number of dimensions including tensions between social beliefs, personal values, embodied senses of discomfort and rules that constrain or protect. Drawing on post-structural theory (Boonzaaier, 2001) (Foucault, 1977) and narrative practice (Madigan, 2010) further embodied and creative exploration was used to unearth resources that supported agency as defined as the "need to feel effective, able to move or change things" (ed. Jordan, et al., 2004). What emerged connected also to the idea of 'acts of resistance' (Foucault, 1977). This will be further elaborated on in the Discussion chapter.

MIND: Preferred Stories

Drawing from the past, imagining the future & excavating the present

During both series, a number of past experiences came into the space, sometimes spontaneously, at other times in response to intentional invitations. In both narrative and TLAP work, past experiences provide material out of which personal narratives are shaped. Narrative therapy recognises the 'multi-storied' nature (Madigan, 2010) (Sammartino, 2021) of lives. Implicit in stories of trauma and loss are indicators of what is precious and valuable to a person that can be used to strengthen preferred identities (Madigan, 2010) (White, 2007) (ed. Denborough, 2006). As an expressive arts approach TLAP supports creative agency in the shaping of restorative or healing stories (Halprin, 2003).

Just as exploring past experiences can uncover important values and beliefs, the emergence of hopes and dreams can also contribute to building a sense of identity that strengthens agency (ed. Denborough, 2006). Hopes and dreams also provide material for imagining futures that offer co-ordinates for individuals to orient and move towards (Weingarten, 2010). Alongside this, the present offers opportunity to both excavate and create 'unique outcomes' which provide counter-narratives to 'problem stories' out of which preferred identities can be developed. Unique outcomes can emerge as part of the therapeutic context (Madigan, 2010) (Zimmerman, 2018). The expressive arts approach of TLAP evokes imagination to create new possibilities in terms of identity and response (Halprin, 2003).

Pre Covid-19 series

Experiences of loss past and present came up in the group.

"*In the second session, a participant spontaneously wrote and shared: a story of young girl, called Sally who was very close to her mother, but when she became a teenager, she wanted something her mother could not give her, she got angry and became disrespectful towards her and left. Her mother ended up in an old age home, feeling all alone, waiting each year for her daughter to visit".*
"A memory connected to art making came up for one of the participants who shared how when her husband would come home drunk and violent, she would go sit in her room and draw which helped her to stay calm." (*field notes 1.2)*

Some hopes for the future came up in the form of wishes for the groups "to relax and energise, practice listening to our bodies, learning to manage fear" (field notes 1.2). Participants described embodied experiences during sessions in line with these wishes e.g. experiences of calm. In addition to this, learnings emerged from sessions that participants described as usefully applying outside of sessions e.g. "living in the moment" and "choosing to go" (both are described in more detail in the 'Body' section above).

Post Covid-19 series
The participants that were able to do several sessions or the whole series, moved between the past, future and present. Hopes and dreams for the future emerged throughout the group series that reflected participants larger recovery journey in the centre. I have shared aspects of each of their journey's below.

Mercy:





Mercy shared of her first drawing that she had received a vision of herself with her children in a new life which she felt was a gift from God that brought her hope for the future. (field notes 2.3). She titled it: "my en my kinders se huis as ons hier uit gaan want ek is 'n niew mens" ("me and my children's house when we leave here because I am a new person"). (Mercy drawing 7.10.22)

In the session on the spine Mercy drew her family again, this time in a chain linked together like vertebrae. She shared: "as ek inkom was my spine was bent…ons staan as a familie, ons veit" ("when I came in my spine was was bent …we stand as a family, we know").(recording 2.3)

Valentina:
When Valentina shared her picture of a big tree (Valentina drawing 7.10.22) she shared how she had always wanted to study further but came to believe she was not good enough and stupid. She gave up on herself, but is still young and wants to give herself another chance. (field notes 2.1). She did a second drawing of the sea connecting it to feelings of calm and happiness.



The theme of calm was picked up in Valentina's drawing of her ribcage and pelvis and her heart red. It was titled "my body happy peaceful and calme". She shared: "I'm just feeling, my body's feeling healthy…it's not perfect but at least I did something…"



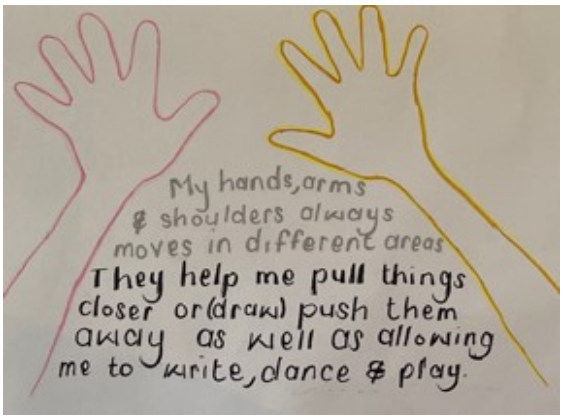
Zobuhle:



“To my new beginnings”, “To my happiness”, “Love Yourself”

In the first session Zobuhle drew an environment with flowers and stars titles: “To My New Beginnings”. Several weeks later she drew a picture of a rainbow and clouds titled: “To My Happiness”. In the 5th session, which was her final one, Zobuhle wrote that “today I feel…nervous about my exit day…my wish is to stay clean and stay the way I am…” (Zobuhle Journal 4.11.22). In her final session she shared her picture, titled: “Love Yourself” and that she felt relieved. What she was taking away was: “don’t look back”.

Cindy:



“*My hands, arms, shoulders always move in different areas. They help me pull things closer or (draw) push them away as well as allowing me to write, dance & play”* (Cindy drawing 28.10.22)

"I felt at ease every time I draw and write and very focused…I remember how I used to love doing it when I was younger….When I draw I picture the exact obsticale. I also imagine me doing movements with my body parts…My drawings were plain and simple because everything reminds me that I had a childhood very plain and simple it is me who took it overboard. So I am tired of taking things overboard. I would like to keep it step-bystep - plain and simple…I've learned that there are other ways of dealing with my problems then by doing bad things…II trust and believe in myself more." (Cindy Journal 24.11.22)

Marcella:



"my colourful house which I love and my brown spine that can help me do many things"

"*My arms can move in many ways…do many things you want to…you can enjoy the movement in your arms. You can even feel the bones and muscles moving when you do something…Whatever you do with your body even when you exercise you take part of your stress away and from your worries that you have, you can even enjoy life like it is and say yes this is me I can do it! This is the real me." (Marcella's Journal 28.10.22)*

"*I think I can become the best mother out there for my kids. Also, that I can be more of a woman and start to act behave like a woman so that others can also see the change in me. I could never be a mother to my kids. I was never there for them, that's why I chose to come to this place, so I can be the person I was before and not that ugly Marcella*" (*Marcella Journal 25.11.22*).

Ruksha:
Ruksha described the sea as “a place where I can relax my mind and body”. In the last session she wrote “I think about the beach all the time and imagine me by the sea all the time” (Ruksha Journal 25.11.22). (see drawing in BODY section).

A childhood memory was also evoked that she shared. When I played Abdullah Ibrahim’s ‘Mannenberg’, Ruksha said: “my grandpa liked this song, he was always drunk”. She demonstrated how his head would loll. (field notes 2.1)

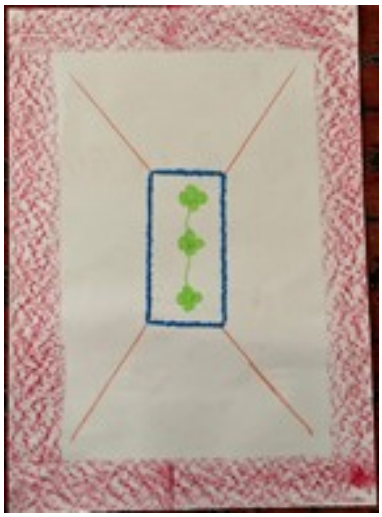
> “*If my feet tells me something, it reminds me of where I was back then before I came to (Centre) it places I’ve been walking so long for wrong things in my life and look where it has takes me to - to a place where I found love and peace and happiness and I still have a long way to go and walk the right path in life.’* (*Ruksha’s Journal 14.10.22)*



‘serious’ face that hid a ‘regrettful’ face
(Ruksha drawing 11.11.22)

> “I’m serious for not taking things for granted in my life. And I regret ever having taken drugs in my life”. (Ruksha Journal 11.11.22).

Exploring the experiences of loss implicit in Ruksha’s regret could help uncover her values. A narrative approach offers resources for ‘thickening descriptions’ of these, that could be developed in future work.



"My spine tells me I'm relax from the pain I went true in life and what different feeling I feel today because I'm not on substance and abuse like I was before and it feel great for me to feel that way." (Ruksha Journal 21.10.22)

"*The other time I didn't care about my spine it was just there for me, but today I recognised that my spine is doing something in my body. It's keeping my body upright actually it's my nerves and what kind of difference it's making to me because I never knew my spine was connected to me. So today I found out something new… the way it goes round and comes down and goes up the way. I'm here. I can go home and know I'm here*". *(Recording 2.3)*

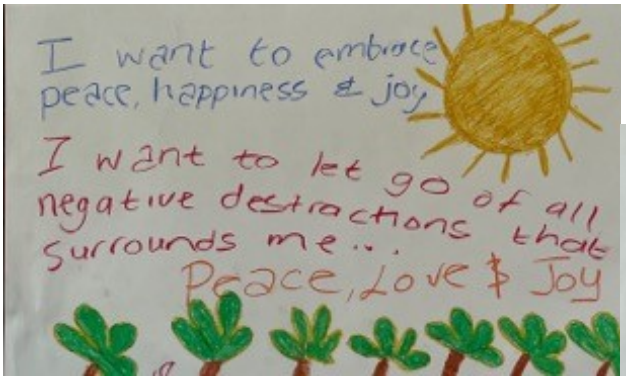
In the final session, when invited to write about 'who you are becoming' a vision for the future emerged.

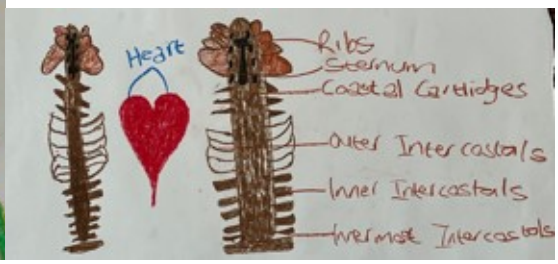
"*I'm becoming a real woman… I'm seeing myself as the business woman… I've always wanted to be in my life…an independent woman to take care of myself and my children and always be there for them.*" (*Ruksha Journal 25.11.22)*.

"*I see happiness colours and expression about myself and what I've been through my life and me…express my feelings of happiness or what I felt for the past years. I think about the beach all the time and imagine me by the sea all the time*". (*Ruksha Journal 25.11.22)*

Denise

In her first session, Denise connected to "a sense of freedom and calm experienced by the sea" (field notes 2.1) with her drawing: "freeing my inner being" (see BODY section). The theme of freedom was continued in Denise's drawing from the session on the spine. She described the sessions as helping her to "unwind, loosen up and feel quite relaxed and more positive" (recording 2.6).





'My heart beat'

"*my body is healthy. My healthy body. I'm feeling peace and calm. I'm feeling happy and I feel sad…"loosening up and ….just listening to my own body and being myself*"



"This is my brave face, happy face"

"My brave face is telling me to be me and not pretend. I must stop being a people pleaser. My happy face is asking me if it is a real feeling. I must stop suppressing my real feelings. BE YOU DENISE, BE REAL!". (Denise Journal 11.11.22).

"*The drawings (from each session) stay in my mind*"... (*Last week*) *made me think of what I always had that I'm suppressing inside of me that I didn't know. And I'm bringing it out in many different ways and it's making me feel better, as a person, better towards people, being around people. And I'm grooming myself in such a way that this is a big learning experience for me and I don't ever want to lose that" (recording 2.6).*

In our final reflections Denise reflected that she felt "calmness…a stronger bond to God…happiness: peace in my life…freeing my mind, easing my soul…a sense of relief in all aspects". (Denise Journal 25.11.22)

Laurie



‘

‘I’m feeling happy…my mind is coming down for the first time after a long time’

“I *enjoyed drawing with my sisters as a child…I remember what it was like in school. The teacher tells us how to paint - it was fun”. (field notes 2.1).*





“my feet move my whole body moves” “my spin(e) good and no pa(i)n and feelie free”

In the 4th session Laurie drew a large bold brown left hand.

“*Today my body feels stiff and moeg but my hands feel free they are loosening up and can move around. My* feet take me places and lead my whole body *even my bones”* (Laurie’s journal 28.10.22)



"my happy Face wood tell my Sad Face to stop letting People bring you down and make you cry but don't focus on that Focus on yourself and your happyniss" (Laurie Journal 11.11.22)

"I become a strong woman with confidence and a better person. I am also loyal and true…I'm going to become what I wanted because I'm no longer looking back to where I have been but looking to the future…I still have a choice to be that good child that I had been when I was a little girl, but I'm grown up and still have a future ahead that is waiting for me cos I'm still that strong girl, cos I can do it for myself and my family cos I know my dream will becoming true because I put my everything into what I want to be" (Laurie Journal 25.11.22).

As we connected to different parts of the body different resources emerged for participants: These experiences reported by participants can be viewed as 'resources' that could be used to nourish and develop a 'sense of self' and identity based on what is important and precious to participants that could thus strengthen their sense of agency (ed. Denborough, 2006). In order to strengthen this possibility narratives could be further developed using both narrative practices that strengthen preferred stories and TLAP tools that integrate the creative expressive process with ways of living.

DISCUSSION

BODY: Shifting States

The findings of this study provide evidence that movement and expressive arts practices had a noticeably settling effect on participants, who staff had previously described as, finding it 'hard to unwind'. This finding is in line with Porges' Polyvagal Theory (Porges, 2011), which emphasises the importance of 'bottom-up' input/ information picked up through bodily sensations, in nervous system regulation. The compelling biological model provided by this theory, centralises the role of the central nervous system in mediating human capabilities for healing, learning, creativity and growth, through its gauging of levels of threat or safety. Accordingly, it is only when in a relaxed state, that our system supports these vital capacities (2011, 2017). This theory thus provides support for the value of somatic tools and practices, as both an effective means to regulate and an integral part of healing processes (Malchiodi, 2021).

The research shows that the movement, awareness, visualisations and creative expression practices supported participants in shifting from more stressed to more relaxed states. Levine describes how trauma can result in stress responses becoming 'stuck patterns' in the nervous system and utilises a therapeutic approach that creates opportunity for accessing settled states, as a means to facilitate nervous system recovery, through restoring flexibility and strengthening resilience (Levine, 2010). This further supports the case that the settling experiences of the participants can be seen as an important component of their healing process (van der Kolk, 2014) (Malchiodi, 2021). According to this approach pleasurable or joyful experiences can also be seen as vital resources in supporting nervous system health.

Learning

The value of somatic practices was re-affirmed, alongside a need to keep developing a repertoire of accessible tools to support resourcing clients' nervous systems. At times this may mean finding better ways to meet participants where they are at, rather than attempting to move too quickly towards a different state. This requires developing a capacity as a facilitator to stay with my own bodily sensations and the discomfort of others' dysregulation, using interoceptive sensing and communicating, thus strengthening my capacity for providing co-regulation.

HEART: Connection/ Disconnection

Building relationships

Power over and power with

Initial conversations with staff describing the challenges of keeping clients motivated, as well as their ways of following one another's cues and taking time to 'open up', raised awareness around the need for safety. The first informal conversation between participants' about experiences of 'shootings' provided a reminder of their shared life experience of threats to physical safety. This would also be reflected in their shared experience of domestic violence. These contexts highlight the need for participants to have developed strategies of safety to support survival.

As discussed previously, the work of Hartling et al (2004) describes the ways that abuse of power, in multiple different contexts, gives rise to experiences of shame and humiliation. Humiliation is defined as "a relational violation that causes an individual to feel degraded, devalued, or unworthy of connection" (Hartling, 2004: 107), which may lead to shame, where people blame themselves for the damage brought upon them. Both shame and humiliation can be used as a form of social control that keep marginalised groups in a place of disempowerment and silence. Individuals are disconnected and isolated and attention is simultaneously diverted away from the actions of the dominant group, thus maintaining the status quo (Hartling, 2004). Compounding this, multiple traumas, commonly resulting in a loss of a familiar 'sense of self' leads to the domination of deficit-based identities that bring with them a sense of shame (White, 2006). Addiction theory views experiences of shame as commonly embedded in substance use disorder, as both cause and effect (Matè, 2008; McCauley, 2009). All these theories supported an understanding of the role of shame, as a significant influencing factor in the relational context of the research.

To recap, Horney (1945) outlined three categories of response to shame, as elaborated by Hartling et al (2004): "moving away" by withdrawing, silencing, making oneself invisible; "moving towards" by appeasing or pleasing; and "moving against" by directing anger, resentment or rage at others. All of these strategies increase disconnection. These correspond to the classic stress responses of flight, freeze, fawn or 'tend and befriend' and fight (Porges, 2011; Zimmerman, 2018). Both agree that these strategies impair a capacity for connection, resulting in further isolation. The work of healing is seen as developing relational competence and building growth-fostering relationships (Miller, 1999) (Jordan, 2004). These are seen as moving away from 'power over' dynamics towards mutuality, which involves relating empathetically to all parties strategies of disconnection. This can be seen as cultivating ways of 'moving with' (Hartling, 2004). These movement metaphors emerged as a useful lens through which to view the relational aspect of the research process. Strategies of disconnection are seen to be at play in us all, as a result of being part of societies with hierarchical power structures.

Moving away, moving towards, moving against, moving with

Attendance of participants appeared to reflect conflicting forces where interest, need for stimulation and experiences of benefit brought participants back to the groups, while conflicting responsibilities, apathy and loss of motivation, disrupted attendance. In cases where participants found it hard to get out of bed or felt too tired to participate, this could be understood as ways of maintaining safety by 'moving away'. Similarly with the number of participants who remained quiet in the group, choosing not to share verbally. The movement of some participants from quiet engagement to sharing more openly could be viewed as a reflection of an increased sense of safety in the group. Participants' help gathering the group and making generalised affirming comments about the group or facilitator could be seen as an expression of 'moving towards' using a strategy of creating alliances or pleasing. The bringing of and hiding and secretly eating cake during the session could be seen as a 'movement against' or an act of passive resistance.

Recognising the impact that systems of privilege and disadvantage have on community-based research, Chavez et al distinguish between public discourses and hidden transcripts, describing how researchers have limited access to the latter, with community partners having compelling reasons to self-sensor. These may include fears of misrepresentation and practices of conforming to expectations. They describe how power dynamics may play out, with outside researchers performing the dominant role of mastery and power and participants the subordinate role of humility and deference. Building safety in cross-cultural alliances is seen as a delicate process of deconstructing and navigating these dynamics utilising the valuable tool of 'cultural humility' (Chavez, 2011).

Throughout the series there were experiences of connection that could be described as 'moving with'. These particularly occurred at times of moving together or when feelings arising from artworks were being shared. These were at times acknowledged as mutual through participants actions, such as joining the group voluntarily after having been excused or in participants' diary reflections.

Learning
Recognising the role of shame in impacting relational competence (Hartling, 2004) brought an appreciation of various strategies for safety and the need to take time to build relationships. This requires developing practices for moving through disconnection and building to build growth-fostering relationships (Hartling, 2004). Movement practices provide a tangible medium to explore relational responses and develop ways of 'moving with'.

Communities of support

The intention of the study was, in line with the TLAP approach, to work consciously with the role of witness and communities of support in enhancing the healing effect of expressive arts practices (Brown, 2013). A supportive community context and its value was evident amongst the centre staff. Participants were part of a client community, which Pre Covid-19 was drawn from the larger community and thus less inter-connected and Post Covid-19 was drawn from the smaller more intimate Substance Unit client community. Cultivating the role of witness, as supported and developed in narrative practice (Madigan, 2010) (White, 2007), neurobiology (Zimmerman, 2018) (Siegel, 2010) and TLAP (Halprin, 2015) proved to be a challenging aspect of the group work. All of these expressions of witnessing, require the cultivation of certain ways of being that can bring relational value. Weingarten speaks of cultivating compassion (Weingarten, 2004) and Halprin, D. (2015) of cultivating presence, acceptance and trust in which creative exploration is supported. At times, experiences of engagement with partners enhanced the sense of safety to improvise, bringing participants a sense of freedom. At other times, sharing in partners or groups was met by responses that had an inhibiting effect. In the Post Covid-19 series, due to the smaller group size, and wish to record discussions, less sharing occurred in small groups, which may have brought a reluctance to share due to a diminished sense of safety.

Learning

In order to develop supportive witnessing practices, more conscious time and attention is needed to explore, develop and scaffold the witnessing role, which is distinct from everyday practices of watching and listening. Inspiration could be drawn from 'outsider-witness practices' used in narrative therapy to acknowledge individuals embodiment of their values or reclaiming of a preferred sense of self (White, 2006). Integral to the role of the witness, in narrative practice and TLAP, is the giving of 'resonant responses' (White, 2006) (Halprin, 2003). Careful structuring of how witnesses responses are communicated is also integral to both practices. In TLAP, in common with narrative therapy, witnesses are invited to desist from empathetic expression, interpretation, analysis, advice giving, rather using a practice of 'aesthetic witnessing' involving responding from what is seen, felt and imagined by the witness (Halprin, 2003). There is some overlap in the narrative role where witnesses reflect on what captured their attention; images of the person's life or identity evoked; personal resonances and experiences of being moved to action (White, 2006). Artistic expression can itself be seen as offering a means to 'bear witness' that supports the possibility of staying present with others' experiences of suffering (Weingarten, 2010).

Creating Space

Community- based participatory research often involve relationships between researchers and participants that span differences in race, ethnicity and socio-economic position, in a context where racism and privilege exist (Chavez, 2011). While recognising the construct of race as problematic, Chavez, et al. argue for its inclusion, because of the significance attributed to it through racism, which they define as operating on the levels of structural or institutional, personal prejudice and internalised beliefs. As a means to redress power imbalances and build alliances across differences, they propose the practice of 'cultural humility' for researcher or practitioners in community-based settings described as an on-going process of self-evaluation and the development and maintenance of respectful relationships that build mutual trust.

Coming in as an 'outsider' researcher I encountered a challenge to my own privileged norm of the predictability of space and time, as well as being able to create dedicated spaces to focus on chosen activities. The process of setting up the groups, as well as changeability of space available, reflected the centre's context of navigating unpredictable factors and needing to make constant adjustments. What I perceived as 'interruptions' to the group process internally and externally, including the comings and goings of children and juggling child care responsibilities, I came to see as the lived experience of participants managing conflicting needs and the demands of the community.

In an early group, participants reflected their lack of 'me time', which was expressed in the context of appreciating the time created by the groups to focus attention on themselves. This reflected the tension between the many demands of environmental context, with its childcare and program responsibilities and the groups offered, as well as the potential value of the latter to participants. The challenge that emerged, was how to respect the context with its attendant demands and constraints, while creating space for something 'different' or

counter-cultural in its midst. This raises the tension between the need for self-care, which is also community-care and how this can also become a construct of privilege.

Negotiating group agreements emerged as a means to mediate this. The first experience of this in the Pre Covid-19 was met with full collaborative engagement from the group with active discussion and a number of different voices being heard. It yielded agreements that seemed to evoke general agreement from the group. In the post Covid-19 series the discussion about agreements had fewer individuals' contributing and less of a clear sense of reaching a collaborative consensus. This highlights the need to maintain an iterative approach that can build on-going consensus. The differences between these experiences could be attributed to a number of variables. The pre Covid-19 discussion emerged out of discussion around a theme arising from my experience of interruption and inner conflict that arose organically and involved my own reflections on my cultural lens and positioning in relation to the group. In so doing, I showed willingness to be vulnerable by sharing my own discomfort openly into the group. From the perspective of 'cultural humility' this can be seen as part of a process of redressing power imbalances by breaking down stereotypical roles of domination and subordination that play out as performing 'mastery and power' and 'humility and deference' (Chavez, 2011). This is supported by narrative practice which encourages practices of de-centering or deconstructing the 'expert role' (Madigan, 2010) (White, 2007). A second difference was the composition of the groups: the first being larger and composed of the broader community; the second being the smaller more cohesive engaged in a structured treatment program to address substance dependency.

Two larger disruptions occurred during the research process: the global disruption of the Covid-19 pandemic and attendant restrictions; the more local one of the shut-down of the centre due to gang violence. In both instances access to the centre was restricted and the research process disrupted. This resulted in the research spanning two different phases that included different participants samples (from different sub-communities in the centre) and research occurring both pre- and post- pandemic. It is unclear in what way these variables are reflected in the findings of the study.

Learning

The context of the centre with its multiple demands of staff and clients as well as the possibility of unpredictable interruptions highlights the need to take time to build a shared vision of the intentions of the group space and reach consensus around agreements that can protect these. Part of this process for an outside facilitator is to recognise their position and practice 'cultural humility' in the process of re-dressing power imbalances and building alliances across differences. This could also be extended into a process for more conscious alliance building across differences within the group. This is in line with Warshaw et al's (2013) recommendation that interventions be collaborative and responsive to participants' cultural and spiritual values.

Exercising Choice

Trauma-informed practice (Knight, 2015) (R-cubed, 2021) emphasises the importance of supporting choice in the process of trauma healing (Warshaw, 2013). White describes how

experiences of multiple trauma commonly results in a loss of both a sense of self and agency and identifies the restoration of both as important aspects of healing (White, 2006). Mindful of this in the research approach, I endeavoured to use language that supported participants' freedom to accept/ decline the invitations to participate. This was met by participants responding in ways that affirmed that this contributed to a sense of safety and the building of trust.

Working in a context where participants' intersectional identities of gender, race and class increase their vulnerability to the impact of oppressive power structures and the effects of trauma, Sumi Cho (2013) highlights the importance of challenging repressive relational norms (Warshaw, 2013). In his concept of 'productive use of power' Foucault (1977) outlines the mechanism by which repressive relationships are normalised and allows for the possibility of counter-hegemonic use of productive power, as a means of subverting these norms. The 'decentred therapeutic posture' of narrative therapy practice, which accords priority to the personal stories, knowledge and skills of clients (Madigan, 2010) (White, 2007) while positioning the practitioner as a facilitator and collaborator, can be seen as such a praxis. An emphasis on choice, with regard to participation in the groups, as well as the critical discussions of social beliefs and rules, was the researcher's attempt to challenge normative hierarchies that place the researcher or facilitator in a position of authority.

Employing White's post-structural definition of agency as the "intentional state understandings of identity , whereby people are seen as living out their lives in line with their intentions and values" (White, 2007: 103) directs the attention of the study to the process by which identities are shaped and the role of social beliefs and their relationship to agency. This theme of exploring the possible tensions between social beliefs and personal values or intentions and the exercising of choice, emerged organically from the research process. Bringing this it into conversation with the group opened up critical discussions of patriarchal beliefs that supported abuse of women. This conversation led into discussions about the participants' experience of the rules of the Centre and their various relationships to these and to their sense of personal agency.

A narrative approach recognises that power relations, structural inequalities and cultural discourses impact how we view identity and problems. Challenging these require becoming "critical or resistant… to disempower the disempowering ideas and values" (Hartling, 2004). Madigan presents agency as acts of reclaiming the 'storytelling rights' in our own lives. Seeing lives as 'multi-storied' this represents an exercise of active choice regarding stories about ourselves we choose to hold on to and which we choose to resist or reject (Madigan, 2010). The embodied explorations of choice focused on 'unique outcomes', which Madigan describes as "actions or intentions that contradict dominant problem story" (Madigan, 2010, p. 88) and supported the building of alternative preferred stories. In this case the 'unique outcomes' were embodied experiences of choice (through artmaking and movement) that could support agency.

Agency can be recognised as a common need of all people "to feel effective, able to move and change things" (Hartling, 2004: 12). The Stone Centre writings, focusing on the

psychology of women, recognise how barriers to effecting change in one's environment can lead to a sense of incompetence and drop in "zest, decreasing clarity, withdrawal from connection, less self-knowledge and a decrease in sense of self-worth" (Hartling, 2004: 12). Weingarten argues also for the value of developing a sense of agency in healing, utilising the concept of 'reasonable hope' as something that can reignite agency in the taking of small steps towards something hoped for filling the present "with working, not waiting; we scaffold ourselves to prepare for the future" (Weingarten, 2010). The 12 Step Program of recovery from addiction also harnesses this idea in its slogan "one day at a time" (Valverde, 2001).

'Unique outcomes' as moments of exercising choice in line with values and intentions, is pertinent also to recovery from addiction, which McCauley (2009) describes as 'a disease of choice', in that it acts to impair parts of the brain concerned with making and acting on choices. This impairment expresses as dissonance between a person's values and behaviour. Recovery can be seen as a process of increasing the window of choice (McCauley, 2009) enabling individuals to regain capacity to act in accordance with their own values. This corresponds with the idea of expanding the 'window of tolerance', which can be described as "the amount of stress we can tolerate while holding on to our preferred selves" (Zimmerman, 2018: 146).

Foucault's discussion of 'docile bodies' describes the internalisation of narratives of deficiency and submission in ways that undermine agency and lead to passivity in the face of oppressive practices. However, he also describes how, alongside this, where there is subjugation there is always some (often more subtle) form of resistance (Foucault, 1977). This is echoed in Boonzaaier's advocacy for shifting discourses to highlight resourcefulness and resilience in context of constraints (Boonzaaier, 2001; Draper-Clarke, 2022). The gesture of 'flicking the shit off' that emerged from explorations of choice provides a vivid representation of an 'act of resistance' that illustrates a creative agentic response to difficulty. This could be considered an expression of an 'fight response' that had no previous outlet. According to Levine this would represent a nervous system discharge that would assist in self-regulation supporting the possibility of more availability for social engagement (Levine, 2010). Discussions from the following week illustrate how the embodied and creative explorations of choice unearthed rich resources that seemed to support learning and change processes in the participants, as described by their reflections on incidents where the embodied processes had influenced their choices in their lives outside of the group. This process can also be reflecting a movement away from 'power over' dynamics towards the mutuality of growth-supporting relationships as described by Relational Cultural Therapy (Hartling, 2004).

Learning

Identifying an emergent theme and taking this into discussion and then embodied exploration, provided a means to integrate the narrative and expressive arts work. However, it was challenging to facilitate, as the breadth of discussion made it hard to draw out coherent themes. In later work the focus shifted away from the conversational aspect, which made it easier as a facilitator to attune to the embodied states of the participants, but left

me with a sense of loss around an organic emergence of group themes and depth of engagement. It is unclear if this was a result of the shift away from a more consciously narrative approach or if other variables such as the different constellation of the groups and the post Covid-19 context. It could also be that foregrounding an embodied approach brought with it a 'slowing down' of pace more attuned with the needs of the participants and group.

MIND: Preferred Stories

In his writing about working with people who have experienced multiple traumas, White describes how a 'loss of a sense of self' is common, with life experienced as a fragmentary series of events devoid of feeling, a sense of continuity or personal agency (White, 2006). He draws on memory theory (Meares, 2000) describing how trauma effects memory systems, in ways that can disrupt the narrative structure of autobiographical memory and with it a familiar 'sense of self' across time. 'Dissociated memories', devoid of a memory of self, lead to negative meanings becoming entrenched, as facts about identity. In this process, what a person gives value to, or holds precious in life, is obscured and devalued, resulting in the development of a sense of 'being damaged' or 'messed up' (White, 2006: 74). White asserts that to address trauma by focusing on revisiting traumatic experiences runs the risk of retraumatisation and increased alienation. Narrative practice focuses rather on 're-invigorating a sense of self'or recovering an inner life that reflective of what the person 'gives value to'.

Using the metaphor of a life as a multi-storeyed building with access reduced to only the ground floor or a single deficit-based narrative about self (White, 2006), White describes the healing process as one of scaffolding access points to the other storeys or stories on which reside "many things precious about (their) lives, including other knowledges and practices of living that could assist (people) to find a way out of their predicaments of life, that could assist their efforts to heal from trauma they have been subject to" and thus building "another place in which to stand that makes it possible for them to give expression to their experiences of trauma without being defined by these experiences" (White, 2006: 55-56). It requires identifying and developing a sense of 'what (people) give value to', which may be hidden. This can be done through uncovering purposes, hopes and dreams, special memories, images/ fantasies/ metaphors linked to significant themes/ experiences.

Mindful of the risk of re-traumatisation, the praxis of this study chose not to work directly with narratives of trauma or invite retelling of stories of past trauma. The focus was rather on supporting participants in building 'resources' (Warshaw, 2013). The definition of this used in the study is as understood by TLAP practice (Halprin, 2003) as sensation/ movement, emotion, imagery or idea that are experienced as contributing to a desired experience of self or, as used in Somatic Experiencing practice, supportive of a settled or centred nervous system state (Levine, 2010). In line with narrative practices' focus on the 're-invigoration of a sense of self' the praxis sought to scaffold access for clients to narratives from past, present and future that supported preferred identities and a sense of agency. However, it stopped short of narrative practice of 'double listening' to stories of trauma for responses that are

founded in values, due to caution around pre-maturely inviting trauma narratives and the attendant risks.

What emerged for participants, from the past, were memories: of moments of choosing creative practices as a way to stay safe from being drawn into violence and a variety of childhood experiences that spoke of abilities to enjoy creative play, uphold family values including the 'plain and simple'. When inviting memories of moments of peace and calm, past experiences in nature and connection to family were accessed and brought to mind another metaphor of White's where he speaks of trauma healing being about uncovering first atolls, then islands then archipelagos of where a sense of safety can be experienced. A storying of journeying from the 'wrong path' to the 'right path,' as well as the choosing to come to the shelter, also came to light. All of these experiences of the past, spoke of aspects of life and relationships that were of value or precious to participants, that they wished to 'recover' or grow.

Future hopes and dreams were also invited as an expression of values and a way to provide 'reasonable hope' or co-ordinates to move towards (Weingarten, 2010) (Sammartino, 2021) (Weingarten, 2000). These included the desire to "stay clean", "give myself another chance to study further", "a new life" for the family, to be "the best mother for my kids", "teaching kids to get in touch with and love their bodies", "embracing peace, happiness, joy, letting go of negative distractions", "become an independent business woman".

The present was used as a place to broaden experiential possibility through expressive arts practice. Through these experiences participants reported "flicking the shit off", "living in the moment", "learning to choose when to go", "getting to know my likes and dislikes…", "finding out who I am", "listening to my body", "feelie free". Exploring body parts brought up experiences of health, being pain-free, relaxed, calm, loosened up, connected, supported, upright, present, able to move freely, determined, happy, able to say 'yes' to life and express real feelings. Choices "not to look back", "to look to the future", "to share my passion for the arts" were expressed along with the belief that "I can do it for myself and my family".

Learning

Using embodied and imaginative practices generated a wealth of resources for participants that could support the development of preferred identity descriptions of narrative practice. This material can be seen to strengthen the agency of individuals by bringing awareness and connection to their preferences, values and hopes. Narrative practice proposes 'thickening' narratives by scaffolding them into life experiences, which is developed relationally, by recalling 'unique outcomes' or 'shining moments' from the past and the people present and impacted (White, 2006). This aspect was not sufficiently developed in this study, but could be in future praxis using TLAP tool of 'life-art reflections', which invite an integration of creative expression with life experience through writing and reflection. Narrative practice also employs 'outsider witness practices' and 'definitional ceremonies' in the present, which involve specific structures for communal practices of witnessing and responding to preferred narratives in a way that is validating and strengthening (White, 2006). These practices offer further support for individual agency by providing communities of support for preferred

ways of being. The ritual and performative nature of these practices lend themselves to an integration with an expressive arts approach, such as the TLAP, which also includes practices of performance, witnessing and ritual in the telling of personal stories. Future work could be developed to include exploration of ways to thicken narratives, visit stories of responses to trauma and include more communal witnessing and ritual.

PERSONAL REFLECTIONS

A post structural feminist perspective acknowledges the importance of researcher reflexivity, as a means through which to make visible the relational context in which knowledge is being constructed. Thus, the researcher is invited to make visible their own experiences and interrogate these as part of the research process. To this end I am including my own personal reflections in the research report. Both narrative therapy practice and TLAP provide practices for facilitators to 'give back' to clients by sharing their own experience and personal learnings from encounters. In narrative therapy this is used to equalize power in relationships by explicitly acknowledging the reciprocity inherent in relational encounters. As a facilitator of these practices, I am aware of experiences being a product of relational collaborations and so seek to work consciously with myself as an instrument of the creative practice. It is my hope that in sharing my experience I can support others who are working in related contexts.

BODY: Building Resilience

"Creativity is sometimes explained as an ability that allows people to discover a new solution to an old problem." (Knill, 2000: 9)

The fear I experienced initiating and facilitating the Pre Covid-19 series was markedly absent during the Post Covid-19 series. I attribute these changes to a number of experiences during the Covid-19 pandemic.

Walking the talk

The time between my two periods of fieldwork, during the pandemic, offered resources in managing my fears. These came in the form of an expansion of my own restorative movement practice, which was facilitated by the availability of online TLAP workshops. These began with a focus on nervous system resilience (Dias de la Léon Z, 2020) and were followed by series exploring TLAP using mythological themes (Dias de la Léon Z, 2021), in trauma healing (Sammartino, 2021) and using body mapping (Institute, 2020). Re-engaging as a student of the work personally, resulted in increasing my sense of well-being and agency and also further developed my practice as a facilitator, which led to me offering online workshops myself.

"I have experienced a re-awakening of a gentle creative energy guided/ inspired by new imaginings, inviting a different kind of connection to my body". Personal *Journal 24. 10.20.*



"The little wisp of a girl, who had at times felt herself to have no more substance than a ghost, feels in her body, in that moment, every cell pulsing with life. Her heart full to bursting, drawn upwards and open in the moonlight, exploding like a thousand stars, with the deep knowing that she has never, will never and cannot ever be alone"
Orca as Spirit Animal: "a reminder to be more appreciative of your abilities"
(Personal Journal 10.24.20)

Finding a place

Connecting to an international community of Somatic Movement educators through ISMETA (the International Somatic Movement Education and Therapy Association) I was able to locate the TLAP work in a broader context (Eddy, 2016). Anna Halprin's death in May 2021, brought home the rich lineage and global community I was part of and reaffirmed that I had been given much worth passing on. The pandemic also heightened my visceral sense of the inequalities in our community and the suffering of those around me, heightening my need to find ways to contribute to others (Weingarten, 2004).

I returned to the centre in October 2021, at first as a volunteer offering groups, with an absence of the fear I had previously experienced and a new sense of lightness. I moved away from using a narrative approach to uncover themes to explore and structured the groups around a Body Part Metaphors (Halprin, 2003), which I continued to use in the Post Covid-19 groups.

HEART: Building Alliances

Dancing across differences

"Dancers from different cultures must learn each other's movements, rhythms and meanings"
(Chavez, 2011: 92)

As a researcher engaging in community-based participatory research I was aware of the differential position on the 'inter-locking hierarchies of privilege and power' occupied by my collaborators and I. Drawing on the work of Chavez et al who argue for the importance of addressing issues of race, privilege and power in community-based participatory research, I attempted to practice "cultural humility" defined as "a commitment to self-evaluation in

order to redress power imbalances and develop and maintain mutually respectful dynamic partnerships built upon mutual trust" (Chavez, 2011: 100).

"I long to cross barriers and contribute, but fear that coming from my position of privilege, there is no place for me in the broader community, that I have no right to be here." (Reflective Journal 2.3.20).

From the outset of the project, I encountered my fears of the discomfort of confronting differences of race and class, that still play such a significant role in mediating risk and opportunity in our society. It was this fear that had held me back, for many years, from working in a community-based context, despite a longing to do so.

" a curious level of terror coming up"
(Reflective journal 3.2.20)
"fear hovering like a wave of nausea waiting to break."
(Reflective journal 3.2;2.3.20).

Reflecting on these feelings I saw that I was reacting to growing up around others who responded to their privilege by enacting the 'white saviour' archetype which focuses on "the goodness of the giver" (Draper-Clarke, 2022, p. 89) and re-enforces the ideas of superiority or inferiority. In my reaction, I engaged in another 'shadow archetype' described by Draper-Clarke. That of 'othering', thinking 'who am I that I think I have something of value to give people, who have such different lived experience to my own?'

I received some very direct feedback from one of my lecturers, Nondumiso Msimanga, who told me I needed awareness of my privilege and a strategy to navigate it, and then to put it aside and focus on the 'real work'. This felt like a wake-up call, to focus less on myself and more on the work. I drew encouragement from Draper-Clarke's learning that it is not 'who we are, but how we are' with people that matters.

"*I realised that to stand up to these fears I need to connect to my values… the gift of movement and body connection, creative collaboration. I am reassured by a message I received from a fellow dance educator, Nicky Visser, whose work I have great respect for, sharing her own self-doubt. It diminishes the weight of my fears*." (*Reflective Journal 2.3.20*).

Coming in as an 'outsider' I became aware of my own cultural lens, values and belief systems. This included the privileged norm of the predictability of space and time, as well as being able to create dedicated spaces to focus on chosen activities. The process of setting up the groups, as well as not knowing what space would be available until I arrived, reflected the reality of navigating unpredictable factors and needing to make constant adjustments, which was different to my everyday experience as a health worker in private practice. What I perceived as 'interruptions' to the group process internally and externally, including the

comings and goings of children and juggling child care responsibilities, I came to see as norms of the managing the many conflicting needs and demands of the community.

Building relationships with the centre and the staff involved negotiating uncertainty and took time. My introductory meeting with staff took a couple of months to set up. On one occasion I arrived to find that the larger meeting planned had fallen away and I met with two staff members instead, which gave me an easier space to start my introductions in. Thérèse Hulme, my narrative mentor, reflected the challenge of getting "in rhythm with the context". Also "beginning something…out of nothing…the courage and the love of the turn to the other…of making yourself vulnerable in this offering".

"I feel encouraged by the levels of engagement and positive response to the work I introduced at the meeting with staff…I am trying to develop these relationships further, by following up on feedback from one particular staff member, but have received no response to a number of e-mails and several attempts to set up a meeting. There is a tension for me: wanting to be sensitive to the work context and stressors staff seemed to be dealing with daily and not add to this, but also wanting to build relationships in order to learn ways of working appropriate to this context that is new for me. I find myself reacting to the idea that I might be experienced as demanding or asking too much, by holding back, avoiding making contact and wanting to be 'as little trouble as possible', fearing that I am coming across as an entitled privileged white woman expecting to have things done for my benefit, while not understanding the implications for others. I need to persevere despite this." (Reflective Journal 15.3.2020).

Over time, I built a relationship with the social worker in charge of programming, who invited me to communicate with her via Whatsapp and in the years that followed, communicated consistently and on many occasions went out of her way to help making the groups happen. I also received unsolicited feedback from another social worker at the centre, appreciating my contribution and ways of working. She mentioned my commitment and an attitude of kindness and respect she had observed in me. This felt very encouraging.

Moving away, towards, against and with

"One of the most important ways to facilitate movement in relationships is to truly honour strategies of disconnection" (Miller, 1999: 2)

The dance of building relationships with the group followed rhythms of connection and disconnection, as described by Horney (1945): 'moving away' (by withdrawing or hiding), 'moving towards' (through pleasing and appeasing), 'moving against' (exercising 'power over', counter-humiliation and aggression) and 'moving with' (finding 'power with', building mutuality)' (Jordan, 2004). My own patterns of disconnection emerged, revealing

vulnerabilities I needed to find ways to move through, in order to develop an ability to build "growth-fostering relationships", which can be defined as: "being in touch with our own feelings (so that) we touch the hearts of others and both people grow" (Jordan, 2004, p. 15).

An example of this was my response to my experience of disruption, when people came into the room and started conversations with participants while we were working, also when participants talked amongst themselves loudly while I was guiding a movement process. I felt uncomfortable and did not know how to respond. I brought this as a theme to the second session sharing, how I noticed myself 'going along with things I didn't feel comfortable with'. A personal theme emerged that recurred throughout the fieldwork: 'not knowing how to respond to my own discomfort, for fear of causing discomfort for others'. My patterned response was to 'move away' becoming emotionally disconnected. Instead, I chose to share my experience with the group, who related strongly to my theme and we found a point of connection that grew into rich discussions around boundaries and safety in the group. The theme persisted for me through the second series, where I experienced repeated moments of 'pulling back from myself'or 'checking out'.

"*I feel thrown by disruptions with numbers and children and talking through the dance. I try to roll with it but find myself 'just carrying on' in a way that feels inauthentic/ disconnecting. I think that maybe I am in 'freeze' as I can't notice any anxious feelings but just stay fixed on my agenda in a flat sort of way. It feels like a strange space of disconnect, where I am not acknowledging what is happening because I don't know how to manage it. I stay fixed on what I am hoping for rather than finding a way to meet the group where they are at/ try to create more engagement, because I struggle to 'think on my feet'" Reflective Journal 21.10.22*

"The nursing sisters request to meet the whole group. This comes at a really bad time (as we are just re-gathering to prepare for a final drawing). I feel thrown. The group fragments and never really comes back together after that…I was so thrown that I didn't even recall or record what object each person chose…I leave with a bit of a sick shameful feeling, also mingled with a clear sense of some of the value that I think most of the women…received from the group. On leaving I am told by the woman working at reception how "the women are all raving about your groups and the drawing and dancing"". Reflective Journal 26.11.22

My interactions with Ruksha, revealed additional patterns of disconnection. In the initial group when first meeting her, she was very chatty and helpful in gathering the group. She was also forthcoming in making requests, for music and to work with paint at our next session, also asking for stationery and sweets to share. I initially appreciated her friendly engagement, but soon began to notice my discomfort and found myself feeling inauthentic in my responses.

"When asked for feedback on what she found helpful/ unhelpful in the session Ruksha responded: "nah we liked everything". I feel discomfort with Ruksha, telling me what I think she thinks I want to hear and I feel like an idiot saying 'yes, yes' agreeing with her." Reflective Journal 21.10.22

On reflection I see how I experienced Ruksha's behaviour as 'moving towards'/ a need to 'please and appease'. Once again I felt inauthentic in my own response in which I also 'moved towards'/ adopted a submissive approach in an attempt to resist occupying a dominant role.

Ruksha shared with me, before our second session, about her previous experience as a research participant, where the researcher was more emotionally affected by hearing stories of abuse from participants, than the participants themselves. She explained how "we learn to live with it" and "are over it". It was unclear to me in the moment what it was she was communicating to me and how to respond.

"Ruksha's comments left me feeling uncomfortable. I noticed a need in myself to please/ appease her and feeling inauthentic in my response to her." Reflective Journal 14.2.22

On reflection I can see how not knowing how to respond, brought up shame for me. This was connected once again, to questioning my credibility in my role as facilitator/ researcher, based on a belief that I should have the answers and be in control. I responded by 'moving towards', in ways that felt inauthentic. Despite reflecting on this at the time, I was again thrown by Ruksha's response in the final closing circle and did not respond authentically.

"In our closing circle, I once again felt thrown when Ruksha responds to the request to share a touchstone of something she was taking away from these groups and she shared: "Katy's spirit". I invited the group to respond in movement and Laurie responds with a dismissive flick of her hand." Reflective Journal 25.11.22

My patterns of disconnecting through both 'freeze' and 'please' responses, revealed personal areas of exposure, unworthiness and vulnerability (Jordan, 2004). This can be viewed from the perspective of Zimmerman's (2018) definition of a 'window of tolerance', as "an amount of stress we can tolerate and still hold on to our preferred selves". Reflecting on my own cultural lens, I came to see how I was being influenced by beliefs that I, in my role, as facilitator/ researcher, should be able to demonstrate 'mastery' and 'be in control'. Thus, my response demonstrated an unconscious enactment of a role that supported the very imbalance of power I was seeking to disrupt (Chavez, 2011). Relational Cultural Therapy would view this as an opportunity to practice authenticity by acknowledging moments of uncertainty or pain without moving into blame of others or self (Jordan, 2004). My challenge was to keep finding a way to do this, as I had in the initial example.

Moving into movement or drawing, offered ways to experience, for myself, the benefits of the 'bottom-up' practices (van der Kolk, 2014) that could assist with nervous system

regulation, which at times allowed me to move back into connection and 'move with' others again. Literally 'moving with', provided a means of 'showing up' relationally in a way that supported a sense of mutuality, rather than re-enforcing hierarchical roles. Sharing drawing also led at times to building connection.

"I *enjoy the freeing feeling in the dance, the relaxation that emerges from the guided movement, witnessing participants absorbed in drawing" (Reflective Journal 2.3.20)*
"*Once we start to move the energy shifts. I introduce a mirroring exercise and join in partnering with Zobuhle. It feels very enlivening, connecting with her by moving together." Reflective Journal 28.10.22*

" Today thanks Ketty, for helping me with I feel everything that I had or I was thinking about it gone by doing all the movements. Am really thankful to her Ketty because she is very good with her movements and she is very humble and she always want to know how you are feeling also a lovely person." Zobuhle's Journal 28.10.22

"I am surprised and happy that Ruksha chooses to join even though she had been excused, because she had to go out….She finds a chart of feelings with facial expressions on the table which she uses as a reference. Her first face is a face with small narrowed eyes a very down-turned mouth and wrinkled brow she calls 'serious'. Her second face has round eyes, a more creased brow and slightly down-turned face she calls 'regretfull'. She adds 'of what I did in my active days. Stay clean!!'. When Ruksha shares this, I feel a sense of connection to her feelings, as I had when she shared, in our first session, about her connection to the beach and sea and how it brings her peace and calm." Reflective Journal 11.11.22

"I leave the session feeling … an appreciation of the sense of connection with the women there and a growing trust in the process." Reflective Journal 11.11.22

Learning:
In line with Polyvagal Theory (Porges, 2011) (Dana, 2015) (Zimmerman, 2018), moments of connection were available to me when I was feeling most settled and present. This was mostly either in open conversation spaces or when engaged in somatic and expressive movement practices. To increase my tolerance for disruption and disconnection so that I can better stay present in these moments and rather than move into a freeze/ disconnected response I need to keep learning to stay with the discomfort by connecting to bodily awareness. This can be seen as my own journey of trauma healing or re-patterning of 'stuck' stress responses in my body (Levine, 2010). Finding ways to share my feelings and vulnerability authentically also supported moments of connection. I need to continue to develop my capacity for this, by committing to the self-reflexive practice of 'cultural humility' (Chavez, 2011) and developing my relational competence (Jordan, 2004), both of which support building alliances across differences in privilege and power.

"After the low point of being left holding the crying babies, I have a relieving moment where I really let go of trying to 'make anything happen' and then notice how two participants have spontaneously chosen to go and write in their journals." Reflective Journal 26.11

"I move in preparation for this session, in a way that feels like a prayer, invoking, moving backwards undulating spine arms open, coming forwards grounding, drawing up earth energy, rising, cupped hands winding, offering. Warm stone, heart space, drawing energy up and out. Earth to heart to arms - hands offering up and out. Pulsing rising offering letting go." Reflective Journal 25.11.22

Boundary setting & fierce compassion

"Sometimes compassion needs to be fierce" (Germer, 2020)

"It is clear that there is a need to work together with the group to create safety and some boundaries within which we can do the work"
(Reflective Journal 3.3.20)
"I feel unsafe because I have not created clear boundaries for myself/ with the group."
(Reflective Journal 21.10.22)

The idea of 'fierce compassion' emerged in discussion with my supervisor, Lucy Draper-Clarke as: How to hold the tension between respecting autonomy and individual needs and creating boundaries to support the group and the work: creating a container for adventurousness? In his essay on 'fierce compassion' Germer talks about "the obligation to acknowledge the risk of complicity in systems of oppression" (Germer, 2020). He examines obstacles to practicing the foundations of compassion as the 'near-enemies' of complacency, sameness and pity. I learned the importance of challenging my tendency to ignore my discomfort and 'go along with' and choosing rather to take a stand for protecting a 'safe space' for focused creative work to emerge.

In both the Pre and Post Covid-19 series there were group discussions around group boundaries. The first, I experienced as very collaborative, with all the ideas coming from the group. The second, I experienced as less so, catching myself changing the words offered (and needing to change them back to those used by participants). On reflection, I realised the importance of taking time to scaffold collaborative conversations to build a shared picture of hope for the space that felt worth protecting and agreements around maintaining this (Anderson, 2014) (Warshaw, 2013).

MIND: Changing my story

From self-criticism to critical reflexive praxis

"It's difficult to see your thoughts when you are in your thoughts."
(Chan, 2017)

My fears continued to express as an inner critical voice that was on the look-out for any 'mistakes' I was making, engaging a binary self-critique (always asking: good enough/not good enough?). This was often accompanied by feelings of shame.

> "*I leave the group feeling like a 'fake' judging myself for floundering in conversations and missing opportunities to engage…and with a strong sense of failure" (Reflective Journal 4.11.22)*
>
> *"I feel a lot of shame reflecting back…and have judgments around what I imagine as my inability to hold a more honouring and reverent space." (Reflective Journal 25.11.22)*

During my data analysis process, I noticed how, particularly in the Pre Covid-19 fieldwork phase, by foregrounding this inner critical voice in my reflections, I failed to notice so much of the richness of the other interactions happening.

> "*At the time I was judging the work so harshly. Going back and listening to the recordings I am surprised by how rich the work now appears and how many themes came to light that could been developed further, that my self-critique obscured at the time". (Reflective Journal 30.4.23)*.

Grateful for the data that captured these 'alternate stories' I found new perspectives on my research experience, that gave me some welcome distance from my own 'stories of inadequacy'. My journey became one of learning to transform this into a constructive critique that embraced the opportunity to keep learning and the possibility of offering insights to other facilitators. One of my most striking learnings was how a dominant self-critical narrative could obscure a wealth of relational experience.

Reasonable Hope

"Reasonable hope suggests something both sensible and moderate, directing our attention to what is within reach more than what may be desired but unattainable" (Weingarten, 2000)

I came into this project with a series of hopes: to develop my skills as a facilitator of expressive movement for healing, in a multicultural community context; to develop a methodology to integrate TLAP with 'narrative sensibilities'; that this might contribute to the well-being of the women I work with. My personal journey was one of confronting my personal narratives of privilege and a lack of belonging. Through a community of support, of my peers, staff and supervisors at Drama for Life, my mentor, Thérèse Hulme, the Tamalpa community, a broader global somatic practitioners' community and the staff and participants at the Centre, I developed my expressive arts practice and found a place for myself as someone who could 'do the work', offering something of some value, however stumbling and imperfect.

Learnings

Reflecting on my journey I am struck by my experience of trying so hard to 'get it right', especially with the narrative aspects of the work in the Pre Covid-19 Phase and both how stressful this was and yet how rich the work feels in retrospect. In the Post Covid-19 phase, I let go of this in many ways and connected far more from my heart and body, which felt more relaxed and yet that something was missing. This leaves me wondering if there is a way, I can integrate a more 'thinking approach' still working on consciously integrating more narrative practice, while staying connected to heart and body? I am left still wondering what this could look like? I am imagining how this might be supported by cultivating the 'relaxed and alert' state of creativity and play in my central nervous system.

CONCLUSION & RECOMMENDATIONS

The study offered insights into both the contribution that an embodied narrative approach can make to strengthening the agency of women healing from the effects of abuse, as well as possibilities for directions for further development of such work.

BODY

Shifts and changes

The noticeable, largely pleasurable effects participants reported from the movement and expressive arts practices, re-affirmed the value of somatic practices in nervous system regulation and restoration. According to current understandings of trauma recovery, the study argues that this regulation and restoration is supportive of agency. The effects of trauma on the nervous system, being 'stuck on' or 'stuck off' (Levine, 2010), was illustrated by the experience of this study. There were also a number of occasions where the practices were ineffective in helping shift participants states. The nervous system state of the facilitator emerged as a significant factor, with stress responses arising at times in ways that interfered with a capacity to act as a supportive co-regulator for the group.

A wide repertoire of somatic or expressive practices offering variable and accessible 'technologies' to shift nervous system states is needed to resource a facilitator of this work to respond creatively to the needs of the group. The study also points to the importance of meeting participants' where they are at, in terms of their current nervous system state, rather than attempting to move too quickly towards a different state. As a significant coregulator of the nervous systems in the group, it is important that the facilitator develops a strong capacity for self-regulation. This requires an ability to utilise interoceptive awareness effectively and a fluency in self-regulatory practices. Developing a strong personal somaticexpressive arts practice, ideally with the support of a practice community, can provide the facilitator a means with which to keep building fluency in the tools of the practice, as well as supporting self-regulation.

New possibilities

The movement practices were able to facilitate the disruption of habitual movement patterns, with new possibilities emerging e.g. swirling around a room with arms outstretched, kicking and punching or 'flicking the shit off'. From a somatic trauma healing perspective, these are viewed as supporting nervous system flexibility, restoration and resilience, by expanding access to a wider range of states of activation and relaxation. From a narrative perspective these movement explorations could be seen to be unearthing 'unique outcomes' that can develop into alternate narratives constituting a reclamation of preferred selves and a strengthening of agency.

HEART

Trauma healing and relationships

Sensitivity around the effects of complex trauma (Herman, 2015) (Levine, 2010) and recognition of the layers of traumatic experience that research participants had been

exposed to: intergenerational, mass and individual (Mogapi, 2020), helped to contextualise and support respect for strategies developed to navigate relational safety (Warshaw, 2013). Relationship building between the facilitator and group members was further complicated by needing to build alliances across differences, in contexts impacted by destructive systemic power imbalances (Jordan, 2004) (Hartling, 2004) (Chavez, 2011). Both aspects brought challenges to the process of building the trust and safety in the group, required to facilitate creative, healing work. The appropriateness of the originally identified focus of deconstructing power dynamics through collaborative (Anderson, 2014) (Warshaw, 2013) and de-centring (Epston, 1999) practices, was affirmed.

The importance of taking time to build trust and safety in relationships, emerged. Building cross-cultural alliances was supported by the practice of 'cultural humility' (Chavez, 2011) and the development of the means to recognise and repair disconnection (ed. Jordan, et al., 2004). For this, the researcher or facilitator needed the capacity for self-reflection, with an awareness of the dynamics of power and privilege and a willingness to share vulnerability. The expressive arts offered a valuable resource for connection that itself became a means of resistance to the replication of damaging hierarchies of power. Applications of these tools and capacities and the metaphor of 'moving with' could be usefully developed in future work.

Building supportive communities

The building of a group space inviting experimentation required building a supportive communal culture that was in many ways counter to the familiar or prevalent cultures. This was illustrated by the emergence in the tension between the creation of a space for 'me time' inside the group, within a context of many conflicting demands that was disruptive of this. The need to navigate these required an appreciation of the context, while building some shared understandings and agreements around boundaries in the groups, that could support the possibility for novel experiences.

Alongside the need for a facilitator to respect and adapt to the constraints of the context, the needs to negotiate shared intentions, understanding and agreements regarding the group space, emerged as an important aspect of collaborative practice. The concept of 'fierce compassion' (Germer, 2020) was a resource for the facilitator in initiating the creating and maintaining of boundaries to create a safe space for experimentation, exploration and expression. This required balancing with the important need for freedom of choice, as illustrated by the use of invitational language, also essential in supporting safety and strengthening agency. Time needs to be taken in developing the process of creating group agreements.

Witnessing

While the role of the witness emerged in the literature as significant in processes of healing and change (Halprin, 2003) (Carey, 2003) (Weingarten, 2000) (Zimmerman, 2018) (Guilfoyle, 2015) (Siegel, 2010), its potential was not adequately explored in this study. The further development and scaffolding of witnessing practice stands out as an area requiring further exploration, that could enhance the efficacy of an embodied narrative practice. Both TLAP

and narrative therapy offer rich resources for the introduction and practice of this role in a community context. This includes the collective witnessing of communities of support and performative and ritual practices, used to further strengthen the preferred identities of participants.

MIND

Alternate narratives

The emergence of 'unique outcomes' (Madigan, 2010) (White, 2007) that could 'reinvigorate' a sense of self and support the strengthening of agency, demonstrated a synergy between the narrative and TLAP practices. Recalling from the Introduction section Madigan (2010: 171) describes these as "a point of entry into the alternate story lines of people's lives that, at the onset of these conversations, become visible as thin traces, which are full of gaps and not clearly named." Thus, these can be seen as providing resources from which to create narratives that can counter those of deficiency and submission, inherent in dominant discourse around woman abuse. This is in line with the resilience-based intention of the project. Both practices provide creative means to unearth values, hopes and dreams. The embodied expressive practices offered a means to access the creative imaginations of the participants to this end.

The 'unique outcomes' that emerged from somatic expressive practice, were at times, further developed to strengthen participants' agentic capacities by applying these experiences to their life outside of the group. An example of this is the feedback from participants regarding how explorations of 'freedom of choice' within the group contributed to various instances of making new choice outside of the group. This aspect of the practice requires further development. From a narrative perspective this could be described as the 'thickening' of an alternate narratives, which is needed to create a counterweight to the 'problem stories' in order to significantly impact participants' sense of identity. In narrative therapy this is traditionally achieved by using 'unique outcomes' to develop the history of an alternate narrative and also embed it in a relational context (by enquiring about others past and present who act as witnesses who can re-affirm an emergent identity). From a TLAP perspective 'thickening' would take place using reflection and life-art dialogues (Halprin, 2015) and the creating of performance and ritual. The use of witnessing (Carey, 2003) (Halprin, 2003) in both traditions would also support this. More work on developing embodied expressive methods for this is needed.

Themes to work with

In many ways integrating a narrative approach with the TLAP, proved to be a challenging process. While consciously foregrounding a narrative approach unearthed relevant themes that could be explored and developed (in the Pre Covid-19 phase), it also involved more broad discussion and less embodied practice. When embodiment was foregrounded instead (in the Post Covid-19 Phase) there was less organic emergence of themes from the group. The question of methods to elicits relevant themes for group work, without allowing discursive practices to take over, requires further exploration. Two possible areas of exploration could be: attending more to the 'harvesting' of themes from expressive arts practices and bringing them into group discursive spaces; developing discursive group

practices that can identify collective themes without allowing these practices to dominate. The use of 'life-art' dialogues, as described by Halprin, D. (2015) as ways to bridge movement experience with life experience, could be helpful in the former.

LIMITATIONS

There are certain limitations inherent in the design of this study. By selecting to use data generated only in a group setting there was limited information about individual pre- and post- intervention experiences. Assessing the impact of the intervention on participants' sense of personal agency was further complicated by their simultaneous engagement in other therapeutic interventions (as part of the residential program at the centre) at a critical stage in their personal change journeys. This was particularly true of the Post Covid-19 group who were participating in a substance dependency program. Thus changes that participants' reported cannot solely be attributed to the intervention. There were a number of variances in the Pre and Post Covid-19 groups in terms of both context and response, which could be further interrogated.

SUMMARY

The original intention of this community-based participatory research was the development of an embodied expressive arts intervention that could support the agency of women who have experienced abuse. It proposed a narratively informed, movement-centred approach as one well positioned to address the effects of trauma and develop resources to support resilience and hope. Embodied experiences, feelings, imagery and narratives emerged that provided resources for participants both in terms of nervous system regulation (Levine, 2010) and re-connecting with and supporting preferred identity descriptions (White, 2006). The capacity for nervous system regulation is integral to exercising choice to respond rather than react (Porges, 2011). It can be connected through the concept of the 'window of tolerance' as integral to embodying our 'preferred selves' (Zimmerman 2022). Expressive arts practices can be seen to create resources to develop and expand these selves. Together this can be seen to support agency as defined in this study. This represents an, albeit humble step, in the direction of the original intention of the study. It also suggests a number of possible directions for further exploration particularly in the areas of witnessing and collaborative methods for eliciting themes.

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