Art and dramatherapists together consider a multimodal approach for supporting clients with complex trauma

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Abstract

'Creative arts therapies' (CATs) is a combined term referring to therapeutic training in one or more arts modalities. Art therapy and dramatherapy are two of these CATs, each having stand-alone training. Our research shows how, as we investigated the experiences of members in a trauma-informed workshop at the ANZACATA conference in 2018 – where members were celebrated as CATs professionals for the first time – our initial qualitative grounded theory study changed to a more performative and practice-based one. An emergent theory indicates the importance of client and therapist safety, of embodiment, and of exploring the intersectionality of these two modalities.

Keywords

Art therapy, dramatherapy, trauma-informed, complex trauma, arts therapy research, grounded theory, performative research

Introduction and background

This research describes the investigation by an art therapist and a dramatherapist of the experiences of members in a trauma-informed workshop at the Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA) conference in 2018. In the course of our investigation, the initial qualitative grounded theory study changed to a more performative and practice-based one. Two themes emerged: one relating to the original trauma-focused intention, and the other relating to the interaction between art therapists and dramatherapists for the first time under the CATs identity.

Professional specialisations in CATs include art therapy, music therapy, dance-movement therapy, dramatherapy and biblio/poetry therapy. "Creative arts therapy is an experiential psychotherapeutic approach utilising arts modalities within a relationship with a trained therapist" (ANZACATA, 2021). ANZACATA has a long history of membership by art therapists, since its inception in 1987 as Australian National Art Therapy Association (ANATA). The singular ' therapy' became the plural 'therapies' in 2011, and 'creative arts therapies' was included in the association's title in 2018. It may not have been easy for those members with a stand-alone training to embrace the new ANZACATA's validation of multimodal processes. This was an unforeseen aspect of our research findings, and as investigation progressed this thread became clearer, alongside our initial research question: how can combining art therapy and dramatherapy facilitate work with trauma?

This article begins with a summary of the authors' backgrounds, then defines complex trauma. It goes on to describe how we and others in these two modalities have worked with trauma, both separately and in combination, and why somatic approaches to trauma are important. Next, it documents our aims and methodology, describing the workshop, data collection and analysis. Our investigation is then discussed and illustrated by a diagram. Next, our grounded theory categories are discussed in some detail, and finally the implications of our investigation conclude the article.

Suzanne, an art therapist, and Joanna, a dramatherapist, have been colleagues since the mid-1990s, working together on the Graduate Diploma of Expressive Arts Therapies and the Master of Art Therapy at Western Sydney University. From the

beginning of our relationship as trauma-informed therapists and artists, we recognised the fertile ground of embodiment and its intersection with visual art, drama, play and storytelling (see Figure 1). This connection began to shape our practices as educators, clinicians and artists. We wondered whether our professional peers might also share this interest in the relationship between art therapy and dramatherapy, so we developed and delivered two weekend workshops in 2016 and 2017, each under the rubric 'A Body of Work and Play', to reflect the importance we both placed on embodiment in trauma-informed work. Much to our delight, we welcomed qualified art therapists (ATs) and dramatherapists (DTs) as well as other interested professionals into these workshops.

In 2018 the ANZACATA conference on the theme Convergence: Cohesion and Diversity was the inaugural conference for members using CATs, and provided an ideal opportunity to invite people into a collaborative research project. In the light of our professional and clinical experience in adult mental health and child protection, we wanted to continue to explore how our way of working synergistically could contribute to the field, in the knowledge that we as CATs all, at some stage, work with people whose lives have been affected by trauma.

Figure 1. Suzanne Perry and Joanna Jaaniste, Performativity of the stewards of trauma, Van Dernoot Lipsky, 2009, photograph, 297×210mm. Performed on Dharawal Country at the Abbey in Jamberoo, New South Wales, Australia.

Working with trauma

Art therapist Suzanne's clinical practice has been with children and families who have experienced violence, abuse or neglect and as a result sometimes struggle with addiction and mental health problems. Through the past two decades of clinical work she witnessed the legacy of abuse and violence on the body: the stomach, the neck, the corners of the eyes, and every other cell and fibre of the body that had to be vigilant, quiet, submissive, resistant, fight off attacks, and disconnect from the wisdom of the body when it wanted to run but couldn't (Levine, 1997). The gesture and movement of the brush stroke, the charcoal moving across the paper, or the cutting of scissors – all provided some quiet moments of mind–body connection. At other times she was struck by people's self-directed engagement in what they needed in the moment from their body, spontaneously taking on the roles of the symbols and characters in their art work, bridging the relationship between art therapy and dramatherapy.

Dramatherapist Joanna, in her 19 years of working in the Australian Government mental health system's therapy and recovery area, found that clients' experiences of trauma were often 'under the radar', which meant that they could not be effectively reached by Cognitive Behavioural Therapy (CBT) and medication. It was important to work in groups, where clients could move their bodies and feel their feelings, even though the trauma itself may have been blocked. Even in cases where clients were conscious of their trauma, it would not be discussed in detail. Through storytelling, improvisation and role play, healing and consciousness-raising often took place and profound results occurred for clients.

Complex trauma

Over the past 30 years, many CATs have worked with clients experiencing trauma or post-traumatic stress disorder (PTSD) (Johnson, 1987). Complex trauma is described as a distressing response to combined and sometimes severe events that can take place in childhood or later in life, often persistent over time (Briere & Lanktree, 2012). Troubling responses to abuse, violence, war, disasters and neglect can severely harm children's and adults' mental health (Herman, 1992). Interpersonal violence is often a cause of suffering and trauma that may have devastating consequences

for an individual's mental, physical and sexual health (Petherick & Sinnamon, 2017).

Herman (1992) was the first to acknowledge the need for a specialised approach to working with people who have experienced interpersonal violence and abuse. The Blue Knot Foundation (2019) defines trauma responses as interpersonal, often persistent and/or ongoing, feeling and/or being trapped, difficulties with feelings of shame, with identity and traumatic emotions. It states that if more than one type of these traumatic responses occur, the resulting trauma is known as complex trauma (Blue Knot Foundation, 2019).

Research by the World Health Organization in low to middle-income countries measured interpersonal violence traumas as carrying the highest lifetime burden of risk of PTSD (Kessler et al., 2017, p.12). The consequences of interpersonal violence are considerable, serious and long-term on every level (Sethi & Butchart, 2017). The resulting trauma is a worldwide problem, but is also of local importance to this research. Clients often seek help because of symptoms of PTSD. These may be physical (somatic) signs (such as increase in heart rate, difficulty breathing, dissociation, triggers, muscular tension), or mental symptoms (such as increase in mind-racing or worrying).

Somatic approaches to complex trauma

The effects of trauma on children, which alters the function of their brain-stem systems, have been well documented by Perry and Pollard (1998). Porges' (1997; 2004) polyvagal theory provided the basis for the study of stress, emotion and social behaviour. It links the autonomic nervous system's evolution to affective experience, emotional expression, vocal communication and contingent social behaviour. Porges' somatic work influenced Peter Levine (1997) in his 'resourcing' process, helping clients to be present in their bodies through breathing, playing or singing. Van der Kolk's (2002) research shows that visual and movement-oriented memories stored in the brain can be positively affected *without* entering into the trauma narrative (our italics). He says of CATs that their contribution worldwide to people with trauma may be "to circumvent the speechlessness that comes with terror" (van der Kolk, 2014, p.243).

Art therapy

Art therapy supports engagement with the visual arts that facilitates a therapeutic outcome and experience for people. This approach is embedded in the idea that creative expression can bring healing and mental well-being. The American Art Therapy Association (2020) states: "Through integrative methods, art therapy engages the mind, body, and spirit in ways that are distinct from verbal articulation alone. Kinesthetic, sensory, perceptual, and symbolic opportunities invite alternative modes of receptive and expressive communication" (para.7).

A trauma-informed practice of art therapy and engagement with the somatic trauma theories mentioned above consider the significance of creating safety, and of soothing and settling the nervous system. These occur through the sensory qualities of art materials and the therapeutic relationship, offering opportunities to process traumatic events (Malchiodi & Crenshaw, 2014). This sensory-based approach is supported by extensive research on the need to include the somatic body and the relational and cognitive experiences of trauma (Corrigan & Hull, 2015; Grabbe & Miller-Karas, 2017; van der Kolk, 2014). All these areas are necessary if treatment is to respond effectively to the neurobiological and relational consequences of trauma.

Cathy Malchiodi, a trauma-focused American expressive arts therapist, identifies PTSD as a series of symptoms that people can experience in different forms and to varying degrees of intensity. These may include, but not be limited to, nightmares, diminished mental health, dissociation, intrusive thoughts, heightened stress arousal, and avoidance as a coping mechanism to reduce symptoms. Malchiodi discusses the ways in which the sensory-based and action-oriented nature of the arts is essential to trauma-informed practice, as it can support safe ways to come into connection (Malchiodi & Crenshaw, 2014). This is important for children and adults when relational connection has also meant relational abuse and unsafe, terrifying experiences. Art therapy can offer a safe experience of engagement with the senses through mind–body connection experienced in subtle and more manageable ways.

Dramatherapy

Qualified dramatherapists (DTs) use drama techniques and theatre-based models to encourage clients' creative expression. Dramatherapy helps clients tell their story and add to their life script. It is eclectic, existing in many forms, and is offered to individuals, couples, families and various groups. Somatically based theoretical models of dramatherapy are also applied (Dramatherapy Centre, 2021).

In 2010, Robert Landy wrote that he had applied his role theory technique when working with children after the 9/11 disaster in New York, offering those who had witnessed the event the opportunity to create their own story, containing strong fear-based emotions, thus lessening or preventing the effects of PTSD symptoms. Through this experience and subsequent performance to their community, the children were able to express their feelings and re-author their own stories of trauma, grief and survival (Landy, 2010).

Dramatherapists who have developed useful ways of working with clients' complex trauma include Sue Jennings (2021) in her neuro-dramatic play (NDP). This method involves three types of play for children and teenagers with complex trauma: sensory, rhythmic and dramatic. Sensory play is an externalising technique that may use fingerpainting and messy play to facilitate a process that turns contained chaos into order. Rhythmic play is embodied – through body percussion, drumming and dancing – lessening the effects of trauma through re-discovery of calm and involving internal rhythms such as breathing. Dramatic play involves interactive story-making – for instance, taking the monster role is healing for some children who are survivors of trauma (Jennings, 2021).

Other dramatherapists have introduced specialised models of treatment for PTSD and trauma. Lahad et al. (2010) developed a 'safe place' model known as Fantastic Reality, where the client can build mental resilience through an imagined narrative. Rather than denying reality, play activates the imagination, reframing the trauma story and making it more coherent and subject to the past. In one study, self-referred young people, who were assessed pre-treatment, post-treatment and at one-year follow-up, showed statistically significant decreases in their trauma symptoms over time (Lahad et al., 2010)

Combined art therapy and dramatherapy

A review of interventions and research involving traumatised children and conducted by CATs over a twelve-year period found that the majority of the articles published were marred by methodological shortcomings that diminished their scientific rigour, with generalised emphasis on process rather than on outcomes (van Westrhenen & Fritz, 2014). Emphasising the limited quantity of combined research, they recommended more collegial and collaborative work, to bring greater efficacy into their disciplines when dealing with trauma.

Interactivity between arts modalities has been a feature of various approaches to creative and expressive arts therapies for some time, with the therapeutic relationship as the essential element of all effective treatment (Carey, 2006; Webb, 2004). Examples of locally based ATs and DTs working collaboratively across disciplines illustrate the wide-ranging implications of co-facilitating these modalities. Dramatherapist Kirsten Meyer (2014) writes about the collaboration necessary when working to build resilience in traumatised and vulnerable children in South Africa, who were dealing with poverty, violence and human immunodeficiency virus (HIV). She writes from the point of view of ATs and DTs training community-care workers, resourcing them to take ownership and strengthen culturally responsive self-determination. Natalie Mackenzie (2013) reflects on and observes the unique aspects of a trained AT, music therapist and DT working together expressively with children with complex trauma in a Sydney clinical setting. Referred from community organisations, the children are offered the choice of their preferred modality. Mackenzie investigates the interweaving of the creative triad, noticing differences in each therapist's decoding practices and relationship to aspects of the therapeutic encounter. Our research aims to build on collaborative approaches such as these.

Aims of this study

Malchiodi (2015) acknowledges the importance of the multi-sensorial nature of each arts therapy in trauma-informed work. As a result of our shared professional history, we anticipated that asking CATs about their experience of these combined modalities may generate useful information. The broadening of trainees' knowledge and experiential base has ethical

implications for their clients and for their care of those clients (ANZACATA, 2021).

Our initial research question was: "Can a combination of trauma-informed art therapy and dramatherapy assist therapists and their clients to deal with the impact of complex trauma?". But this question gradually changed. The workshop planned for the 2018 ANZACATA conference was over-subscribed, suggesting considerable participant interest. Later, our grounded theory research found that participants wanted to explore the intersectionality of these two therapies. Instead of shining a light on complex trauma, the research was revealing a shared trepidation and excitement about this combination – their uncertainties and curiosities. The methodology changed accordingly, into a more reflexive, practice-based and performative mode of enquiry.

Methodology: grounded theory moves into a new frame of performative research

The main purpose of our 90-minute workshop combining art therapy and dramatherapy was to identify the views of the participants on the efficacy of the multi-modal approach in their work with clients who experience complex trauma. As a first step in generating a theory, a questionnaire was offered (Strauss & Corbin, 1998) and completed by 18 of the 57 participants. Six separate questions posed to research participants helped us gain an appreciation of their experience of the workshop. Of the two popular approaches to grounded theory recommended by Creswell (2007), we chose the constructivist version advocated by Charmaz (2005; 2006; 2014), rather than the systemic procedures of Strauss and Corbin (1998). Charmaz's approach recommends "using inductive data to construct abstract analytic categories through an interactive process" (Charmaz, 2014, p.15) rather than sorting topics. Even though Charmaz (2014) allows acknowledgement of subjectivity in our involvement in the interpretation of data through the use of memos and reflective work (Creswell, 2007), we actually needed still more ontological freedom. The research impelled us to reframe our investigation. Our research question was now changing shape and direction, and we realised that what we were working with was holding space for clinicians to explore a terrain that was new for many of them, before we could begin to consider this work with clients and trauma. Adams St. Pierre (2014) questions a rigid adherence to conventional humanist qualitative methodology (for example, grounded theory).

Gradually, the grounded theory coding was showing us that our initial focus on how this approach could support working with trauma was not the participants' main focus. The grounded theory approach highlighted clinicians' interest in exploring this new terrain of working with art and drama together. Dramatherapist Sajnani (2012) talks about attending to what is emerging: "By drawing attention to the slippages, leakages and the spaces between carefully created forms, new information is gathered about knowledge itself" (p.82). Adams St. Pierre (2014) suggests that we be encouraged to introduce a critical ontology of ourselves, indulging in 'post enquiry'. Following Haseman's (2006) advice as well as hers, we realised that, especially in the arts, traditional approaches alone no longer met our needs in this study. Practice-led, performative enquiry widened the frame and gave us the opportunity to be far more responsive to the voices and experience of our research collaborators.

The workshop

Our conference workshop was originally capped at 20 participants, but we were asked to increase this to 35, due to interest from conference attendees. In the end, the interest was overwhelming, with 57 participants attending, of whom 18 chose to take part in the research.

The workshop began with a short talk about trauma-informed therapies. We did not suggest that a single workshop could provide anyone with all of the experience needed to deal with complex trauma, but merely provided context. We opened the door to considering the combined role of dramatherapy and art therapy in supporting people who have experienced trauma. The major theme of this workshop shifted as it responded to the expressed needs of the participants. There was a sense of a parallel process, of exploring safety and connection as participants stepped into unfamiliar territory.

There followed three movement warm-ups, of two to five minutes each. These included a mirroring exercise around the group, using a cloth to move or wear, a sound and movement mirroring task, and walking around the room to bring a sense of place.

Participants were given a choice among images that we had chosen for their ambivalence, cultural diversity and potential story stimulus. They were encouraged to reflect on any stories, feelings or resonances that the images provoked, and to discuss them in dyads, paying attention to their personal narratives and feelings. This was explored further through an art process, which resulted in a reflection with a partner. Then, in small groups, participants shared stories that emerged from the images, and selected one story from each group, creating and performing a group drama of the story. The workshop ended with a group reflection and a closing connected group ritual.

Data collection

Once researchers left the workshop venue, our questionnaire was handed out to the 18 participants by a volunteer assistant, ensuring the participants' anonymity to the researchers. The questionnaire comprised a project summary, implied consent information, contact details for possible issues, and instructions for delivery of completed papers. The questions were:

1. Was there anything that surprised you about your experience of this workshop? Please list any such elements in full.
2. What elements of both art therapy and dramatherapy would you feel comfortable about using with your clients who have lived experience of trauma?
3. What elements would you feel uncomfortable about using?
4. Which techniques would be sufficiently safe for your clients to work with, both in the visual art and drama areas?
5. Can you describe the way that your own experiences in this workshop could inform your practice when working with clients?
6. Which elements of the workshop you have experienced would be the most important from the point of view of research?

Western Sydney University Ethics Committee approved the investigation.

Researchers

Generally, the methods of enquiry that researchers select have an influence on what they draw from the investigation, and their own subjectivity plays a part in this. Researchers are not static vessels, filled to the brim with data (Charmaz, 2014; Glaser & Strauss, 1967). Joanna identifies as Anglo-Celtic and Australian (born in the UK from an Australian father), while Suzanne is Australian-born. We disclosed and reflexively discussed with each other and with supervisors any biases that might affect our exploration of the participants' experiences (Norris, 2005). Biases were as follows: as researchers and facilitators, the face-to-face intersubjectivity with all of the participants gave us a pre-formed sense that there was an invested engagement in the process. This had the possibility of skewing the results. Also, the fact that we had been immersed in this topic for three years with other participants was a possible prejudicial factor. We needed to be vigilant to avoid the possibility of second-guessing the results.

Analysis

Eighteen out of 57 participants completed the questionnaires that formed the data for our research. The data analysis was in three phases: initial coding, focused coding, and a shift towards using a more performative lens. Researchers may use at least three coding methods, adding the axial type to the first two (Strauss & Corbin, 1998). However, we took advice from Charmaz (2014): "Initial and focused coding will suffice for many projects. Once you have your focused codes, you can work with what you find in them and patterns they suggest" (p.147). She advises that the data itself will indicate when " saturation" occurs. By saturation, she means that a stage has been reached in data-gathering where no new insights are forthcoming, or where no new properties of a pattern emerge (Glaser, 2001, p.91).

Initial coding involves breaking down data into actions, and into gerunds where possible, such as 'performing' or 'feeling' (Charmaz, 2014). This reduces the temptation to typecast the unidentified individuals answering the research questions. The word lists in each code become starting points that prevent the researcher from "making conceptual leaps" (Charmaz, 2014, p.117), and codes can be sensitised into further categories, such as cognitive, active, passive, etc. The focused coding brings the analysis into a comparative process that clarifies the material as patterns emerge, revealing potential theories as well as gaps in the data. Theories are then developed around the focused coding. Frequent memo-writing is used to capture these comparisons

and connections, allowing them to be "grounded" and more manageable, and assisting in the development of ideas (Charmaz, 2014).

Analysis concerns not just the data, but also ourselves, participants' undeniable interest in the workshop, the things we observed and did not observe, or observed and did not pick up, at the point when our analysis was developed (Braun & Clarke, 2021). With regard to our reframing, the analysis took the form of a kind of audit. Haseman suggests that:

> *…auditing is never the simple gathering of sensory impressions. Rather it is theory-dependent, as the experienced and informed 'eye' (or rather 'mind') is able to detect (and the 'brain' make intelligible) subtleties and nuances in the performative phenomena audited. In this way 'auditing' goes beyond the straightforward act of 'witnessing' required of other spectators and audiences.* (Haseman, 2006, p.9)

This was a reflexive process of connecting what we had perceived in the workshop with the written feedback from the questionnaires.

Discussion

Figure 2 illustrates our theory of the participants' experience of working with trauma-informed AT and DT in a workshop to assist clients with complex trauma. The three categories that describe the participants' experience of the combination of these modalities in considering clients are: contextual categories of witnessing and client safety; the meeting place of the body; the power of 'en-roling' and 'de-roling'.

Category: Questions of witnessing and client safety

This category was strongly represented in written reflections on the workshop. Questions 2 and 3 asked research participants whether they were comfortable with using combined modalities. These questions evoked thoughtful consideration of engaging their clients safely in the drama part of the workshop. Participant 7 (P7) had no discomfort, but some hesitancy, and wrote: "Is it sufficiently safe for traumatised clients?". P1 also showed a degree of caution in an "inability to hold and contain the space effectively – feeling inappropriate for service-users". However, the same participant said that the combined art therapy and dramatherapy work had "helped me go a little deeper". This thought echoes McNiff's (1998) notion that art therapy needs to be performed through diverse artistic media in order to enhance its profound personal significance for the client.

P10, whose story was chosen to be performed, said: "Being witness to my own story provides insight into how the client may experience their story", adding in note form: "– challenges and resonates". Payne (as cited in Jones, 2010) understands the inner witness as "the part of each one of us who is aware of our actions in the world" (p.63). P17 felt the challenge too, as she took on a role: "Becoming more empathic towards their (the client's) resistance".

As shared stories were performed, care for clients' safety while in role was also evident in phrases such as "following the client's lead" (P1); "dependent on the client" (P17); "taking on roles under client's direction" (P13); and, again referring to drama, "most(ly) safe, depending on the client" (P5). This indicated the

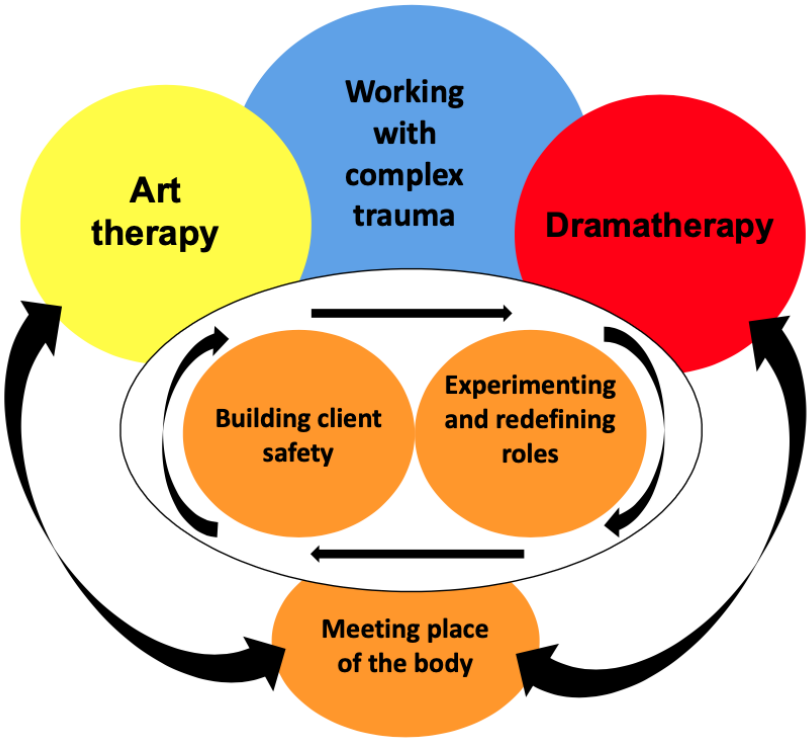

Figure 2. Diagram of our theory.

therapists' awareness of working with safety in the context of trauma, as well as their own unfamiliarity with role play. The participants' united voice of their understanding and commitment to safety in trauma work was clearly evident. Malchiodi and Crenshaw (2014) see this as essential to the work of CATs: "without safety, there can be no attachment or relationship" (p.57). There was a relational aspect to therapists' sense of comfort in preparing and completing performances, as implied by P6, who said she was surprised by "what can be done collaboratively in very small units of time" (the close interpersonal connection in a full and brief workshop); and P8: "the exhilaration of joining in something new and giving it a go". P14 was surprised by the "ease of working with others".

Category: Experiencing the intersection of art therapy and dramatherapy in embodiment

> *For real change to take place, the body needs to learn that the danger has passed and to live in the reality of the present.* (van der Kolk, 2014, p.21)

Participants who described their bodily movement and somatic experience of the combination of the two therapies generally reported an easy transition between the art-making and the drama. They had already been prepared by movement exercises before making art, which may have enabled a degree of ease. The participants told the researchers about their experience of their own physicality in the space. P13 said she had experienced increased confidence: " It really works. From visual to performance is powerful – agentic!". P4 told us that she was comfortable with "mirroring movement; mirroring images and discussing", or as Levy (2014) believes "the use of visual arts, particularly drawing and painting, to be effective intermediary steps negotiating between the intensity of movement and the relative distance, for some people, of words" (p.9). P8 said she was surprised "how easy it was to move from visual art creative expression to a dramatic embodiment". Other participants noticed their bodily experience in other ways: "more embodied, full dramatic expressions"; "image making… telling the story of the image… taking into movement"; and "acting out narratives in physical form". As Stephen Levine (2009) points out, the body speaks in inter-modal work, "not to deny its fragmentation but to reveal it" (p.126).

Participants revealed a thoughtful enthusiasm for the combination of visual art, narratives and embodiment. One participant (P1) recorded the following thoughts:

> *I think the workshop has caused me to consider the roles which clients and therapists take in the room in terms of movement. I noticed the physicality involved in navigating the space, the materials and each other. I believe this will cause me to more greatly to* [sic] *consider our conversations non-verbally conducted through movement and the connections between our bodies and the visual stories made in the therapeutic space.*

Category: The power of role

In dramatherapy, the activities of role taking and playing are often managed by 'en-roling' and 'de-roling' a person who takes on a dramatic role. En-rolment aims to assist clients to take on and sustain a role (Jones, 2007) and de-rolement is intended to let go of it and any related negative feelings (Lassken, 2017). A similar process of distancing is used in art therapy, for example with a client when making a mask, in order to separate them from their role as the mask wearer (Dunn-Snow & Joy-Smellie, 2000). But in our very large workshop, participants were left to en-role themselves before performance, with the help of their group members. P1's experience shows how strongly a role can take over from the start: "It surprised me how quickly I became attached to my role in performing our group's chosen story". P2 felt that "the power of role" was an attribute she could use with her clients.

De-roling "has a function to assist the player to leave the role and return to their normal reality" (Jones, 2007, p.216). This usually takes the form of an en-roled participant shaking their body thoroughly, de-identifying themselves from the character they have played, and stating their own name. Other means sometimes used were advised, such as shutting the eyes and imagining the en-roled person walking into the distance. Facilitators ensured that everyone was de-roled once their performance had concluded. The necessity for these actions was emphasised in our focused coding by the fact that six participants mentioned de-roling, even if they had identified that they would not ask their clients to engage in role play. This trend suggests that these ATs appreciated the de-roling function as an antidote to a client's

possible over-stimulation by role-taking. It is also appropriate to ask, in view of their new designation as CATs: what were these ATs de-roling from? There is a sense in which they were already en-roled as ATs. The performativity of their role and professional identity was very much alive and being explored in the workshop.

Our diagram (Figure 2, see page 50) shows how the linking of the visual art therapy and dramatherapy modalities gradually became more important as we researched (yellow and red circles), and a secondary element – working with complex trauma – stayed in the (blue) background between them. The three orange circles represent the categories shown by the grounded theory research. The two categories of 'building client safety' and 'experimenting and re defining roles' are contained together in the ellipse below the two modalities. These are connected, since safety for the participants was firmly connected with the practice of en-roling and de-roling in the participants' experience of the workshop. Below the elipse, the 'meeting place of the body' became significant for the participants and for us as researchers. We understood from the participants' performativity, and from our more practice-based understanding of the project, more about embodiment and its significance for working with trauma (van der Kolk, 2014). The arrows from each modality connect at the meeting place of the body. As Stephen Levine (2009) believes, it is the body that speaks in inter-modal work; the ontology of the research revealed this deep connection: the robust relationship between art therapy and dramatherapy in the embodiment experience.

Through this process of performativity facilitated by a DT and an AT, we discovered the way in which this process held our stories and asked questions of what calls us to this work. We discovered how creativity generates a capacity for strength to walk into places of terror, despair and injustice, and also what we encounter: empathy, strength, connection, hope and resilience.

Implications

As for the political context of the ANZACATA conference, the event was the first opportunity for our professional registration body to celebrate the convergence of a diversity of creative arts therapies. ANZACATA's (ANZATA's, ANATA's) history had been strongly based in the visual art therapy specialisation, so this question of safety also echoes the fears and uncertainty about this change to the profession's identity. Our identities as CATs became known, felt and formed through our repeated performance in this role – a role that for many clinicians (ourselves included) becomes an attached and valued part of self. This attachment of role and its understood structures and practices upholding the necessity of professional alliance and ethics of practice may also have the potential to create structures that keep us away from the spaces that are less familiar and more uncertain. Judith Butler (1993) explores an alternative space of what she calls 'performativity', where we find ourselves in less definable roles and encountering unknown aspects and potential of self (Linnell, 2006).

This is a place that promotes discomfort and curiosity, fear and otherness of self, that can help us respond to restrictive assumptions under which we are all performing, both the therapists and the people we work with and care for. The voice of our collaborators in this research illuminated the necessity to tread with both safety and spontaneity. Some of the very core distinct practices of DTs and ATs represent the foundations of this approach: witnessing, safety, connection, visual narratives, and stepping into and experimenting with role redefinition.

We hope this investigation will support continued opportunities and interests for further research into the practice of art therapy, dramatherapy and various combinations thereof. We trust that any CATs who have an interest in these combined practices will document their work and contribute it to the field of CAT complex-trauma work. Art therapy and dramatherapy have many shared concerns as they consider how best to work effectively and safely with clients who have complex trauma. Our research also highlighted the parallel processes of our needs as a profession in how we navigate, assess and make space to explore concepts of safety in the practice of collaborative and diverse arts-based therapies as we negotiate and forge new relationships as creative arts therapists.

Acknowledgements

We would like to acknowledge our colleague Dr Susan Sisko for her assistance with grounded theory research; Associate Professor Sheridan Linnell, Dr Joy Paton and Dr Jody Thomson for their lively discussions and ideas around this topic; and Joanna's grandson, Charlie Vella, for his expertise in putting together the theoretical diagram.

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