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Promoting Resilience Practice in Childen Using Improvisational Play

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Promoting resilience practice in children using improvisational play

Capstone Thesis

Lesley University

May 5, 2021

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Expressive Arts Therapy

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Abstract

This paper presents an expressive arts therapy method using interventions based in improvisational play to promote resilience-building in school-aged children. A review of current literature on resilience, developmental theory, creative psychotherapeutic interventions, and drama therapy interventions with this population is included. A method using a dramatic playspace to promote embodied interaction with interventions centered in active coping, cognitive flexibility, and social support was used in group therapy work with seven students ($N = 7$) enrolled in a therapeutic day school. Clinical observations support the effectiveness of embodied improvisational play therapy outlined in the literature review and suggest possible accessible avenues for long-term resilience work with children.

Promoting Resilience Practice in Children Using Improvisational Play

Introduction

How do we move through life when life seems to always be moving? What happens when the rules of the game change midway through, or when we realize that we do not have all the pieces we need to play? What about when something gets lost or broken or we lose a player and realize this isn't as much fun as it used to be? It appears that modern society has finally caught on to the reality of just how little power we have over creating perfect circumstances for success, health, and well-being in our lives (though that won't stop us from continuing to try). It is no wonder that the "pursuit of happiness" has taken a shift in the past quarter-century or so to the pursuit of *resilience*. Everyone seems to be buzzing for more understanding and information about the magic formula to this elusive and valuable tool. Especially now, during a global pandemic, the importance of resilience in times of instability seems an invaluable asset.

Everyone wants it, but what is it and who has it? Masten (2014) defined resilience as "the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development." By this definition, the concept of resilience can be applied and examined from micro to macro levels, or essentially, to everything from an individual child to a family, to an economy, or even a society. What discipline would not want to promote the ability to "bounce back" from adversity?

Who gets to define what successful adaptation really looks like? Can resilience be used in a therapeutic context to promote the well-being of vulnerable populations? By critically examining research from across disciplines, analyzing and supporting data through therapeutic theories and perspectives, and reviewing evidence from previous studies conducted with similar populations, this thesis proposes a dimensionalized definition of resilience and develops a method using accessible therapeutic interventions to support active resilience practice with

school-aged children in a school setting. Results are presented through clinical observation, personal reflections, and arts-based research.

Literature Review

Examining Resilience

Interest in the concept of resilience within the social sciences is likely tied to the influence of general systems theory (Masten, 2013). Clinical applications for resilience research in developmental science are closely tied to the fields of developmental psychopathology (Cicchetti, 2013; Masten, 2014), and relational developmental systems theory (Masten, 2014). Many of the theories and methods examined in this review also root themselves firmly in these concepts of development and dynamic interacting systems, including Bruce Perry's Neurosequential Model of Therapeutics (Perry, 2006) and Developmental Transformations (Johnson, 2009).

The process of isolating variables for research using a dynamic definition of resilience can easily become confusing and culturally loaded. This is especially true when considering the discrepancies in value judgments required for operational definitions measuring risk, threat, success, and adaptability when examining outcomes (Masten, 2001, 2014). Shrivastava and Desousa (2016) define resilience as "the capacity people have to adapt swiftly and successfully to stressful/traumatic events and manage to revert to a positive state" (p. 2). In this definition of resilience, factors of active coping, cognitive flexibility, and quality social support are noted as the essential building blocks for successful adaptation to adverse life events. Again, researchers highlight development as a key component in an individual's capacity for, and relationship to, resilience (Shrivastava & Desousa, 2016).

Though scholars and cultural interpreters often link resilience to temperament, it is important to note that there is no evidence supporting resilience as an individual trait or that

specific traits inevitably cause resilience. Rather, experiences, personality, exposure to adversity, age, gender, race, culture influences, and other circumstances will determine whether a particular trait serves as a vulnerability or as a protective factor (Shiner & Masten, 2012; Masten, 2014).

One way of reacting to adversity may serve an individual with specific circumstances well, acting as a protective factor, while the same reaction in other circumstances may not. Thus, resilience cannot be so easily isolated as a fixed factor.

When evaluating resilience in a therapeutic context, one must consider the long-term cost of short-term adaptations made under high adversity. The ability to adapt to adversity at one point in time may leave lingering effects on development and increase the likelihood of rigid or maladaptive coping styles. Though this coping strategy may take the guise of resilience, the residual developmental scarring may still be blocking an individual from full, successful adaptation (Masten, 2014). Again, we must challenge our perceptions of resilience at the societal level. Dealing without feeling is not the same as adapting.

A Critical Look: Adversity, Adaptation, and Illness

The well-known adverse childhood experiences, or ACE, study provides an important piece to the resilience puzzle (Felitti et al., 1998). This study is known for recognizing the relationship between adverse events in childhood and the risk of disease in adulthood. The ACE scale has become a popular tool used in the medical field to determine possible risk for developing disease based on events in early life. This study influenced further research toward recognizing the interconnection and complexity of the human nervous system throughout development and the possible cost that overcoming childhood adversity may impose on one's overall physical health.

Werner and Smith (2001) conducted a study that followed 129 ($N=129$) individuals who had been exposed to adversity in childhood from infancy to later adulthood. They identified 72

individuals ($n = 72$) as being able to cope “successfully with the adversities in their lives,” and called this group “vulnerable but invincible” (p.56), referring to them throughout the study as the resilient population. Though these individuals were said to possess resilience when compared to their peers, researchers were stunned to later discover the high proportion of stress-related health concerns reported by the study’s resilient population. In this group, such concerns appeared at more than twice the rate reported by those participants identified as the high-risk peer group.

Misrepresented Resilience and Long-Term Consequences

In his book, *When the Body Says No*, Maté examines the link between lifelong emotional repression as an adaptation for meeting immediate needs and the later development of severe physical illnesses (2011). His work is significant in recognizing how the control of internal experiences as an adaptation to continued adversity may be mislabeled as resilience and promoted as desirable coping strategy. Over time, such behaviors habituate and facilitate a continued practice of ignoring or distancing from physical emotional signals. Rigid behaviors may arise to maintain this adaptation at the expense of one’s authentic experience. An individual may learn to ignore their present embodied experiences and cater to the needs of others or fulfill social, familial, or societal expectations in an (often subconscious) attempt to participate in and support existing systems. By critically examining links between socially valued behaviors, such as extreme helpfulness, selflessness, or dependability, and devastating illnesses such as multiple sclerosis, cancer, and arthritis, Maté challenges the value of traditional successful adaptations, claiming that the way people have been conditioned to act may contribute to their illness (2011, pp. 5-9).

By defining resilience as a trait or attributing success in overcoming adversity to specific protective factors, we allow biased interpretations of individuals’ non-linear processes to mislead us and to narrow our understanding of and access to dynamic well-being in the present moment.

When considering the diversity of experience throughout the lifespan and the intricate process of dynamic wellness, continued adaptation requires the ability to actively respond to events and challenge rigid patterns of behavior.

Werner and Smith (2001) identify some of the personal qualities that have been attributed to individual resilience. These traits include possessing a docile temperament, high intelligence, internal locus of control, high self-esteem, and strong self-efficacy (Werner & Smith, 2001; Türk-Kurtça & Kocatürk, 2020). As recently as 2020, Türk-Kurtça & Kocatürk continue to advocate for these traits and behaviors as protective factors promoting resilience without acknowledging or discussing the correlation to the increased reported illness in middle age noted in the most recent update to Werner and Smith's research (2001).

Türk-Kurtça & Kocatürk (2020) claim that an internal locus of control is linked to resilience, while an external locus of control is linked to low levels of individual resilience. They are not the only ones to suggest this. Internal locus of control is widely believed to support resilience (Klag & Bradley, 2004; Türk-Kurtça & Kocatürk, 2020). Evidence cited to support this claim fails to critically examine the data on increased reported illnesses over time for individuals said to possess the resilient trait (Werner & Smith, 1982, 2001; Masten, 2013; Türk-Kurtça & Kocatürk, 2020).

Locus of control is a concept used in Rotter's Social Learning Theory (1954) to describe an individual's consistent expectations about their behaviors and consequences of. Though it exists on a spectrum, locus of control is typically presented as either internally or externally oriented. An individual with an internal locus of control largely believes their actions and behaviors are responsible for their life's outcomes, whereas an individual with an external locus of control believes that external forces hold the majority of power in how things turn out for them (Türk-Kurtça & Kocatürk, 2020). As mentioned above, many published studies advocate

for internal locus of control as a resilience-supporting trait (Türk-Kurtça & Kocatürk, 2020; Garmezy, 1993; Werner & Smith, 1982, 2001). This insistence on internalized responsibility for life outcomes as a desired trait for resilience is problematic, especially when advocating for interventions to increase abilities for coping with adversity. An individual's active choice and participation in life outcomes is important. However, without also accepting that some circumstances are outside of one's control, there is a major risk of internalizing stress and repressing authentic emotional responses. Furthermore, exclusively promoting an internal locus of control leaves little space for accepting and processing difficult experiences without added shame or guilt and over-emphasizes internalized responsibility for unavoidable outcomes. Instead of getting stuck in the dichotomous debate of which locus of control is better, we can shift our focus to examining how these concepts work together to provide a richer and more dynamic experience in the world. The integration of accepting the world as it is and believing in one's ability to make change leaves more space for transformation.

High intelligence is another valued factor that is believed to be present in resilient individuals (Werner & Smith, 1982, 2001; Türk-Kurtça & Kocatürk, 2020). Maté, however, proposes that powerful intellect may develop in some children as a way to hold them when their emotional environment fails to meet their needs. An overdeveloped intellect can compensate for a child's underdeveloped areas and contribute to a false maturity and a tendency to relate to adults (p. 78). What has traditionally been accepted as the trait of intelligence, then, may, again, be more fluid than previously believed. If the overdevelopment of intelligence in a child is part of an adaptation to cope with unmet emotional needs and allows the child to achieve developmental milestones for a time, biased value judgments placed on perceived intelligence may make it more difficult to identify the need for support and intervention.

In *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (2014), van der Kolk discusses visceral emotional sensations, or the sensory components of emotion and how they feel throughout our bodies. Here, van der Kolk asked, “How many mental health problems, from drug addiction to self-injurious behaviors, start as attempts to cope with the unbearable physical pain of our emotions?” (p. 97). He goes on to explain how traumatized individuals often experience constant visceral warning signs, which they learn to manage by ignoring and numbing these sensations.

Challenging Rigidity

When trauma presents as mental illness, developmental delays, or disruptive behaviors making it difficult to function with daily demands, it is easier to recognize adaptations to past adversity as maladaptive. The inhibited ability to attend and respond to present moment demands, caused by becoming stuck in old, rigid patterns, can manifest in a variety of ways throughout the brain, body, and social systems. The timing of adverse events can play a major role in better understanding adaptive responses (Perry, 2006), as discussed below. Ways of reacting and adapting to adversity are not good or bad; they are natural, and specific to each individual’s needs. There is wisdom in honoring how one naturally responds to stress and adapts to get one’s needs met. When a response becomes stuck and an individual clings to thoughts, beliefs, and behaviors to contain an experience, the result is rigidity. This stuckness makes it difficult to attend to the present moment and to remain open to and curious to what is happening in the here and now.

A society that values productivity over wellness and mind over body carries a high risk of promoting a controlled internal environment that distances the mind and body by emphasizing cognitive strategies as a preferred and positive adaptation to adversity. When we recognize the tendency to promote and value behaviors that require individuals to carry the burden of their

distress internally at the expense of their future physical health, it is time to look in the mirror and challenge this sort of rigidity. Why create rigid systems and linear expectations when we can promote dynamic coping, adaptation, and growth? The danger in “control over” as the goal, is that it is not the full picture. Becoming fixed on what we believe is superior, rather than remaining curious about how to meet challenges as they arise, may increase the risk of skewing therapeutic approaches for promoting resilience towards overusing cognitive strategies to cope with instability at the expense of the whole system.

Redefining Resilience

With advances in gene measurement, neurobiology, and multicultural research, our perspectives on resilience have become more dynamic. Modern developmental scientists have embraced the notion of a spectrum of resilience, or resilience as an ever-changing capacity for adaptation that evolves as we do (Masten, 2014). With this understanding, resilience begins to feel like more of a practice than a trait, similar to mindfulness practice. Furthermore, if understood as a practice, the pursuit of resilience is never a finished process. Instead, it can be supported by strengthening a dynamic sense of self through time and experience. In this understanding, the goal shifts from finding ways to cope despite adversity, to actively receiving and participating in the here and now with stability in a dynamic and compassionate sense of self. Such a practice implies a continuous, non-linear relationship of internal and external experiences and the active challenging of rigidity throughout the lifespan.

Conceptualizing resilience in this way leaves more space for the subtle and dynamic layers of internal and external experience that impact one’s ability to accept, cope, adapt, process, and thrive in the present moment. With the reality of instability and impermanence we face by living this human existence, any intervention that claims to promote resilience must embrace instability, challenge practices of seeking safety in rigidity, leave space for authentic

dynamic reactions, and provide therapeutic guidance using developmentally-informed interventions.

Theoretical Evidence for Creative Arts Therapies Promoting Resilience Practice

Bruce Perry's Neurosequential Model of Therapeutics emphasizes the role of development and the ways that dynamic relationships between biology and environment influence our ability to process information and regulate (Perry, 2006). Perry's model acknowledges the sequence of our brain's development from brainstem to cortex within the context of physical growth and dependency on external nurturing attachment. He includes the possible effects that adverse events in childhood may have on future processing, giving special attention to the timing of a particular event and the stage of development in which it takes place. Acknowledging the timing of possible disruption in the fulfillment of developmental needs provides information about what parts of us were involved in adapting to a given adversity. For example, if an individual experiences adversity at six months of age and is referred to therapy when he is six years old, knowledge of development during the time of original adaptation to adversity may help inform appropriate interventions. Because the brainstem's most active growth is between zero and nine months and is important for safety and regulation, and the midbrain region's most active growth is between six months and two years and regulates appetite, sleep, and motor activity, Perry recommends interventions using rhythm, predictability, sensory input, touch, and attentive relationship building (Perry, 2006).

Perry emphasized that the bottom-up flow of our brain development is mirrored in the way we process information (Perry, 2006; Porges, 2004). Each area of the brain develops over a period of time, overlapping with the development of other areas and storing memories in different ways (Prendiville & Howard, 2017). The perception of safety relies on the balance of the sympathetic and parasympathetic nervous systems as well as the bidirectional relationship of

the brain and the body. According to Prendiville and Howard (2017), “Our nervous systems process incoming information from all our senses and evaluates risk via an unconscious process called neuroception” (Porges, 2004, p.10). This automatic diffusion allows us to assess incoming sensory information and evaluate risk without conscious realization. Incoming sensory information will either stimulate the sympathetic or parasympathetic nervous system, informing the individual whether they are threatened or safe. If threat is perceived, activation of the sympathetic nervous system will initiate the defensive responses of the brain and body. Once this survival response is activated, access to higher brain functions, such as critical thought, the ability to read social cues, and regulating one’s own behavior when in social situations, is disinhibited. This, in turn, leads to higher likelihood of threat being perceived (Porges, 2004). What this feedback loop tells us is that when working with individuals who are experiencing a hyperactivation of the fear state, the higher functioning brain regions are likely compromised and unlikely to process information accurately. Therefore, the most important aspect to consider when beginning therapy is safety and how the body and brain inform each other on threat and state regulation.

The model of trauma-informed expressive arts therapy is based on the idea that expressive arts therapies reconnect implicit (sensory) and explicit (declarative) memories of trauma, improve capacity to self-regulate affect, and support integration and recovery (Prendiville & Howard, 2017, p. 62). This model recognizes the storage of trauma not only in the cognitive divisions of the brain, but in the many levels of the body as well. To address trauma, interventions must integrate aspects of development and the experience of the trauma using a bottom-up approach. According to Degges-White and Davis (2017), “Our bodies have memories that exist separate from the cognitive memory of the neocortex” (p. 210). They continue to state

that, “Traumatic memories are a form of implicit memory that provides mental representations of the trauma made up from images, emotions, and state memory” (p. 210).

Informed, Dynamic Interventions

In a drama therapy method called Developmental Transformations (DvT), developmentally-informed interventions using improvisational play engage clients therapeutically through embodied encounters in the playspace (Johnson, 2009). DvT aims to help clients accept imperfections and become more comfortable with instability. It provides a model for therapy that embraces impermanence, flexibility, and embodied play, while also being relational (p. 90).

DvT intends to restore flow between the Source, Self, and Other through free improvisational play. Johnson notes that, “As one experiences embodiment, opens oneself to the encounter with others, and embraces continuous change (i.e., play), one finds oneself reconnected to one’s Source” (2009, p. 91). According to Butler (2012), DvT works with conditions such as withdrawal, clinging, rigidity, confusion, control, submission, violence, and hatred by “providing a repetitive practice that eventually allows the individual to tolerate the instability of being and to have fewer barriers between them and the world” (p.89). The playspace in DvT is an agreement between the players that uses imagination to play with reality and creates a container that encourages dynamic interaction by offering freedom from traditional norms and behaviors (Johnson, 2013, p.38).

Improvisational Drama Therapy in Schools

A study done by DeBettignies and Goldstein (2020) suggest that 20 minutes of improv interventions over four months increases positive affect, uncertainty tolerance, and divergent thinking. Gunawardena & Seifert (2020) present findings that support improvisational theater classes taken by children between the ages of eight and eleven over a 12-week period not only

measured improved self-concept, but also sustained the gain over time. Pitre, Mayor, and Johnson (2016) specifically examine short-form therapeutic interventions based in Developmental Transformations (DvT) as a method of stress reduction for school-aged children within the school setting. The case example details the process of the techniques applied and offers a distinction from other approaches to stress reduction (Pitre, Mayor, & Johnson, 2016).

In a review of school-based mental health services, results suggested that school-based mental health intervention programs that include consistent program implementation, inclusion of parents, teachers, or peers, use of multiple modalities, integration of program content into the classroom, and developmentally appropriate interventions have a strong basis for impact on emotional and behavior problems in school-aged children (Rones & Hoagwood, 2000). The Miss Kendra program, formerly known as ALIVE, is a trauma-informed school-based program that uses playfulness in three school contexts including the classroom, individual sessions, and transitional spaces such as hallways (Webb, 2019). Classroom activities include dramatic enactment, theater games, discussion, and writing activities.

Counselors model playfulness for students while facilitating activities and providing examples for how to engage with traumatic material while being playful, charismatic, fun, and interested in the lives of their students. I believe that this models the concept of “yes, and” as used in improvisational theater, by accepting uncertainty and discomfort while maintaining a dynamic and playful sense of self. Furthermore, the practice of maintaining a playful and engaging persona across several environments builds a bridge to encourage continued safety and accessibility across settings. The counselor models the dynamic and engaged sense of self and contributes to a flexible holding environment. The term “pocket play” can be used to refer to playful in-between moments that offer a sort of mini playspace (Webb, 2019).

Method

Based upon this literature review, a method was developed to support resilience practice in school-aged children by using developmentally informed and dynamic therapeutic interventions that strategically engage the whole brain/body system to encourage active acceptance, processing, and engagement with the present moment. The method used embodied, improvisational play to provide intentional and flexible structures that could adapt to the needs of the group while safety was encouraged through play.

This method was designed to be applied in the school setting and with the intention of honoring a therapeutic holding environment that was consistent with the values and mission of the therapeutic organization where the group took place. Clinical observations at a therapeutic day school suggested that rigidity was a major barrier to the active and embodied processing necessary for continued present-moment engagement and adaptability. Wellness of mind and body is a state of activity that requires the ability to move through and process multiple states of being (Nagoski & Nagoski, 2020, p. 32). Adaptations developed earlier in life to help meet immediate needs inhibited regulated and dynamic responses to the here and now and were no longer adequately serving the needs of the individuals or the group.

This method was developed to promote and facilitate dynamic resilience practice and support the needs of the group. Because the demand for engagement was a key aspect of this method, I found it helpful to get a sense of what elements elicited the greatest energetic response from group members and to bring these elements into the play. I intentionally exaggerated and expanded the playfulness of the space as much as possible by modeling an animated and charismatic persona (Webb, 2019) to encourage the playspace container (Johnson, 2013). Expanding the variability of the expectation for playful engagement outside of group time was a benefit of being part of the regularly scheduled school day. Modeling invested interest in how students engaged through a variety of situations and expectations helped encourage active

engagement in a continuous and nonlinear way (Webb, 2019). This also served to support and enrich my interpersonal relationships with students.

Student Population

This intervention was introduced to seven students ($N=7$) in group therapy at a public therapeutic day school in Massachusetts. The ages ranged from eight through eleven. Six students in the group identified as boys ($n=6$) and one identified as a girl ($n=1$). Students participated in the group for thirty-minute sessions once a week as part of their regularly scheduled school day. The group was facilitated in a classroom setting with participants following relevant social distancing guidelines for Massachusetts Covid-19 regulations. Six students ($n=6$) were physically present in the space and one student ($n=1$) participated virtually due to necessary adjustments to accommodate remote learning during the pandemic

The facilitator and three other adults present for the group held the roles of teachers in the classroom and spent the rest of the week engaging with students in academic and therapeutic groups and activities, including group psychotherapy, social-emotional groups, creative arts groups, and individual therapy.

Intervention

No materials were used for this intervention. All group sessions were held in a second classroom, adjacent to most academic activities, which provided space for movement. The remote student ($n=1$) was represented virtually via laptop computer and participated in the space through visual representation on screen and by collaborating with an adult to find ways of moving the computer when necessary.

Beginning

To begin the group and establish the space as separate from the previous activity, group members were addressed and asked to enter the playspace by engaging in a group activity using imagination and play. Other rituals included pairing up with another member and offering verbal and/or nonverbal shows of prosocial connection. The purpose of these exercises was to establish the group beginning, provide expectation and structure to transition into the group space, promote connection, and establish safety. At the beginning of each group, a general format for the week's session was shared to provide structure for the play.

Embodied Presence and Establishing Safety

Activities encouraging embodied presence were used to begin engaging group members in imaginary play activities. Specific tasks were provided throughout the play, while slowly increasing the demand for presence and engagement in the space. Activities in this phase began as predictable and repetitive, offering low-pressure ways to engage that sparked the interest of the group. The intention of this phase was to build playfulness while encouraging physical engagement in the here and now that supported a baseline of active, interested, and embodied participation in the group process. These activities would often use familiar and comfortable themes and encourage non-verbal expression using sounds and movements. Noticing and engaging with other group members was encouraged.

Based on the group's engagement and comfort, the demand for complexity was adjusted. If group members were obviously disinterested, disconnected, or frustrated by activity expectations, attempts were made to adjust to the needs of the group to encourage feelings of safety while still holding the intention of engaging somatically and building playfulness. The group continued in this way until a natural transition was sensed as evidenced by increased interpersonal engagement and a demand for complexity.

Creating, Accepting, and Influencing Events

In this stage of the group, complexity was increased as themes emerged and group members made choices that influenced outcomes. Individuals were encouraged to co-create and influence events while supported by the facilitator. Opportunities were provided to co-regulate through supportive and playful interaction with the facilitator. Group members used play to engage with themes, roles, images, sounds, and stories.

Ending

Themes from the session were concluded and group members were given the opportunity to find organic endings to the play. Group members returned to a closer proximity and acknowledgement of each group member was provided. A brief and general recap of major themes was given by the facilitator and group members were instructed to engage in a brief group ritual to exit the playspace and end the group. Students then transitioned to the rest of their school day. Though this officially ended the group, small moments of “pocket play” and continued playful engagement throughout multiple environments (Webb, 2019), were used to encourage dynamic and playful engagement throughout several spaces.

Results

In this section, the method process and outcomes will be presented. Outcomes were gathered from clinical observations, careful note taking, discussions of observations in clinical supervisory sessions, and personal artistic reflections. This method’s foundation depends on the acceptance of resilience as a continued, dynamic, and nonlinear practice taking place over the lifespan. Therefore, results will be offered using both concrete observations of events as well as personal and arts-based reflections. Data gathered will be presented through examples of when students’ defenses and rigidity arose, how the method addressed these events in the group context, and transformations that occurred in the classroom following the group. This section will present observations of behaviors as well as personal thoughts and feelings about the group

process to convey results through a multi-dimensional lens. Because resilience practice is non-linear, individualized, and rooted in the principal of transformation through encounters with others, evidence surrounding my personal process during the application of this method will be presented to convey results without placing value judgments on the process of others.

For the purposes of this thesis, the opportunity to implement this method was between November of 2020 and April of 2021. Due to the Covid-19 pandemic, the ability to attend the program safely was prioritized. One child's family chose for him to attend all school activities remotely, while six others attended in person and followed safety guidelines by wearing masks, distancing six feet apart, washing hands and shared objects after contact, and reducing physical interactions with others. Limitations necessary to adhere to safety regulations, as well as the general climate of increased fear resulting from the Covid-19 pandemic, both complicated and enriched the implementation and observations of this method. With all of these unavoidable challenges, the group was forced to adapt and given the opportunity to build and strengthen resilience practice in a time of active instability and adversity. The ability to stay with (and play with) present instability, loss, limitations, and change was necessary for challenging rigid defense patterns and cultivating a truly dynamic ability to adapt by processing events and engaging in the present moment.

This group of school-aged children presented with a range of developmental, social, emotional, and neurological difficulties. Major challenges for group members included themes of sensitivity and reactivity to stress, fragile self-esteem, insecure attachments with adults, hypervigilance, difficulty maintaining appropriate and reciprocal social relationships, distracting fantasies, and mood dysregulation. Group members were sensitive to unknown variables, changes in schedule, unmet expectations, challenging activities, perceived lack of fairness, inattention from peers and adults, social comparisons, limit-setting, tolerating stress, and

processing strong emotions. Repeated defenses that emerged behaviorally included exaggerated anger, yelling, refusal to participate in activities, using harsh words with self or others, rolling on the floor, physically withdrawing by freezing or hiding, ignoring instructions or events, walking away, blaming others, revenge-based actions, attempting to control actions of others, testing boundaries, becoming distracting or unsafe by escalating behaviors or topics, and creating in and out groups.

Though some of these challenges may be typical in development for this age group, the rigidity that surrounded group members' sensitivities created significant barriers to accessing their full potential to engage with the present moment and embrace their strengths. As rigid defenses emerged in the group setting, the playspace transformed and interventions encouraged creative and active participation through play. The following vignette presents results by offering an example of this method in practice. Here, the method engaged with maladaptive defenses and encouraged playful and active engagement within the group setting, in a way that later supported students' abilities to cope and respond to a challenging experience in new and helpful ways.

Bag of What You Need

Ironically for research into a method meant to challenge rigidity, the pressure to justify and measure the application of said method and to validate my work often activated my own rigidity. To begin the group, my main purpose was to use techniques to increase the safety of the space and encourage group members to engage in embodied and active ways within the playspace. I used real-time feedback to adjust activities to meet presenting needs of the group while continuing to hold the intention of the method.

While facilitating the beginning of a group held in late February, I noticed a lack of interest from group members. Some students were ignoring the instructions, others were talking over me, and some were engaging with bare-minimum level of effort. The group was not synced,

facilitating was feeling hard, and each group member was falling into their own way of coping with the situation. Feeling frustrated, I noticed my own strategies for engaging with the lack of interest from the group. I found myself distant and feeling locked between my ears, like the puppeteer of my own life-sized marionette, observing the world with one eye and reading my script with the other. In that moment, I chose to acknowledge my experience, and made the decision to adapt.

Spoiler alert! The authentic application of this method required me to model its process, to practice, to participate, and ultimately to choose presence over presentation. In order to say “yes, and” I was forced to challenge my own rigid clinging, loosen my grip on my agenda of proving this method’s merit, and adapt to the needs of the here and now.

Acknowledging the exhausting effort going into engaging the group in the planned activity, I stopped and stepped forward, bringing my hands in the air, and speaking with a loud, clear voice:

“I’m noticing that this isn’t really what the group is needing right now. I think I know what can help us.” I walked to the center of the circle while exaggerating my physicality and using animated, playful gestures. While reaching towards the ground and playing out the scene as I narrated my actions I said, “I just so happen to have this bag full of what everyone needs, I put it here earlier just in case, and it’s a good thing I did! So, let’s see what we have in here.” I rummaged around for a bit in the imaginary bag before excitedly exclaiming my delight and surprise.

Reaching and pulling, I grabbed something out to show the group. “Does anyone need a superhero cape?” I asked. I stood there for a moment, holding the imaginary cape in the air as I looked around at each group member with questioning eyes. Group members who were having side conversations stopped talking and glazed expressions began to shift. There was a moment, a

pause, and all of their attention shifted towards the grown adult fully committing to an imaginary magic bag full of “just the right things” in the middle of the room. It was like we collectively held our breath at the top of an inhale and suddenly there was a little bit of space between my question and the possibility of their responses. Slowly, a student raised his hand. “I do,” he said in a soft voice. And just like that we were all there, together in the playspace.

Together we exhaled as the energy picked up and students asked for what they needed from the magic bag. I playfully scrambled to gather all of the dogs, cats, blankets, cakes, and accessories requested, acting out the items and engaging playfully with each group member as I faithfully retrieved their requested comforts from my magic bag.

Through the meows and giggles, the play grew, and students began to engage with the playspace in more active and embodied ways. Each student became interested through their requests and began to represent their needs through the play.

At first, students were interested in playing with my role of dedicated service to their needs. Some enjoyed asking for many imaginary objects and I continued to playfully represent my willingness to acknowledge and honor their needs, no matter how big they got. I remained fully committed to the play and allowed them to test my sincerity to honor their need for as long as it took.

Group members soon began interacting with each other’s play items as well, and moments of collaborative play took shape. *This is what is happening right now, and we can play with that*, I thought. As I continued to commit to building the playspace, I noticed curiosity from group members. While some students engaged actively by giving me more and more challenges through the play, some students remained observant and skeptical, but engaged and invested in the outcome of events.

One student remarked on how long this activity was taking and how most of our time was spent doing this. He said it with a nervous smile and with a hint of what I interpreted as cunning satisfaction. This student tended to test boundaries and limits, pull group attention, distract others, and up-regulate when faced with challenging emotions. I assured him that this was the group, and I had no agenda that was more important than making sure the group was taken care of in the way they needed.

Another group member continued to make requests, even when others had stopped. He began sharing what he requested with other group members and became energized, excited, and playful as I continued to engage energetically with demands. This student often tested relationships, especially with adults, and tended to act provocatively or disruptively when dysregulated. He often required a lot of care, affection, and attention from adults and tested adults' ability to respond authoritatively to his needs. He held a lot of social power within the group dynamic, and many group members became interested in his engagement within the playspace.

When this student became invested in the play, many others in the group followed and began to join in as a result of his leadership. This increased the interpersonal demand, and I noticed that group members began to move from their starting space within the room. Dynamics shifted with the movement in the space. Rather than staying in the starting circle, some group members moved towards one side of the room, while others remained distant from the larger group. Noticing which group members were eager to join in, which ones were not, and those who seemed ambivalent and still chose to remain apart from the group provided observable information on students' attachment styles and social tendencies.

By allowing patterns to emerge in the group in the playspace during this session, I was able to observe the state of the group and the relationships as they continued to evolve. The play

and the method itself also evolved, and I noticed a shift in my relationships with group members as we built mutuality. Once invested in the play, group members became more present, flexible, and tolerant of challenges that arose in the group setting.

As this group session neared the end, I addressed the group saying, “I am so glad I could help you all find what you needed for our group today. It seemed like it was feeling hard at first and I’m happy to help you out. Thanks for letting me do that”. Following this group, the play in future sessions was more dynamic and seemed to better honor the group experience. It moved with the group, transformed, and ultimately held its structure and expectation for presence. As a group, we stretched, and we found that we could adapt and respond in new ways.

The next day, we had a scheduled Covid-19 pool testing session for our classroom. This was the third week of this routine and, though our group had consistently tested negative and the tests themselves were extremely simple and easy, the previous testing had been a struggle for our class. As we shifted from our meeting to line up in the hallway and students were instructed to grab their coats and anything else they needed to go to the testing area, one student (who had shown big reactions to this process in previous weeks) asked, “Can we get what we need from Jordan’s bag?”

“Yes, of course!” the teacher responded, “Get what you need.” I smiled as the student ran over to me and we reached into the bag together to find three adorable fluffy kittens and their loving big mama cat for him and others in the class to hold on to. A few meows and giggles later, we were done with that week’s Covid-19 testing. Previous reactions of refusing to get the test, agitation, disruptive behavior, yelling, ignoring instructions, and stalling the group were not presented.

Personal and Arts-Based Results

As an aspiring expressive arts therapist, I am well acquainted with the ambiguity and strenuous nature of trying to capture the essence of this work in a way that adequately represents and communicates its value. Arts-based research approaches address this conundrum by engaging the reader in the experience of the data through relationship with the creator's process.

While conducting, facilitating, and living this research, I learned that I could not separate the heart from the method. It was only after I committed and engaged fully in the play and made this my practice that I noticed significant shifts in my observations of the group. These shifts were perceived through my experience, and likely had many contributors, as people are dynamic and complex. Resilience practice is constantly evolving and looks different for every individual. I was aware of my bias and aimed to reduce the risk of projecting my personal judgments by interpreting the process of others. I could, however, reliably report on my own experience.

While conducting this research, I wrote poetry as a part of my own artistic practice. Upon review, I realized that the poems provided an open window into my process. While writing, I became attuned to my embodied experience through visceral, emotional feedback and allowed for whatever emerged. After words were written, I continued to notice my feelings and began to play with the words through form, spelling, grammar, structure, arrangement, metaphor, ideas, images, sounds, stories, and feelings. Each piece continued to evolve until I felt a sense of satisfaction, at which point I considered the poem finished. Once finished, I noticed a desire to read my work out loud and then to share it. While each piece offered a snapshot of who I was at a specific moment in time, I realized that together, these poems documented the shifts that occurred in the time between them.

The first poem titled *Close to Feelings*, written in November of 2020, is shared in appendix A. Some challenges I was facing at this time included coping with the global pandemic, recent divorce, moving far from family, and continued identity exploration and

formation within these circumstances. The poem used imagery, metaphor, sounds, and structure to explore themes of impermanence, loss, growth, pain, grief, confusion, overwhelm, and relationships. The dynamic between structure and freedom was explored as was the fragility of perception and reality. The main thread of this piece explored my experience of facing adversity and navigating the need to adapt while facing the reality of, and struggling with, my painful reality. An excerpt from the piece provides an example of this and is presented below:

Some days,
I feel close to feelings.

Weighed down
By a heaviness
That moves through me
Like sap
Slowly peeling its way through the
Tough bark
Of a tree
Who has yet to realize
The sweetness of its syrup,
Only the thickness,
And the slow way it tares
At what holds it
Inside.

A marriage of forces
Who seem unlikely partners.
Ripping at the seams
Of me.
Unraveling
My sense
Of self,
My memories of
Supposed tos.

While reviewing my final piece, titled *Navigating the Grey*, I noticed the transformation of reminiscent themes. This included the use of nature as metaphor, exploration of self, language alluding to marriage, and perceived polarization. Some imagery emerged in both pieces and significantly changed in meaning, tense, and emotional weight.

The space between these two poems demonstrates my journey from fear of instability and navigating my own rigidity towards discovering dynamic equilibrium, acceptance, and in-the-moment processing. *Navigating the Grey*, presented below, offers an arts-based personal report of the change that has occurred.

Navigating the Grey

When my life began,
I was put in a box.
The box was black
Or maybe it was white.
I can't remember which,
But it was either one or the other.

For many years after,
I lived in my box.
And when it got small,
I stacked more boxes on top,
All of them black and white
And separate.

Faithfully, I stacked my boxes
And filled my space
Like air in a balloon.

For better or worse
Boxes became my life,
And suddenly
My life ended.

So I packed myself up
In cardboard
And built a castle
Filled with all that was left of me.

My castle thrived in the sun,
It was even okay with a little rain.
But then it stormed
And all of the water seeped to the bottom

And the floor sank
And then it broke
And so did I.

For a while I laid on the ground
In pieces
Just feeling the brokenness
Until all I could do
Was to become the earth.
Soon I became the sky as well.
And the rest of me began to fill in the space
Between the two.

Notably, the “filling of the space between” reflects my personal journey towards embodying an understanding of dynamic identity and active adaptability. This poem is a creative representation of my personal narrative and shares my perception of major events and phases of my life so far. The final stanza reflects my process of learning to cope with and integrate my experiences by accepting my reality, challenging rigid maladaptive thoughts and behaviors, and allowing for active adaptive responses.

Discussion

The intervention, designed to encourage and facilitate continued resilience practice through developmentally informed and embodied practice using improvisational play is promising for this population. Children have an innate desire to process their experience through play. Panksepp (1998) identifies play, especially when it engages the whole body, as a primary process for integrating motor, visual, auditory, and sensory brain regions, supporting cortical and subcortical organization, and facilitating brain development, cognitive, and emotional processing (Panksepp, 1998; Prendiville & Howard, 2017). This intervention gives permission to play with big topics and big feelings while strategically using embodied play to practice both feeling and dealing, with the guidance of a facilitator and witness attuned to developmental needs.

Resilience is a practice similar to achieving dynamic equilibrium like in DvT (Johnson, 2013). It is not a trait (Masten, 2014), is not static, and depends on a variety of circumstances, including a flowing brain/body system (Perry, 2006; Porges, 2004; Prendiville & Howard, 2017) that supports the processing of experience in an embodied way (Johnson, 2013; Halprin, 2002; Van der Kolk, 2014; Maté, 2011) and sustains this ability through a variety of situations. Resilience practice cannot be achieved either by attempts to control internal or external realities, such as personal management and/or repression of emotional reality and pain, or by trying to create the perfect environment to thrive. Rather, it must include the integration of both nature and nurture -biology and environment- as they work together in a way that can encourage an individual to accept reality and believe in the value of responding, rather than reacting (Perry, 2006; Porges, 2004; Prendiville & Howard, 2017).

Responses to adversity, such as rigidity in thought and behavior, may create temporary containers to hold a specific experience, but over the long term can narrow one's scope of tolerance for life's inevitable variety. Such a response becomes rigid and prevents further adapting to circumstances after the threat or adversity has passed. The holding of a defense created in response to adversity despite circumstances that warrant new behaviors for effective adaptation only shifts or delays the consequences. Over time, this may present itself through illness in the body (Felitti et al., 1998; Masten, 2014; Werner & Smith, 2001; Maté, 2011).

An area to further explore is the complex intersections of identities, culture, access, and resilience. Populations that experience chronic adversity from the ongoing intergenerational trauma of systemic societal inequity and oppression, based on intersectional identities such as race, sex, gender, class, sexual orientation, ethnicity, and religious affiliation are particularly vulnerable, especially when considering barriers to effective, preventative physical and mental health services (Masten, 2001, 2014). Biased value judgments of successful adaptation and

expectations of assimilation to dominant culture, as well as the need to diversify academic literature and longitudinal studies, leave much to be discussed and examined.

On the topic of maintaining dynamic wellness throughout the lifespan, future research must consider not only obvious adverse events such as natural disasters or abuse, but the accumulation of an individual's adaptive responses that translate into ways of being over time. The connection between behavior and disease is rooted in the consequences of developmental disturbances in childhood attachment systems and an individual's ability to regulate and co-regulate (Perry, 2006; Maté, 2011). Effective coping is a foundation built through healthy development and stays with us as we grow. Gaps in the foundation are maintained and reinforced every time we repeat the same response to stress. Responding the same way, despite differing circumstances as the particulars of situations change, can create a maladaptive and rigid reactivity that inhibits active adaptation.

Dimensionalizing our understanding of self and choosing to engage with the present moment is possible through building a foundation for active coping and embracing transformation. Embracing play and committing to an active resilience practice by engaging with this method transformed and enriched my personal experience, understanding of self, and encounters with others.

Conclusion

Resilience practice, as defined by this thesis, is personal and fluid in nature. It depends on a complex system of internal and external events and is not static over time. When we view the bigger picture, we can see that previous conceptions of resilience may have overlooked connections between data and oversimplified the process of wellness.

A critical examination of reviewed research on resilience throughout the lifespan suggests that therapeutic interventions that promote resilience as a practice must be dynamic,

nonlinear, and developmentally informed. Methods should challenge rigid structures, encourage active processing of experience through integration of the body, mind, and environmental systems, acknowledge present states, and promote active participation in effecting events. DvT (Johnson, 2013) provides a promising model for using embodied improvisational play to achieve dynamic equilibrium (2013). Studies supporting these techniques and interventions in school settings with school-aged children have also shown promising results (Pitre, Mayor, & Johnson, 2016; Webb, 2019; Gunawardena & Seifert, 2020).

By developing and examining the implementation of a method based on this research, this thesis presented results through observations of the group process and reports on personal transformations influenced by engaging in this research. Personal therapeutic growth while modeling and facilitating this method with a group of school-aged children suggested promising implications to support this method for long-term resilience work.

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Appendix

Appendix A

Close to Feelings

Some days,
I feel close to feelings.

Weighed down
By a heaviness
That moves through me
Like sap
Slowly peeling its way through the
Tough bark
Of a tree
Who has yet to realize
The sweetness of the syrup,
Only its thickness,
And the slow way it tares
At what holds it
Inside.

A marriage of forces
Who seem unlikely partners.
Ripping at the seams
Of me.
Unraveling
My sense
Of self,
My memories of
Supposed tos.

Like a flame burning
So hot
It's freezing,
Or a chill
So deep into my bones
That I scream
From the blazing agony,
Liquified and frozen.

Buzzing like a billion bees
Locked behind a wall of
Skin and eyes,
Witnessing
The experience of
A world

That I can't quite touch.

Like air forced into a balloon,
I continue to expand
And challenge the shape
Of what is
Real
And what I wish was
Real.

I get as close as I possibly can
Until, finally,
It is transparent enough
To see through.

I still remember
The lungs that brought me here.
I remember the scents of your breath
The tastes that linger on your tongue.
I remember belonging to all that,
And yet I am here,
Agitated and bothered,
Spinning and spitting
Against this thin illusion
That separates me,
Contains me,
In this space of space,
Covered over
With resilience and stubbornness,
Fighting this war
Of being where I am
Supposed
To be
And not yet believing it.

I am air.

I am the container; the prison
Trying to hold on tightly
To my responsibility.
To keep the appearance of togetherness,
And I am that which tries to destroy it.

I am still
You see me
Held in the hands of a child.
Bringing momentary relief,
Distraction.

I am that child.
Looking at a brightly colored balloon
Asking how it must be
To play with the wind
And tease the ground.

I am you.
Noticing the dimples in the rubber
That used to be full and plump,
The child that was once fuller and plumper as well.

Confused
As my heart digests
And my stomach pumps,
My body breaks
And I realize it was never meant
To armor me
Against you

I am you.

I am you,
Holding me

I am me,
Holding myself
Back.

Back and forth,
Back and forth

We sway like the child
Holding herself
With her mind
And pretending to be big enough
To fit her mother's shoes
While she soothes
Her heart
In a cradle
of her worries.

Swelling like the knot in my throat,
Tongue tied and
Trying to scream.
Terrified of the sounds
That lurk in the shadows,
Held back only by

Tight lips
Sealed with secret cement.

Holding on, holding in, building up

Bursting, breaking, bruising...

Breathing.

The Banished and the Abandoned
Holding hands.

Water rushing through a stream,
Pulled towards the river.
Collecting and ripping debris
As it runs
Fast and slow.

Illusive host,
I wonder if you are ever sad
For all the things
You are not.

I wonder if you are overwhelmed
By all that you are.

Do you feel used
By those who wash their feet?
Are you angry
When travelers suddenly depart?

Or do you feel close to them
The way I feel close to feelings?

Brimming and boiling
And remembering those things
That bond us,
Hold us,
As we wind and wail
And sing
To the soft
Rhythms of beating hearts
And realize
It is the same song
The crickets chirp
And the flowers hum.

So vast

And so simple
And I cry.
Because holding this
Feels like
Sap squeezing from a tree
And air seeping from a balloon.

And I notice the colors all around me.
The shades of my own skin
The textures and patterns
That shape me,
Making me.
Defining where I end and the world begins.
Shifting and changing
And playing with each other
As the light reinvents itself
And changes its mind
Again and again.

Changing my mind
Again and again.

And I wonder if God cries.

I wonder if God cries
Because I am the sap
And the air
And the child
And the river.

Because I am watching it all
And sometimes,
On days like this,
I am so close.

So goddamned close
To feelings.

So close that I can
Almost grasp it,
Hold it in my hands.
And I wonder
If my fragile body
Will shatter
Into a million pieces
Ripping me apart,
Rejoining the stars,
And wrapping

The earth
In fire and ice.

Because holding this is
Beautiful,
And terrible,
And means nothing,
And means absolutely everything.

And I feel close to God.

Because God cries and holds me in her arms,
And I cry and hold her in mine.
And we sway back and forth,
Back and forth.

And together we realize that looking in a mirror
And trying to see yourself
Is as futile as cutting off your ear
And planting it in the earth
To cultivate wisdom.

Together we hold
This heavy burden,
This divine gift.
Sore and tired and strong
And sometimes very close,
Very close to feelings.

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA**

Student's Name: Jordan Kaufman

Type of Project: Thesis

Title: Promoting Resilience Practice in Children Using Improvisational Play

Date of Graduation: May 22, 2021

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Denise Malis