



The paradox of expressing *speechless terror*: Ritual liminality in the creative arts therapies' treatment of posttraumatic distress

David Alan Harris, MA, LCAT, ADTR

Denver, CO 80209, United States

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ABSTRACT

Western treatment protocols for psychological trauma often prescribe recitation of narratives, despite evidence that the human brain's storage of traumatic memories undermines verbalization. Creative arts therapists overcome this paradox in trauma recovery through nonlinguistic communication. Ethnographic research among holistic groups that rely on cultural rites, rather than words, as instruments of healing in the wake of massive violence can enrich creative arts approaches. Relevant case material, analyzed with reference to theories of ritual structure, is used to illustrate the interplay of symbolization, ceremony, and the verbal and nonverbal among war-affected children from the developing world. Included is the author's venture into psychological syncretism in Sierra Leone. There, the fusion of locally inspired expression with dance/movement therapy improvisation facilitated recovery in a group of boy combatants.

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Survivors of extreme traumatic exposure commonly exhibit difficulty recounting the terrible events they have suffered or witnessed. Nonetheless, within most psychiatric discourses, verbalizing the trauma history is deemed central to "processing" its meaning, and, in turn, to recovery from the psychological, emotional, and somatic sequelae. The contradiction inherent to this directive—to put into the logic of words experiences that utterly defy human comprehension and capacity for reason—amplifies already significant challenges to restoration after traumatic loss.

Creative arts therapists may choose to sideline this dilemma on the pathway to healing, bypassing verbalization in favor of nonlinguistic modalities of communication and expression. Contemporary neuroscience largely endorses nonverbal approaches to recovery, particularly given findings about how the human brain stores traumatic memories. The readily observed difficulty that survivors often present in conveying verbally the depth of a phenomenon that even our foremost trauma researchers refer to as "speechless terror" (van der Kolk, 1996b) is rooted in brain physiology itself.

There is, in fact, growing consensus that memories of traumatic exposure are stored in the brain's right hemisphere, an area identified as preverbal or nonverbal (Glaser, 2000; Klorer, 2008). As survivors of all manner of traumatizing incidents attest, such memories are frequently experienced as inexplicably amorphous sensations and images rather than linear narratives with explicit beginnings, middles, and ends. Formed amid the exaggerated

autonomic arousal characteristic in moments of extreme personal threat, traumatic memories may intrude into awareness throughout a lifetime as vague impressions that are intensely felt yet little understood. Apparently, this disorientation has its source in the human subject's initial response to traumatic stimuli (van der Kolk, 1996a). It is hypothesized that at the originating moments of terror and hyperarousal, activity decreases in the left side of the brain—the site of language and declarative memory—thereby undermining verbal processing. Specifically, hippocampal function appears to be virtually shut down, thereby challenging the brain's capacity to contextualize the associated memories in space and time (van der Kolk, 1996a). Simultaneously, Broca's area, charged with transforming subjective experience into speech, is likewise largely deactivated (Rauch et al., 1996). Thus, in resisting assimilation at the echelon of language, traumatic memories, as Piaget (1962) would have suggested, appear to be relegated to the "more primitive" somatic and visual levels of information processing (van der Kolk, 1996c, p. 289).

As advances in clinical research transform developing hypotheses about the brain into a sturdy theory of the neuroscience of trauma, the rationale for nonverbal creative arts therapy interventions, which do not depend on left-brain linguistic processing, grows increasingly substantial. This paper considers the place of discursive processing in trauma treatment, specifically with regard to the creative arts therapies.

It may be, in fact, that our inherited knowledge of the aptness of nonverbal treatment in response to horror forms a legacy that reaches beyond recorded time. In traditional ritual and ceremony, we find lasting expression of that heritage, handed down body to body through generations. Ethnographic research into the healing

E-mail address: DavidAlanHarrisMA@yahoo.com.

practices of cultural groups that do not as a rule rely on verbal processing may prove a fruitful source of inspiration and knowledge for the creative arts therapist who is interested in fusing evidence-based practice with the wisdom of the ages (Harris, 2002).

Often informed by such ancestral traditions, the understandings of persons working to promote healing among children affected by war and organized violence in the developing world provide an unusual perspective on this broader dilemma regarding the (in)dispensability of words. Attending to interventions performed at the boundary between the wisdom of timeless traditional cultures of the global South and the neurophysiology-informed psychotherapeutic knowledge of the North may potentially bring insight to a fundamental paradox of healing: the way that, in the aftermath of collective horror, rituals in all the world's regions open up an unspoken and often symbol-laden "speaking" of the unspeakable.

Psychotherapeutic "processing" of stress related to organized violence and war

The various factions of the psychotherapy field have elaborated numerous approaches for facilitating posttraumatic recovery. A primary principle largely shared by these interventions is that verbalization about traumatic stressors is fundamental to the survivor's mental health, and that such *processing* or *working through* of traumatic stress necessarily precedes normalization. Hence, according to Başoğlu (1992), overcoming the psychological damage wrought by torture is best achieved through a paired behavioral and cognitive approach that involves repeated exposure to memories of the traumatic experience until something akin to inoculation is gained. Patients are discouraged from avoiding painful thoughts, a denial that is seen only to sustain and perhaps inadvertently augment symptom expression. Advised at the outset that their therapy will instead incorporate a thorough revisiting of disturbing experiences, the behavioral/cognitive client retells the torture narrative—in present tense—as often as necessary until the parasympathetic symptoms that distinguish the re-experiencing of stressors loosen their grip on the psyche and soma. Incomplete exposure, it is theorized, impedes "extinction" (p. 412) of the traumatic stimuli. The success of this process suggests why flashbacks and similarly spontaneous reliving of the trauma—hallmarks of posttraumatic stress—do not themselves yield a permanent habituation or alleviation of psychological sequelae.

Başoğlu (1992) argued that all psychotherapy methods utilized as treatment for survivors of torture share this common feature: All encourage survivors to talk openly about their traumatic experiences. In so doing, each modality involves the behavioral technique of imaginal exposure to trauma. Retelling the painful memories associated with the torture—a process also known as direct therapeutic exposure—and then cognitively reformulating the experience in some way, as a prelude to integrating the trauma, are procedures deemed pivotal to virtually all therapeutic interventions with torture survivors. Başoğlu's conclusion that all effective psychotherapeutic treatments incorporate a comparable sequence of disclosure and integration is often extended to include therapy for survivors of other kinds of traumatic exposure as well.

Among children, including children of war, individual posttraumatic psychotherapeutic interventions have usually accentuated the following sequence of interventions: assessing the character of the child's dysfunction; encouraging abreaction in terms of emotional expression associated with the trauma history; and facilitating an understanding of the stressor and subsequent distress (Jensen & Shaw, 1993). In this prevalent model, enabling cognitive appreciation of "the reality and meaning of the traumatic situation" helps secure ongoing developmental progress (p. 705). Accordingly, surviving such extreme traumatic exposures as violent political

repression, the atrocities of war, and the unpredictable losses and hazards of refugee flight is believed to require that children share their recollections of these experiences in words. It further requires affected children to integrate, or make concurrent cognitive and affective sense of, what they have endured and may still be enduring. Indeed, it is argued that no matter how mindless organized violence may seem to an adult observer, children are likely to construct meanings of their own from even the most horrific offenses (Cairns & Dawes, 1996).

Symbolization through fantasy may itself enable children to erect a fortress in the mind that defends them from the worst psychological effects of violence. Pynoos and Eth (1986) focused attention on marshalling children's "inner plans of action" (p. 310), four distinct uses of imagination that they determined might aid children in coping with the effects of violent events in their immediate environment: altering the precipitating events; undoing the violent act; reversing the lethal consequences; or gaining safe retaliation. Such imaginings are said to galvanize potentially vital inner resources for overcoming the sense of helplessness that may accompany exposure to traumatic stressors. In the opinion of Pynoos and Eth, who developed a 90-min therapeutic interview for use with child witnesses to various kinds of urban violence in the United States, sharing through drawing and speech these otherwise suppressed interior monologues—about imagined actions in defense of self or others—also helps offset "lingering feelings of personal responsibility" (1986, p. 310).

In contexts of organized violence and war, children's ability to assume a degree of autonomy, either imaginally or in actuality, has been further identified as a vital protective factor. The Sanctuary Counselling Team, a politically committed group of South African clinicians in the 1980s, utilized, to stirring effect, a culturally revised version of Pynoos and Eth's debriefing framework in single-session therapeutic interventions with youths who suffered under the worst of apartheid's repression (Straker, 1987). Sanctuary therapists drew upon their young clients' sense of agency, encouraging them to pay attention to their own "woundedness" by emphasizing that failure to do so might restrict self-determination and, hence, ongoing participation in the anti-apartheid movement. Considerable field research underscores this efficacy-focused approach. Broadly, findings of a meta-review indicate that having the option "to play an active role and to exert some control over one's individual responses to war stressors" (Jensen & Shaw, 1993, p. 702) may be critical to survival and mental health alike. The ability to take action and to assume control over one's life may depend on the capacity to assign meaning to a situation, whether in the form of political conviction, religious ideal, or revenge fantasy.

A number of investigators, in turn, have highlighted children's attributions of meaning and active pro-social engagement in times of war as adaptive mechanisms and sources of resilience. Punamäki (1996) showed that Israeli children who understood and identified their hardships in sociopolitical terms, through the force of ideological allegiance, tended to experience fewer negative consequences of the war environment. Similarly, a research team working in both Lebanon (Macksoud & Aber, 1996) and post-occupation Kuwait (Macksoud, Aber, & Cohn, 1996) found growing altruism and self-sacrifice among children exposed to war stressors. Enhanced concern for the pain and suffering of others is also linked in these studies with efforts to protect the vulnerable and to condemn injustice. In psychoanalytic discourse, such altruistic behavior amounts to a "higher order" defense mechanism for coping with the anxiety of loss and continuing threat (McWilliams, 1994). Indeed, Macksoud and Aber interpreted the children's tendency to opt for a humanitarian stance as an effective means of mastering painful anxiety.

A number of other investigations, also issuing primarily from the Middle East, have examined the pivotal role of ideology in

the dynamic interaction between exposure to political violence and psychological endurance (Boothby, 1992). Turkish cognitive-behavioralist Başoğlu, in leading some of the more sophisticated and rigorous empirical studies of the physical and psychological consequences of torture, helped establish ideology as a critical protective factor for survivors of politically motivated violence (Başoğlu et al., 1994, 1996, 1997). Findings in these studies lent support to the hypothesis that political idealism itself, coupled with knowledge about torture and preparedness for its occurrence, may inoculate against severe sequelae. As a corollary, the findings suggested that unpredictability and uncontrollability may amplify the effects of trauma, an idea all too familiar to torturers from Abu Ghraib to Zimbabwe who exploit seeming randomness to frightening effect.

It would follow that ideology might enable not only adults but children to construe political violence positively as they advance, for example, a religious or sociopolitical interpretation for the rush of events around them. In fact, children's attributions of the meaning of the violent stressors to which they are exposed have been associated with their subjective experience and analysis of that violence. Findings from conflict-torn Northern Ireland suggested that children differentiated between "violence for a just cause" and violence "perceived as unjust" (Gibson, 1989, p. 662). In turn, perceptions of justice, which are both shaped and revealed through reflective discourse, have been determined to affect emotional and psychological outcomes.

Challenges of nature and culture

As discussed above, children in various contexts work to imbue their experiences with meaning, and these efforts constitute vital survival mechanisms within genuinely threatening environments. In particular, children living amid conditions of war or organized violence have been observed to benefit appreciably from the enhancement of their capacity to contextualize suffering, including within a sociopolitical or philosophical frame. Making sense of senselessness may largely depend on access to language and, as such (at least from the perspective of certain Western-trained, cognitivist clinicians), amounts to a form of *active coping* with what may be otherwise intolerable stressors in the child's unpredictable environment (Miller, 1996). It follows that a primary goal of interventions with war-affected children might entail, as it did for Macksoud and colleagues (1993), allowing the subjects "to experience their world as rational, relatively predictable, and thus understandable" (p. 631). As empowering as such an objective centered in the child's personal agency may be, however, it may prove out of harmony with two enormously potent forces: nature and culture.

Given the nature of human neurological responses to trauma, many children experience significant rupture in their capacity to render the trauma history in words. The role of culture in the expression of the speechless terror may be equally problematic. Few of the world's cultures would accede to the underlying positivist message in the goal elaborated above by Macksoud, Dyregrov, and Raundalen (1993), grounded as it is in a faith in individual free will over broader determinism. It may be a commonsense notion in the global North that cognitive processing and working through are critical components of integrating trauma, and that recovery is meaningless without a measure of integration through language. Even if this is accurate, though, the child survivor's culture of origin strongly informs the integrative process. If, indeed, for these children, interpreting the traumatic events of their lives is a dynamic process with implications toward both physical and psychological well-being, then it may make a substantive difference whether attributions of meaning are shaped by projections and fantasies, by ideologies, or by cultural values and communal norms.

Cultural meanings of and the ritual response to massive suffering

Cultural understandings of the body and disease or disorder necessarily correspond with broader perspectives on human agency and its limitations, with views of the person's place in relation to the collective, the land and the universe. Applying anthropological frames of reference may thus enrich psychosocial intervention. deVries (1996) parsed out aspects of vulnerability and resilience with regard to traumatic exposure, illustrating ways that cultures function to protect against the effects of calamity and to restore health in its aftermath. Considering the Western psychiatric understanding that posttraumatic stress disorder (PTSD) arises as a normal reaction to an abnormal situation, he observed that this idea itself is rooted in what he called the optimistic modern belief that individuals control their destiny—that under ordinary circumstances "people can have control over their fate" (p. 399). This idea, he noted, is unacceptable within Hinduism and Islam, and is at odds with "traditional" understandings that neither illnesses nor their causes vanish with treatment or time. Suffering such as disease, rather, serves to communicate to the traditional society the need to continually galvanize itself against vulnerability.

Religions, along with central customs, traditional narratives and rituals, thus enable cultures to organize and maintain an orderly progression through the life cycle. As such, these institutions—predating, of course, modern discourses, including that of psychiatry—provide continuity in the face of discontinuous events. In deVries' terms, these vital structures afford "mechanisms that allow individuals to reorganize their often catastrophic reactions to losses" (p. 401). Such "homeostatic processes" assign meaning to suffering, and potentially facilitate group and individual survival in the face of a range of extreme stressors. The rituals and customs of cultures, especially sociocentric ones in which the demands of the collective invariably transcend those of its individual members, serve as paradigmatic healing structures. By upholding social cohesion, even amidst situations of massive disruption such as war, pivotal rituals may help sustain a community's capacity for facilitating its members' movement toward the reestablishment of normality.

In Mozambique, in the wake of the colossal destruction wrought by a long and ruthless civil war—lasting from the late 1970s until 1992—revitalization of the ritual order has been deemed pivotal to reconstruction, as to the restoration of social harmony (Honwana, 2006). Aiming to document the social and cultural dimensions of the reintegration process, with particular attention devoted to the "cosmological model" regulating the social life of rural communities, Honwana (1997) in 1993 and 1994 undertook an immense study of the role of what she termed "traditional institutions" in the rebuilding of social order. She conducted interviews with "traditional healers, diviners, spirit mediums, traditional chiefs and *régulos*" (traditional chiefs appointed by the Portuguese) (p. 294), as well as many other people representing various social cohorts.

Honwana (1997) revealed in her writings how traditional healers address both the somatic and the emotional aspects of ill health. Since, in Mozambique, a strong legacy of ancestor worship provides people a means for restoring peace and balance in their lives, certain customs amounted to "common sense routes to understanding and healing psychological trauma" (p. 296). Diviners in the course of the divination séance, for example, identify a proper diagnosis by drawing on the close cultural bond with the patient, utilizing knowledge of the state of the patient's communal relationships. Treatment among these rural Mozambicans, however, does not imply any sort of spoken "processing" of the events they have survived together. As Honwana demonstrated through reference to a previous study by Marrato (1996):

the recalling of traumatic war experiences through verbal externalisation is not part of the process of coming to terms with it. [Mozambique's] people would rather not talk about the past, not look back, and prefer to start afresh following certain ritual procedures. These do not necessarily involve verbal expression of the affliction. (p. 296)

Verbal processing of pain is unwarranted in many of the world's cultures, where an essential unity of mind and body, cognition and affect, is traditionally reflected in an unbroken participation with the natural world. Particularly in the aftermath of massive violence in such contexts, body-oriented rather than discursive rituals usher in restoration and social reintegration. Describing initiation rites, spirit exorcism and funeral rituals among Mozambican refugees in Malawi, Englund (1998) recorded important details of how these acts entail the fusion of bodily practices and spatial symbolism, while shunning verbalization. Rather than through discursive training, a young initiate to a secret society, for example, passes through a portal to the next phase of life by undergoing an unforgettable experience of bodily transformation. Citing the performative theory of ritual elaborated by Drewal (1991), Englund observed that the operations "performed on the body in rituals do not 'represent' social and political realities in any essentialist sense" (p. 1166). The force of these transformative events instead "hinges on performance rather than discursive contemplation" (p. 1166). It is of the utmost significance to community cohesion that rites are actual, immediate, physical enactments on the living body of a people. Guided by an awareness of the salience of the medium of the human body to these rituals for mitigating the grief and loss associated with war, Englund argued that "successful post-war therapy among refugees largely consists in creating conditions for the regaining of sociality" (p. 1166). He added that humanitarian relief organizations' post-crisis interventions would best focus on enabling dislocated peoples to fulfill prescribed mortuary rituals for the dead with dignity.

Englund (1998) discovered congruence in Mozambique between the culture's holism and the non-discursive orientation of its therapeutic ritual that is not unique to Africa, moreover. An essential oneness of soma and spirit may be found enacted through non-discursive cultural rites across the global South. Invoking mindfulness through bodily repose, for example, has been cited among stress reduction mechanisms practiced by Tibetan Buddhist children in refugee contexts (Servan-Schreiber, Lin, & Birmaher, 1998). Furthermore, questions of the cultural relevance of discursive therapeutic structures have been raised not only by anthropologists surveying conditions in southern Africa, but also by psychologists in Europe.

In relating their findings regarding a group of children from Bosnia-Herzegovina resettled in Sweden, Angel, Hjern, and Ingleby (2001) highlighted Bosnian Muslim cultural norms inhibiting discussion of the suffering left behind in the home country. Among 99 school-aged refugees from Sarajevo who were assessed for patterns of encountered war stressors and persistent psychological difficulties, the children who had experienced the highest degree of exposure seemed to worsen as a result of talking about the events. Some 70% of parents avoided discussing the war with their children, most believing the youngsters better off without its painful reminders. The attitudes of most of these Bosnian Muslim parents thus were at odds with "the received wisdom among many Western professionals that working through traumatic experiences is important to mental health" (p. 11). Using a multiple regression analysis to examine associations between talking about the war experience, the exposures faced and consequent distress, the authors found discussion linked with fewer problems in cases in which stressors were relatively minor. For children exposed to more serious stressors, however, problems were exacerbated. The authors observed that there is a lack of convincing evidence to support

the efficacy of "working through therapy" with children suffering from war-related PTSD. It may be inferred that a more culturally valid, non-discursive approach would have afforded these children a better prognosis.

Ritual structure: enabling social reintegration

Uniquely equipped to propel sociality, rituals provide an incomparable model for therapeutic intervention in the wake of disaster. The performance of pivotal cultural rites offers a medium for the expression and release of difficult and potentially conflicted emotions associated with traumatic exposures, and—most important to persons from collectivist cultures—allows the experience and manifestation of being itself as an intimate connection to the fundamental social group. deVries (1996), accordingly, views vital ritual events as mechanisms through which cultures help "render life predictable." On occasions when political or social upheaval lead to the breaking down of such traditional systems, then the loss of "cultural defense mechanisms" compels individuals to seek sources of emotional control on their own. Absence of access to ritual forms of sublimation undermines the possibility of restitution or restoration, and may instead be conducive to sparking or prolonging conflict.

It is often assumed in the North that indigenous traditions impede personal or historical change, and deVries' (1996) analysis of rituals as *cultural defense mechanisms* that avert the disasters of political extremism would seem to conform to this view. Turner (1976, 1977a,b), however, countered the predominant Western view that ritual, even in a traditional culture, is either rigid or obsessional, and refigured it as a potential gateway to social reversal and transformation. Turner specifically differentiated himself from "certain anthropologists who would regard religion as akin to a neurotic symptom or a *cultural defense mechanism* [italics added]," with both these approaches treating "symbolic behavior, symbolic actions as an 'epiphenomenon'," while he instead conferred "'ontological' status" (1976, p. 119).

In Turner's writings, *societas* (society) is a process rather than a thing, and is compounded of successive phases of structure and anti-structure, or *communitas*. *Communitas*, suggestive of the sort of social bond that defies codification within structural categories, appears most often in *liminal* spaces and times, outside the frame of ordinary life, and is manifest in all variety of rituals. Turner borrowed the term *liminal* (from the Latin *limen* or threshold) from Belgian folklorist van Gennep (*Les rites de passage*, 1960) whose definition of rites of passage—subdivided into such life-crisis rites as puberty/initiation rituals and seasonal or collective-crisis rites—consists of three discrete phases. As described by Turner (1977a), these stages are:

- (1) Separation (from ordinary social life);
- (2) margin or limen. . . when the subjects of ritual fall into a limbo between their past and present modes of daily existence; and
- (3) re-aggregation, when they are ritually returned to secular or mundane life—either at a higher level or in an altered state of consciousness or social being (p. 34).

Liminality, or "being-on-the-threshold," is thus the period betwixt and between, the subjunctive, playful "as if" of ritual, in space as in time apart from quotidian existence, a site of intense *communitas*. The sacralized borders of liminality frame a potential for enchantment, subversion, and change. "When a ritual does work," according to Turner (1976), it is possible:

to achieve genuinely cathartic effects, causing in some cases real transformations of character and social relationships. . . The exchange of qualities makes desirable what is socially necessary by establishing a right relationship between involuntary

sentiments and the requirements of social structure. People are induced to want to do what they must do. In this sense ritual action is akin to a sublimation process, and one would not be stretching language unduly to say that its symbolic behavior actually ‘creates’ society. (p. 118)

Traditional cultures’ engagement with liminality suggests not so much rigidification of social structures of meaning in reaction to threat, but a renewing *embodiment* of potentiality and change.

Traditional healers and initiation rites in communal cultures

The ontological transformations of ritual support a cosmology in communal cultures that often expands the social world to incorporate not only the living but also ancestral spirits, and in so doing may assume particular salience in times of violent transition. In many parts of the developing world, and in displaced communities in the developed world, traditional healers, imbued with the collective’s transformative potential, ensure access to the spiritual realm. The work of traditional healers as “guardians of the cultural concepts of dependence, family roles, care-seeking behavior, and life cycle expectations” is rooted in a holistic cosmology in which “the body cannot in any way be isolated from the mind, and the mind cannot be removed from its social context” (deVries, 1996, p. 403). Whether through trance, divination, spirit exorcism, rites of initiation, or more mundane social functions, healers typically permeate ordinary boundaries of quotidian reality through primarily bodily enactments that are of fundamental importance to creating *communitas*, in Turner’s terms, or mitigating the disruptive powers of war and organized violence to traumatize, in deVries’.

In the aftermath of war, it is often only through the performance of funeral ceremonies and spirit exorcism that survivors begin to regain well-being. During the Mozambican civil war, the Mozambique National Resistance (known as RENAMO) would frequently set dwellings ablaze with their occupants trapped inside. Beyond terrible grief and loss, the consequences for surviving friends and relatives characteristically involved a haunting guilt over the unnaturalness of the deaths, compounded greatly by the impossibility of performing obligatory mortuary rites amid conditions of war. In such contexts, Honwana (1997) highlighted case evidence to suggest a continuing cultural aversion in Mozambique to the verbal as a means of overcoming the personal and communal sequelae of exposure to the severe stressors of war. In a typical instance, as Honwana described it, the father of a child soldier who had begun his military training at age 8 was, on the child’s return, very concerned that the boy was incessantly talking to neighbors about his killings. By failing to forget the past, the child was continuing the risk of contamination and failing to separate the dangerous experience of healing from the routines of daily life—to contain his efforts at transformation, as it were, within a properly liminal frame. Such externalizing, it is presumed, is forbidden within a ritual order that subverts “verbal exteriorisation” of experience and achieves “catharsis...through nonverbal symbolic procedures” (Honwana, 1997, p. 303). To remember and recount the traumatic exposures would instead pave the way for the family’s visitation by evil spirits and, perhaps, the continual reliving of the traumatic distress.

Honwana (1997) related a narrative of ritual purification regarding another child soldier in Mozambique, whose ritualized experience may approximate that of a participant in Turner’s three-part transformation. The son of a *nyanga*, or intermediary with the ancestor spirits, 9-year-old Paulo had managed to escape from RENAMO after being kidnapped and spending 8 months in the camp, during which time his family did not know if he were alive or dead. Upon his safe homecoming, he was ushered to the *ndomba*, or house of the spirits, where his grandfather presented Paulo to

the ancestors, thanking them for protecting the child. After a few days, Paulo was taken to the bush and installed in a small thatched hut built for the occasion. Inside, the boy was undressed, removing the dirty clothes he had worn upon returning from the training camp. The family then set the hut on fire and an adult relative helped Paulo escape its flames. Afterwards Paulo was directed to inhale the smoke of various herbal remedies, and his father bathed him with medicine-treated water, cleansing his body inside and out. Finally, small incisions (*ku thlavela*) were made in his body to be filled with herbs as a way of restoring his strength. According to the boy’s healer/father, the burning of the hut, clothing, and all substance remaining from the RENAMO experience had to be accomplished, in order to symbolize “rupture with the past” (p. 301).

Honwana (1997) described the aims of these cleansing rituals as liberating the individuals involved from pollution while restoring their identity within the family and community. “These rituals involve a break with the past traumatic experience,” the source of pollution, and “prevent the contamination of the group” (p. 303). As a threat to the collective’s integrity, polluted persons must undergo a period of separation “in which they do not belong to the social body and cannot enjoy social interaction” (p. 303). In Mozambique’s holistic, sociocentric cultures, as elsewhere in the developing world—in the aftermath of war’s terror—only removal to the margins and a liminal period of compliance with taboos can possibly open the pathway toward personal transformation and social reintegration.

Creative arts therapies respond to the sequelae of traumatic exposure

Creative arts therapists and others dedicated to exploring non-verbal approaches to posttraumatic recovery may enrich their interventions through deliberate engagement with ritual structure and the unusual potential of the liminal as a site for profound transformation. In many holistic cultures to this day, ceremonial performance sustains a pivotal position in community restoration in the aftermath of violence and disruption. As such, these cultures offer a rich template for the therapist who is interested in investigating non-discursive methods of healing in trauma’s aftermath.

Exemplifying the exploration of the psychotherapeutic benefits of ritual within traditional cultures is the work of dance ethnographer Hanna, who successfully magnified the vision of dance itself as a site for vitally transformative communal interactions. Examining a series of “dance-plays” performed by the Ubakala, a relatively small Igbo group from Nigeria, for example, Hanna (1978) identified the dance event as an apparently “psychotherapeutic vehicle for the diagnosis, prevention, and treatment of personal and social disorder” (p. 3). She framed the social functions of the dances in terms of “anticipatory psychic management” (p. 4). By familiarizing community members with the ritual that accompanies death, the dance-plays simultaneously remind them of a grave ontological paradox: “the coming of their own deaths and their opportunity to eventually achieve ancestor status” (p. 5). Specifically citing Turner’s *liminality* to explain the dances’ period of unusual emancipatory license—when ordinary hierarchies of status would be temporarily overturned in favor of bold egalitarianism—Hanna underscored the transformative potential embedded in these rituals. Through this vibrant movement-based medium, she indicated, the community’s “social realities are intersubjectively constituted and communicated,” producing “emergent structure, culture, and behavior” (p. 11). It is through dance that the Ubakala create and sustain sociality.

Rooted, like ritual, in the primacy of symbolic behavior to processes of intersubjectivity and social interaction, the creative arts therapies may draw much from Turner’s theories. Drama therapist Johnson (1987) thus echoed the Turner legacy with his own elabo-

ration of a three-phase process in the treatment of persons suffering emotional or psychological sequelae of traumatic exposure. Stage 1 for Johnson involves gaining access to traumatic memories. Stage 2 requires lengthy engagement in a “working-through process in which the trauma can be acknowledged, re-examined, and conceptualized,” leading to adjustments in the intensity of distress; and stage 3 allows the survivor “to rejoin the world of others” (p. 9). Mirroring the three phases of van Gennep’s rite of passage, as interpreted by Turner, this tripartite therapeutic structure includes its own liminal phase during which transformation occurs in the diminution of traumatic symptoms. For Johnson, this radical realignment has its origins in the very beginnings of art as a psychological response to traumatic experience: “Art, song, drama, and dance in primitive times were motivated by a need for catharsis and for gaining control over threats to the community or to the individual” (p. 13).

The liminal in creative arts therapy interventions with traumatized children

Other arts therapists working to alleviate the effects of trauma have inherited the legacy of liminality. Entry into the needed therapeutic space by a child suffering the effects of abuse, for instance, may require sufficient security and trust to allow for the separation from the everyday that in van Gennep’s schema precedes the liminal experience. Accordingly, dance/movement therapists working with abused children necessarily focus on establishing a secure, protected physical and psychic infrastructure that allows for this type of exploratory process. This attention to safety is all the more necessary because at the root of a child’s experience of physical or sexual abuse is a violation of bodily integrity through actions that are frequently aggressive, angry and exacerbated by threat or the confusion of mixed messages (Goodill, 1987). Typically the dance/movement therapist responds to this violent transgression of boundaries with a program that features containment (Weltman, 1986). Such reaffirmation of boundaries, beyond serving as a prerequisite to therapeutic change, echoes the sacralizing borders of the ritual process and bestows a similar potential for self-transformation.

The unusual power of structured play to help a preschool child overcome such rupture is evidenced in the work of Harvey (1995), whose practice imaginatively integrates movement and play therapy techniques. Reenactments in repetitive play, viewed in young children in terms of Freud’s repetition compulsion, may afford young abuse survivors access to potentially reconstructive fantasies that are critical to their healing. Harvey’s 2.5 years of family therapy with “Sandra” and her adoptive parents is indicative of such possibility. Finding neither synchrony nor positive feelings between an adoptive mother and her toddler—removed from her birth parents at age 2 due to allegations of abuse—Harvey determined to promote authentic interaction through game activities. By encouraging the little girl’s capacity for imaginary play, for excursions into *lands* where she could engage such symbolic activities as chasing away monsters, burying them with pillows, and stomping on them, Harvey in time furthered her ability to share both nonverbally and verbally her feelings about the traumatic abuse she had suffered. Investment in symbols of protection and security grew and, upon the child’s termination from therapy when asked to select a favorite activity and to create “a good-bye ritual,” she elected to rebuild a “safehouse” (p. 180). The liminal realm thus afforded significant social re-aggregation—with a new, loving, and attentive family as the foundation of a much more hopeful future.

In an account of a series of case histories that illustrated her therapy practice with physically or sexually abused children, mostly of latency age, dance/movement therapist Goodill (1987) also focused on the use of metaphor and symbolic play. Through mime, danc-

ing, and gross motor activities, these children gained access to a means of expressing otherwise suppressed feelings, images, and thoughts. Goodill’s therapeutic approach incorporated analysis of psychomotor development, while engaging both the functional and expressive aspects of movement in the integration of the emotional, cognitive, and physical aspects of the self. Facilitating mastery over the phrasing of a movement sequence, for example, may be the prerequisite to gaining control over impulsive behaviors or recurrent anxieties or fears. Her work thus exemplifies how, as she framed it, “the intense residue of preverbal psychic and physical trauma may be dealt with successfully in a nonverbal and physical mode” (p. 62).

Given the stated need to rebuild and reinforce boundaries, Goodill’s (1987) movement prescription for these children included games designed to enhance the conceptualization of “territory” (p. 60) and to build the capacity to define and exercise control over personal space. Depending on her assessment of the individual child’s strengths and vulnerabilities, sessions might be tightly structured events—more indicatively than subjunctively framed, given evidence of the child’s unreadiness to enter a more liminal space. On such occasions, improvisational choice-making would be restricted, with the aim of ensuring the child that her personal safety would be the therapist’s foremost concern. Accordingly, Goodill would work to titrate exposure to manageable doses of traumatic memory rather than relying on unmodulated catharsis itself to deliver recovery.

Like those of Weltman (1986) and Harvey (1995), Goodill’s (1987) case studies seem to reflect structural characteristics of both van Gennep’s rite of passage, as reinterpreted by Turner, and the three-stage process Johnson outlined as integral to the treatment of psychological trauma. In the case of Goodill’s work, a separation phase (1) is evidenced in the removal of the child from the daily world of familial crisis and dysfunction, since most, but not all, of the children in Goodill’s study had been removed from the family environment in which they had suffered abuse. Her young clients’ entry into the private world of trust within a therapeutic contract was predicated on this elemental degree of security and, in most of the sessions documented, the performative, improvisatory experience, which is at the core of the therapeutic process, also came into play. This liminal phase (2) may involve excursions into fantasy, regressions in the service of ego-building in a “primary process” mode or, by contrast, more guided tours into symbolic expression through such activities as “mirroring static body shapes” in a more indicative, orderly fashion. Although fundamentally non-verbal, each technique “replicates the structure of normal dyadic verbal conversation” (Goodill, 1987, p. 63). No matter what type of containing structure is used, this playful liminality represents a period of reflexive transformation, and is followed in turn by the re-aggregation phase (3). In this final stage, ritual’s return is accomplished, as children who have polished their body-image and discovered self-vitalizing experience within the liminal therapeutic space find themselves empowered to try out their new identities and behaviors in public.

Ritual in interventions with young survivors of war

Group therapy modalities, including drama therapy and dance/movement therapy as they are often practiced, are well equipped for introducing a “re-aggregation process” (Johnson, 1987, p. 11), through which the tested individual may rejoin the community and experience a restored sociality. Drawing on the work of anthropologists including Turner, Johnson and a team of colleagues at a U.S. Veterans Administration facility designed and implemented a series of therapeutic communal ceremonies to help ensure reintegration of Vietnam veterans into U.S. society (Johnson, Feldman, Lubin, & Southwick, 1995). Labeling these rites “sym-

bolic enactments of transformation” (p. 283), the authors advanced the self-conscious application of ritual “for accessing and containing intense emotions evoked by traumatic experience” (p. 283). Contrasting the *containment* of feelings with their *suppression*, the authors stressed that providing a container in which clients may safely evoke distressing emotions is itself central to the therapist’s task in elaborating the rite. The notion of “aesthetic distance” (p. 285) is invoked as well to explain the way ceremony simultaneously affords both emotional engagement and awareness of the “symbolic nature” (p. 285) of the event. This dual consciousness helps persons suffering from PTSD to navigate common “biphasic shifts between flooding and numbing of emotion” (p. 286). The ceremonial re-contextualization of experience, moreover, supports patients in making use of social defenses in the management of distress, rather than having to rely solely on “personal, largely intrapsychic defenses” (p. 286). The communal structure of ritual, thus, offers access to emotional catharsis within a collective container, and group defenses to both help diminish the intensity of individual burdens and facilitate further reintegration into the existing social order.

For the child who experiences terror or undergoes enormous loss at an early age, the obstacles to reintegration are many. Boothby (1996) shared the story of a former child soldier, Tomas, whose experience in an exemplary Mozambican rehabilitation program underscores the healing potential of the expressive arts as therapeutic modalities for child soldiers in the developing world. Tomas’ horribly emblematic trauma story began at age 6 when he was forced to set his family’s hut aflame, then watch guerrilla soldiers decapitate his parents, impaling their heads on stakes. Initially, Tomas, like other children entering the rehabilitation program, had proven powerless to escape such frightening images, the enduring immediacy of which had incited in him a combination of aggressive behavior and muteness. Working with trained, community-based caregivers, however, who incorporated traditional and Western psychological practices, the boy ultimately began to speak once more and proved able to share in words with a Mozambican social worker the terror of his worst moment.

Children in this Mozambican program benefited from a slate of therapeutic activities, some inspired by the creative arts and others rooted in the ceremonies of local folk healers. For Tomas, treatment included a sociodrama, in which his peers acted out for him the scenes of his torment. From the boy who portrayed him at six, Tomas was to gain valuable insight into his predicament. He had been overcome by guilt at failing to rescue his parents, as well as “fear and anger over having been abandoned in such an awful world” (Boothby, 1996, p. 156). His peers, commenting on their enactment, helped relieve Tomas of the dreaded burden of this terrible responsibility. Their joint venture into a subjunctive space of imaginative re-creation enabled him to begin to tolerate his inability to protect the parents whom he had needed all along to be protecting him. Emerging transformed from that liminal experience, the child was able to begin developing a close attachment to another caregiver, a Mozambican woman who volunteered to work with him. In time, his anxiety and aggressive outbursts diminished, as he grew more capable of living with his inescapable memories of almost intolerable pain and loss.

Although used even more rarely than sociodrama as a reparative intervention after war, dance/movement therapy groups may offer unusual promise for regeneration from war’s psychological destruction. Underscoring this potential is a series of such groups conducted with adolescents profoundly affected by Sierra Leone’s 11-year civil war, a recent conflict characterized by unspeakable ruthlessness (Bergner, 2003). The pervasiveness of horror in Sierra Leone may have overshadowed even that in Mozambique, given the protracted and deliberate campaign of dehumanization that relentlessly targeted the country’s civilian populations

from 1991 until the unthinkable violence came to a close in 2001.

Almost precisely 4 years after the cessation of hostilities, this author began filling a 21-month term with the United States-based Center for Victims of Torture as a mental health clinician and trainer of paraprofessional trauma counselors in a remote corner of the country. As part of their on-the-job instruction, trainee counselors in three towns within the Kailahun District—a rebel stronghold during the war and site of countless atrocities—joined me in running four time-limited dance/movement therapy groups.

The setting for these deliberately ritualized interventions presented us both challenges and advantages at once. Throughout Sierra Leone, secret societies have long been integral to community life. This was especially true in such locales as Koindu, a town at the furthest edge of the Kailahun District, situated as far as one can travel from the country’s capital without crossing a national frontier. The upheavals and dislocations of a brutal war that had begun in the district and lasted there for more than a decade had disrupted this central communal ritual for virtually everyone. By consequence, the youths in our therapy groups had for the most part missed out on secret society initiations that otherwise would have been landmark events in their lives. In this unusual context, although our therapeutic gatherings lacked sanction within “the society” and certainly could not have promised to bestow the ancestors’ blessings on the adolescents who passed through our portal on their way to adulthood, our interventions as a whole may have functioned very much as if sacred rites of initiation.

One such group, *Poimboi Veeyah Koindu* (Orphan Boys of Koindu, in the local Kissi tongue), was comprised of 12 adolescents who as boy soldiers had been directly involved with rebel atrocities, three trainee adult male facilitators, and myself (for a detailed narrative of this intervention, see Harris, 2007b). We gathered together in a space and time that was distinctly separate from ordinary village life. A group of men and uninitiated youths, we met for a serious and intentionally transformative purpose. Engaging as one in a repetitive sequence of activities, we revisited paradigmatic moments from the community’s recent painful history and joined fearlessly in rigorous dancing that took forms never before encountered by the young participants. All these activities we kept unspoken outside the confines of the protected space, given a typical psychotherapeutic contract to maintain confidentiality. The youths themselves may well have appreciated this guideline as akin to the code of secrecy that is familiar to all Sierra Leoneans, conversant as everyone has to be with the strict taboo against sharing what goes on within the world of the secret societies.

Our session plans featured psychotherapeutic interventions in both subjunctive and more indicative modes, selected to elicit both affective and cognitive expression associated with experiences of the past and the present. Facilitators offered brief discourses, for example, as forms of psychoeducation regarding basic psychiatric principles about traumatic events and their effects on human bodies and behavior. In addition, the exercises we shared for enhancing relaxation or reducing the impact of flashbacks deliberately engaged simple, often isolated movements, usually in combination with words and phrases. Breaking these exercises into replicable steps enabled participants to join actively in their own healing by practicing certain skills as “homework” and thereby developing and honing useful coping mechanisms.

Sometimes, however, even such schematic activities would call on participants to invest themselves in “primary process” imaginings. Exemplary of this kind of exploration, undertaken well into the multi-month session plan, was an exercise that called on the youths to share with one another, in gesture or action, a memory of how they had caused someone to suffer. In fulfilling this exercise, one young former fighter began by quickly shaping his right hand as if it were a sharpened cutlass. Grabbing the lobe of his left

ear in his other hand, he swiftly sliced off the ear, then stuffed the imaginary body part into the mouth of a youth at his side. This horrific enactment of amputation and forced cannibalism—both common crimes against civilians during the war—bore a meaning, no doubt, unintended by the youth in question. For, in his mime of cutting off the body part, it was he who ended up without an ear. Creating this nightmarish cartoon of terror ultimately helped this ex-soldier process residual guilt over his role in committing atrocities. By unconsciously unleashing into our midst this deeply resonant metaphor of the double-edge of suffering, he—and others through comparable imagery—brought into focus group members' dual identities as perpetrators and victims. For this young man, as for his ex-combatant peers, making others suffer had in truth constituted their own disfigurement, their own suffering. Thus emerged what would become a repeating theme: the former soldiers' unity with one another and with their victims. Out of this process, the boys' self-awareness grew. Eventually, their restored capacity for empathy led to a verbalized desire to reconnect with a community that had stigmatized them for their part in the war's abuses.

It is unlikely that expressions generating such multidimensional symbolism would have appeared within this group had the facilitators opted to serve only a menu of maxims and practicable skills for coping with posttraumatic dysfunction. Encouraging a deeper exploration of the meaning of the ex-soldiers' experiences required a means of crossing the gateway between such quotidian expression and the richness to be found in a more subjunctive, liminal realm. Dance/movement therapy inspired by the legacy of Marian Chace (who conducted pioneering work at St. Elizabeth's Hospital in Washington, DC, often with young American veterans of World War II) afforded just such a venture into embodied free association. We borrowed a three-stage schema from Chace that seemed to anticipate Turner's reiteration of van Gennep's phases of rites of passage, and structured our interventions as a deliberately ritualized Warm-up, Development and Closure. At the core, the center of *Development*, we placed what we and the members came to call our Circle Dance.

Fusing "the Chacean Circle" and the ceremonial dance ring that is at the heart of much African performance, our Circle Dance allowed for free movement improvisation without fixed steps or predetermined rules. In launching it, the facilitators offered few verbal clues, and attempted to avoid setting limits on participants' creative expression. Aiming instead for an environment in which participants would feel sufficiently safe to invent themselves as a collective and spontaneously assume group leadership, we occasionally verbalized the message that "anyone can lead at any time." Not surprisingly, such liberty frequently upset ordinary power dynamics. As in many psychotherapy groups in Western contexts, the suspension of the usual hierarchy inherent in such non-directive facilitation opened the way for "killing off the leader" (Yalom, 1970). Playfully ganging up on, and on several occasions pinning me—the biggest and eldest of the adults, the supervisor of the other facilitators, and the only Caucasian American male in the district—the ex-fighters both figuratively sapped my power and actually tested the facilitators' shared determination not to give up on them.

Invigorated through the Circle Dance's imaginative play thus to release aggressions and find their own hidden strengths, the adolescents grew increasingly invested in exploring their terrifying memories. A sociodrama structure—appropriated by the author from writings cited above about young Tomas in Mozambique—offered the youths yet another culturally resonant modality for examining and coming to terms with the enormous pain they had suffered in witnessing, for example, the slaughter of parents, siblings, and other loved ones. Before long, embracing the profound understanding that others' suffering was not unlike their own became almost second nature. As their prolonged ther-

apeutic process approached its slated end, the youths sought and secured the facilitators' support for the presentation of a public performance before the Koindu community, at which the former combatants enacted a drama of their own making. They showed how they had suffered and how they had made others suffer, along with their hope that local elders would welcome them, as war orphans, back into their fold. Finding empathy for themselves and for others had opened the way for the community to express empathy toward them. Indeed, the event proved an auspicious milestone in their lives and a turning point in their collective relationship with a community that embraced them, after having feared, distrusted, and shunned them until that point (see also Harris, 2007a).

Discussion and conclusions

Psychologists examining the conscious and unconscious strategies through which people withstand extreme adversity by and large adopt the notion that resilience is the product of a number of tangible and intangible protective factors, including a capacity to attribute meaning even to devastating events. Withstanding the worst effects of witnessing atrocity and undergoing uprooting from their homes is thought to require children, in particular, to "integrate" or make sense cognitively and affectively of what they have endured and may still be enduring. Thus, interpreting the events around them has important implications for a child's physical and psychological well-being. Engaging children's imaginative faculties, Pynoos and Eth (1986) ask those who have been witness to violence to explain not only what has happened but how they would like to have responded in the situation. In thus eliciting children's "inner plans of action" (p. 310), the authors—and others, including the Sanctuary Counselling Team in apartheid South Africa (Straker, 1987) who utilized a variant of this technique effectively—have enabled the sharing of otherwise suppressed fantasies of averting catastrophe or lessening its effects. Such work with fantasy is shown to help defend the child against serious psychological damage, and suggests the value of interventions that emphasize symbolic representations—in this case, of imagined sources of protection or strength.

Researchers in other parts of the world, most notably the Middle East, see a corresponding protection afforded by ideologically informed attributions of meaning and corresponding social engagement. Such attributions, of course, imply attainment of a level of development that allows for symbolic thought. For children at earlier developmental stages, exposure may prove more problematic. Moreover, children's capacity to imbue events around them with meaning, and hence to assume an active role in symbolizing aspects of their experience, provides an important entry point and rationale for arts therapy interventions. For the creative arts therapist, attuned to working in symbolic forms, the option of supporting the mental health of traumatized children through preventive interventions designed to strengthen this protective capacity is especially apt.

In cultures such as those throughout Africa and much of the global South, in which individual interests are routinely subordinated "to the good of the collectivity" (Shweder & Bourne, 1984, p. 190), the disruption of social cohesion is the terrible analogue of massive violence. Reparative processes in the wake of such rupture necessarily focus on reconstructing social order. Generally holistic as well as sociocentric, the indigenous cultures of developing countries partake of an ethos in which, as a landmark 1996 United Nations study on the impact of war on children stated, "body and mind are perceived as a continuum of the natural world" (Par. 174). Armed conflict may thrust upon such a society not only social disintegration, but also fragmentation of an utter oneness of body, thought, emotion, and spirit. Given the dualistic Cartesian belief

system on which the sciences of the North are predicated, and the disengaged, etic perspective of conventional psychotherapeutic intervention, there may be scant recognition of the implications of violent rupture on the peoples of the South.

In such contexts the appropriate, culturally syntonically remedy is rarely the management of intrapsychic anxiety through Western psychotherapeutic intervention, but rather, as anthropologist Englund (1998) succinctly put it, “the regaining of sociality” (p. 1166). Whereas in the North, the self is defined and bounded by the individual body, this notion of selfhood is rare in the South (Chakraborty, 1991). In cultures such as those in much of Africa, the boundaries of the body are, instead, permeable, enabling seamless connection with others, with the land, the ancestors, and the cosmos (Okeke, Draguns, Sheku, & Allen, 1999). Rituals designed to repair and revitalize this unbroken participation with the social and natural realm, thus, are body-oriented and non-discursive. Rather than representing realities in some removed, “essentialist sense” (Englund, 1998, p. 1166), these performative rituals are physically immediate enactments on the living body of the people.

Investing this ritual process with an extraordinary transformative potency—relevant in the North, as in the South—is Turner’s (1976, 1977a) analysis of society as a process that involves meaningful fluctuation between structure and anti-structure, or *communitas*. In this view, societies create rituals that may transport celebrants to the very margins of ordinary life, carrying them across its portal to a liminal space of pure *communitas*, the otherworldly site of a social bond that defies temporal understanding. Ritual thus ensures not so much social cohesion as social enchantment, with liminality its very center. It is through access to the liminal that collective, holistic cultures encounter the sacred and contact the promise of restitution and reintegration. In the ritual province, brokenness of body and spirit may be healed and reunified. Before returning to a revived daily sociality, soma and psyche are annealed again as one resilient alloy.

Creative arts therapists, and others seeking ways to promote social re-aggregation of the sort described by Turner (1977a), appropriate his radical rethinking of ceremonial transformation. The need for sociality, for rejoining the world of others, especially as in the context of severe disturbance consequent to exposure to the extreme stressors of mass violence, is often hampered by an experience of psychic numbing, or alexithymia, a classic PTSD symptom. The withdrawal from social interaction that is a common correlate of this experience challenges all attempts at social restoration and, hence, recovery itself. Alexithymia further hinders psychotherapeutic interventions that utilize verbal processing as a means of integrating traumatic memories. van der Kolk (1996b), in response, posited utilization of creative arts techniques as an alternative “language” that may successfully overcome the disadvantage inherent in the sufferer’s difficulty conveying feelings in words. Advocating a therapy that is at once “mindful” of the present and engaged in advancing conditions for the creation of “symbolic representations of past experience” (p. 205), he inferred a path for reunifying body with mind. This renowned authority on posttraumatic treatment suggested that mindfulness and symbolization—related to identifying triggers to intrusive recollections of the inciting incident—are necessary precursors to restoration. In the absence of such reparative processes, there is an increased risk of somatic problems and addictive behaviors (Johnson, 1987), with the former an especially likely outcome in the South and the latter in the North.

War-affected children may experience comparable impediments to verbal expression, or may avoid discursive processing as culturally dystonic. Artistic means that *are* culturally syntonically offer children opportunities, nonetheless, to represent their feelings, and may help bring “coherence in their inner worlds” (Rousseau & Heusch, 2000). Surveying briefly some of the case material documented in the preceding pages may afford a useful perspective on

various reparative approaches to the interplay of symbolization, the verbal and nonverbal, ritual, and recovery among young individuals from disparate regions of the world affected by war, organized violence, or—in the sole example from the U.S.—childhood abuse.

The therapeutic interventions employed with Paulo, Tomas, the youths of *Poimboi Veeyah Koindu*, and Sandra represent a range from discrete cultural fidelity to bicultural syncretism. Paulo’s father, a traditional healer in rural Mozambique, invents for his young son, upon the boy’s homecoming, an emboldening rite to symbolize rupture with an undoubtedly horrific past (Honwana, 1997). Thee “mindful” of the present and engaged in advancing conditions for the creation of “symbolic representations of past experience” (p. 205), he inferred a path for reunifying body with mind. This renowned authority on posttraumatic treatment suggested that mindfulness and symbolization—related to identifying triggers to intrusive recollections of the inciting incident—are necessary precursors to restoration. In the absence of such reparative processes, there is an increased risk of somatic problems and addictive behaviors (Johnson, 1987), with the former an especially likely outcome in the South and the latter in the North.

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In Sierra Leone, under the auspices of an international humanitarian organization, Western psychotherapeutic processes are again introduced within a context of postconflict communities facing obstacles to rebuilding all aspects of social life. Borrowing consciously from the various practices and concepts here articulated, the author ventures a form of psychological syncretism in fusing the free association of dance/movement therapy improvisation with local customs and forms of cultural expression. Programmatic assessments indicate that these efforts effectively served *Poimboi Veeyah Koindu*’s and our other war orphan clients’ need for restoration through active embodiment of sometimes deeply hidden symbolic meanings (Harris, 2007a,b). Finally, in the U.S., Sandra experiences significant social re-aggregation through the medium of her own imaginative play, and Harvey’s (1995) keen attunement to her developing capacity for symbolization. With the almost ritualized *container* of constructive play affording the little girl a vehicle through which to enter the liminal space of transformation, she grows increasingly invested in symbols of security, and through this

attenuated process of reattachment, learns to accept the love and support of her adoptive parents.

In each of these four narratives, children separated by incursions of violence from the opportunity for parental nurturance and support find recovery from the devastation of brutality or abuse through means of creative symbolization. In each of these cases, moreover, this journey is both non-discursive and palpable, an event enacted on the body itself; in effect, a ritual, whether by design or not. Guided by an intervening therapist—or in Paulo's case by a father whose therapeutic intercessions are deemed, from an outside perspective, *traditional healing*—these children find agency and eventual restoration through a ritual process; that is, through a process of immersion in the subjunctive possibilities of the liminal.

The notion of Turner's (1977a) liminal space thus overlaps significantly with the transitional space that is Winnicott's (1971) critical contribution to the psychotherapeutic understanding of play and individuation. When infants outlast the utility of symbiotic ties and begin to move into the transitional territory between self and not-self that will host initial encounters with intersubjectivity, their separation from the old ushers them at once into a similarly liminal realm. In this realm of transitions, agency and creativity arise within mindfulness of being, and specifically, being *separate*. Imagination, fantasy, and transformative symbolizations become as one—in what dance/movement therapist Dosamantes (1992) referred to as an "illusory space" (p. 263), akin to the shaman's sacred ground. Like the site of liminality, the transitionally as if space of individual and group transformation, too, affords the body a transcendent purpose as an instrument of consciousness. Hence, it seems that the expanse that ostensibly divides the traditional ritual process of liminality from the psychodynamically inflected process of transitioning may, in fact, be non-existent—no more than virtual. Whether formulated in the context of the ceremonial dancing circle, the creative arts therapy group, or the intimate maternal-child dyad, profound relational bonds invest the human species with the talents to survive even the most unthinkable of ruptures and, sometimes in the face of speechless terror itself, to divine symbolic means for expressing them.

References

- Angel, B., Hjern, A., & Ingleby, D. (2001). Effects of war and organized violence on children: A study of Bosnian refugees in Sweden. *American Journal of Orthopsychiatry*, 71(1), 4–15.
- Başoğlu, M. (1992). Behavioural and cognitive approach in the treatment of torture-related psychological problems. In M. Başoğlu (Ed.), *Torture and its consequences: Current treatment approaches* (pp. 402–429). Cambridge, U.K.: Cambridge University Press.
- Başoğlu, M., Paker, M., Paker, Ö., Özmen, E., Marks, I., Incesu, C., et al. (1994). Psychological effects of torture: A comparison of tortured with nontortured political activists in Turkey. *American Journal of Psychiatry*, 151(1), 76–81.
- Başoğlu, M., Paker, M., Özmen, E., Tasdemir, Ö., Sahin, D., Ceyhanli, A., et al. (1996). Appraisal of self, social environment, and state authority as a possible mediator of posttraumatic stress disorder in tortured political activists. *Journal of Abnormal Psychology*, 105(2), 232–236.
- Başoğlu, M., Mineka, S., Paker, M., Aker, T., Livanou, M., & Gök, S. (1997). Psychological preparedness for trauma as a protective factor in survivors of torture. *Psychological Medicine*, 27(6), 1421–1433.
- Bergner, D. (2003). *In the land of magic soldiers: A story of black and white in West Africa*. New York: Farrar, Straus and Giroux.
- Boothby, N. (1992). Displaced children: Psychological theory and practice from the field. *Journal of Refugee Studies*, 5, 106–122.
- Boothby, N. (1996). Mobilizing communities to meet the psychosocial needs of children in war and refugee crisis. In R. J. Apfel & B. Simon (Eds.), *Minefields in their hearts: The mental health of children in war and communal violence* (pp. 149–164). New Haven, CT: Yale University Press.
- Cairns, E., & Dawes, A. (1996). Children: Ethnic and political violence—A commentary. *Child Development*, 67(1), 129–139.
- Chakraborty, A. (1991). Culture, colonialism, and psychiatry. *The Lancet*, 337(8751), 1204–1207.
- deVries, M. W. (1996). Trauma in cultural perspective. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 398–413). New York: Guilford.
- Dosamantes, I. (1992). Body-image: Repository for cultural idealizations and denigrations of the self. *The Arts in Psychotherapy*, 19(4), 257–267.
- Drewal, M. T. (1991). The state of research on performance in Africa. *African Studies Review*, 34, 1–64.
- Englund, H. (1998). Death, trauma and ritual: Mozambican refugees in Malawi. *Social Science & Medicine*, 46(9), 1165–1174.
- Gibson, K. (1989). Children in political violence. *Social Science & Medicine*, 28(7), 659–667.
- Glaser, D. (2000). Child abuse and neglect and the brain—A review. *Journal of Child Psychology and Psychiatry*, 41(1), 99–116.
- Goodill, S. W. (1987). Dance/movement therapy with abused children. *The Arts in Psychotherapy*, 14(1), 59–68.
- Hanna, J. L. (1978). African dance: Some implications for dance therapy. *American Journal of Dance Therapy*, 2(1), 3–15.
- Harris, D. A. (2002). *Mobilizing to empower and restore: Dance/movement therapy with children affected by war and organized violence*. Master's thesis, MCP Hahnemann University, Philadelphia. Available from: UMI Dissertation Services, Ann Arbor.
- Harris, D. A. (2007a). Dance/movement therapy approaches to fostering resilience and recovery among African adolescent torture survivors. *Torture: Journal on Rehabilitation of Torture Victims and Prevention of Torture*, 17(2), 134–155.
- Harris, D. A. (2007b). Pathways to embodied empathy and reconciliation after atrocity: Former boy soldiers in a dance/movement therapy group in Sierra Leone. *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 5(3), 203–231.
- Harvey, S. (1995). Sandra: The case of an adopted sexually abused child. In F. J. Levy (Ed.), *Dance and other expressive art therapies: When words are not enough* (pp. 167–180). New York: Routledge.
- Honwana, A. M. (1997). Healing for peace: Traditional healers and post-war reconstruction in southern Mozambique. *Peace and Conflict: Journal of Peace Psychology*, 3(3), 293–305.
- Honwana, A. (2006). *Child soldiers in Africa*. Philadelphia: University of Pennsylvania Press.
- Jensen, P. S., & Shaw, J. (1993). Children as victims of war: Current knowledge and future research needs. *Journal of the American Academy of Child & Adolescent Psychiatry*, 32(4), 697–708.
- Johnson, D. R. (1987). The role of the creative arts therapies in the diagnosis and treatment of psychological trauma. *The Arts in Psychotherapy*, 14(1), 7–13.
- Johnson, D. R., Feldman, S. C., Lubin, H., & Southwick, S. M. (1995). The therapeutic use of ritual and ceremony in the treatment of post-traumatic stress disorder. *Journal of Traumatic Stress*, 8(2), 283–298.
- Klorer, G. P. (2008). Expressive therapy for severe maltreatment and attachment disorders: A neuroscience framework. In C. A. Malchiodi (Ed.), *Creative interventions with traumatized children* (pp. 43–61). New York: Guilford.
- Macksoud, M. S., & Aber, J. L. (1996). The war experiences and psychosocial development of children in Lebanon. *Child Development*, 67(1), 70–88.
- Macksoud, M. S., Dyregrov, A., & Raundalen, M. (1993). Traumatic war experiences and their effects on children. In J. P. Wilson & B. Raphael (Eds.), *International handbook of traumatic stress syndromes* (pp. 625–633). New York: Plenum Press.
- Macksoud, M. S., Aber, L., & Cohn, I. (1996). Assessing the impact of war on children. In R. Apfel & B. Simon (Eds.), *Minefields in their hearts: The mental health of children in war and communal violence* (pp. 218–230). New Haven, CT: Yale University Press.
- Marrato, J. (1996, September). Superando os efeitos sociais da guerra em Moçambique: Mecanismos e estratégias locais. Paper presented at the Fourth Congress of Lusophone Social Sciences, Rio de Janeiro, Brazil.
- McWilliams, N. (1994). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York: Guilford.
- Miller, K. E. (1996). The effects of state terrorism and exile on indigenous Guatemalan refugee children: A mental health assessment and an analysis of children's narratives. *Child Development*, 67(1), 89–106.
- Okeke, B. I., Draguns, J. G., Sheku, B., & Allen, W. (1999). Culture, self, and personality in Africa. In Y. T. Lee, C. R. McCauley, & J. G. Draguns (Eds.), *Personality and person perception across cultures* (pp. 139–162). Mahwah, NJ: Lawrence Erlbaum Associates.
- Piaget, J. (1962). *Play, dreams, and imitation in childhood*. New York: Norton.
- Punamäki, R. L. (1996). Can ideological commitment protect children's psychosocial well-being in situations of political violence? *Child Development*, 67(1), 55–69.
- Pynoos, R. S., & Eth, S. (1986). Witness to violence: The child interview. *Journal of the American Academy of Child Psychiatry*, 25(3), 306–319.
- Rauch, S. L., van der Kolk, B. A., Fisler, R. E., Alpert, N. M., Orr, S. P., Savage, C. R., et al. (1996). A symptom provocation study of posttraumatic stress disorder using positron emission tomography and script-driven imagery. *Archives of General Psychiatry*, 53, 380–387.
- Rousseau, C., & Heusch, N. (2000). The trip: A creative expression project for refugee and immigrant children. *Art Therapy*, 17(1), 31–40.
- Servan-Schreiber, D., Lin, B. L., & Birmaher, B. (1998). Prevalence of posttraumatic stress disorder and major depressive disorder in Tibetan refugee children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 37(8), 874–879.
- Shweder, R. A., & Bourne, E. J. (1984). Does the concept of the person vary cross-culturally? In R. A. Shweder & R. A. LeVine (Eds.), *Culture theory: Essays on mind, self and emotion* (pp. 158–199). Cambridge, U.K.: Cambridge University Press.
- Straker, G. (1987). The continuous traumatic stress syndrome—The single therapeutic interview. *Psychology in Society*, 8(1), 48–79.
- Turner, V. (1976). Social dramas and ritual metaphors. In R. Schechner & M. Schuman (Eds.), *Ritual, play, and performance: Readings in the social sciences/theatre* (pp. 97–120). New York: Seabury Press.

- Turner, V. (1977a). Frame, flow, and reflection: Ritual and drama as public liminality. In M. Benamou & C. Caramello (Eds.), *Performance in postmodern culture* (pp. 33–55). Madison, WI: Coda Press.
- Turner, V. (1977b). *The ritual process: Structure and anti-structure*. Ithaca, NY: Cornell University Press.
- United Nations. (1996). *Impact of armed conflict on children: Report of the expert of the Secretary-General Ms. Graça Machel* (Document A/51/306 & Addenda). New York: United Nations.
- van der Kolk, B. A. (1996a). The body keeps the score: Approaches to the psychobiology of posttraumatic stress disorder. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 214–241). New York: Guilford.
- van der Kolk, B. A. (1996b). The complexity of adaptation to trauma: Self-regulation, stimulus discrimination, and characterological development. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 182–213). New York: Guilford.
- van der Kolk, B. A. (1996c). Trauma and memory. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 279–302). New York: Guilford.
- Winnicott, D. W. (1971). *Playing and reality*. New York: Norton.
- Weltman, M. (1986). Movement therapy with children who have been sexually abused. *American Journal of Dance Therapy*, 9(1), 47–66.
- Yalom, I. D. (1970). *The theory and practice of group psychotherapy*. New York: Basic Books.