

# Common Threads: a recovery programme for survivors of gender based violence

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*A multi-dimensional, intervention programme for survivors of gender based violence was piloted in Lago Agrio, Ecuador and a nearby Colombian refugee settlement. Local facilitators were trained to implement the programme with small groups of women. The model introduces art therapy techniques, psycho-education, peer support, symptom reduction techniques and psychosocial skill building, within the context of a women's hand sewing collective. Participants design and sew narrative textiles (known as 'arpilleras' in parts of Latin America) in order to share their experiences and process memories. This article documents the development of the model, and its implementation in that community.*

**Keywords:** coping skills, gender based violence, group art therapy, narrative textiles

## Introduction

It is no accident that the phrase *'unspeakable horrors'* is used to refer to the extreme distress of war, torture, and rape. Apart from the idea that it is taboo to speak of such experiences, they are also *'unspeakable'* in another sense: verbal language is not adequate to communicate, much less to process, these experiences and the haunting memories that follow them. Neuroscience suggests that when individuals face life threatening circumstances, the limbic system is activated for survival, and the pre-frontal cerebral cortex, including Broca's area (the part of

the brain responsible for verbal language) loses power.<sup>1</sup> Thus memories of traumatic events are likely to be encoded nonverbally, in sensory and somatic form (Rothschild, 2000). People may have difficulty retrieving and articulating these memories verbally, and can develop somatic symptoms that express embodied pain (Ogden, 2006). Consequently, survivors of violence may find it helpful to engage in nonverbal approaches to respond to what has happened to them, and for healing from its effects.

The author has attempted to develop an intervention that can respond to the complex needs of women who have suffered gender based violence (GBV), especially in the context of armed conflict. The approach integrates elements of current trauma treatment, art therapy techniques and the benefits offered by traditional sewing collectives. In some ways, the methodology is itself a patchwork of methods that seems to intuitively fit together and addresses a mixture of needs, simultaneously. Participants design and sew textiles in order to share and process their stories and engage in additional psychotherapeutic activities to support their recovery.

The group seeks to draw women out of social isolation and encourages them to re-establish trust and connection with others. Making textiles allows for the safe exploration of distressing events. The purpose of the psychotherapeutic activities

is to learn coping skills to manage intense emotional states, enhance capacity for self-expression, reduce stigma, shame and self-blame, and work towards improved overall functioning. Such an approach would promote survivors' *strengths* rather than treating their 'pathology.' In 2012, the author piloted this programme with Colombian refugees in Lago Agrio, Ecuador. This article documents the development of the model, and its implementation in that community.

### **Tradition of narrative textiles**

Communities have developed enduring and valuable practices for stabilisation and healing that can be adapted to support recovery in those who are suffering from the consequences of violence. The making of narrative textiles is a prime example of such an approach; in many cultures, women come together, they sew, tell stories, and support each other as they deal with challenges. It is important that as clinicians design interventions, they should not only take into account evidence based research, but also consider the wisdom of widespread traditional cultural practices that have enabled communities to promote recovery and resilience.

There are numerous examples of narrative textiles made by survivors of violence in diverse settings across the globe.<sup>2</sup> Where regimes have attempted to silence their victims, story quilts have defiantly exposed torture, rape, and genocide in graphic form. The author's explorations of this phenomenon and efforts to create a therapeutic model based on this practice have been particularly influenced by the Chilean *arpilleras*, and the documentation of their impact by Roberta Bacic.<sup>3</sup>

During the time of the Pinochet dictatorship, Chilean women began to meet in secret workshops and sew their experiences of

systematic violence onto burlap flour sacks. These simple narrative textiles, which were smuggled out of Chile, came to be known as *arpilleras*, the Spanish word for burlap:

*'The arpilleras are the opposite of silence, and even though they do not speak, it is impossible not to imagine someone's voice in the fabric.'*  
(Agosin, 2008)

Using simple appliqué and embroidery techniques, the women gathered together to sew depictions of their experiences, to document the atrocities of the regime, and to support one another. Sometimes they used scraps from the clothing of their 'disappeared' loved ones in their textiles.

The *arpillerista's* motivation was borne:

*'not only by economic necessity, but also by a need to relate a story. The process of creation cannot be done in a rush. The arpilleristas may have been expert seamstresses, and their hands could fly across the materials like a brush across a canvas, but their thought processes, individually and collectively, were profound and sometimes it was a painful and lengthy process to find the way to portray and share them. Thus, in these communities of cloth, scissors and needles, the women poured their stories into the cloths. The miniature figures, that protested or screamed or danced or begged, moved from their fingers to the cloth and took with them their stories and pain.'*  
(Bacic, 2013)

Although their primary purpose was political, Chilean women also observed the therapeutic value of textile making;

*'The arpilleras were a beautiful kind of therapy for me. The first one I made showed the disappearance of my son; it took me a month because every doll I made had*

*something so desiring about it. I lived alone, coming back to my house to sew and weep, which caused me great suffering. To relieve my anguish I made arpilleras.* (Maria Eugenia, in Agosin, 2008)

The *arpillera* phenomenon is one stunning example of the impulse to depict unspeakable abuses, in the form of narrative textiles. The powerful artwork the women from Colombia, Peru, the Democratic Republic of the Congo, Bosnia, Zimbabwe, Laos, Chile and South Africa have also produced on cloth speaks to us not only of pain, but also of resilience and strength. In the cloth, the women find a way to speak to one another, and to the world, about their experiences and activate their capacity for coping with what they have endured. These *organic* practices have much to teach us about designing effective recovery programmes.

### **Textile making as a tool for recovery from GBV**

Laura Anderson and Karen Gold, psychotherapists working in Toronto in the 1990s, recognised the potential of the *arpillera* tradition, and established a therapeutic textile group for women who had been sexually abused as children;

*‘The central purpose of the group is to use art as a tool to facilitate movement from internal to external expression, from silence to voice, from disconnection to connection, from disempowerment to empowerment.’* (Anderson & Gold, 1998)

Women who have experienced GBV frequently suffer from anxiety, and may struggle to find ways to quiet a nervous system that has had to function for long periods on ‘high alert.’ Stitching is a familiar way to slow down, to focus, and to engage in a

repetitive, rhythmic motion that helps to regulate arousal levels. Kirshenblatt-Gimblett comments on the calming effect of hand sewing;

*‘There is something about the quietness of textiles. The quietness in their making and in their nature. They are painstaking, intricate, precise, unrelenting. The repetition and the patterning—the grid of warp and woof—gives a meditative quality to the experience of making them. It strikes me that there’s an opportunity for the inner experience that must take place when you make textiles that address the trauma of war.’* (Kirshenblatt-Gimblett in Cooke & MacDowell, 2005)

Narrative therapy techniques can be useful to process experiences of GBV, and survivors may wish to unburden themselves of the memories that haunt them. Using textile making reduces the *pressure* to verbalise one’s trauma story, but instead offers an open ended opportunity for survivors to weave a narrative at their own gradual pace and initiative. This allows for discussion of memories only when *the participant feels ready* to do so.



*Photo 1: ‘This is difficult to put into words’ (Arpillera made by a Colombian refugee. She flees her home, while a man wields a machete.)*

## **Integrating psychotherapeutic techniques**

While women's sewing groups may be intrinsically therapeutic, historically, they have not been designed to promote healing from trauma. The therapeutic value has been a byproduct of the phenomenon. In this project, the textile making process was augmented with additional therapeutic activities in order to promote psychosocial skill development among participants. In doing so, participants may build a foundation of coping in order to maintain stability, while processing distressing experiences. Techniques such as somatic awareness, muscle relaxation, breathing exercises, enhancement of self-care routines, psycho-education on the potential impact of traumatic experiences, effective management of hyperarousal, intrusion, and constriction, identifying and encouraging self-soothing practices, were all included in the workshops. One challenge was to approach the processing of traumatic memories in a way that encourages disclosure and is at the same time respectful of participants' necessary defences. While women explore memories and begin to construct their *arpilleras*, they learn and practice interpersonal skills for empathic engagement, maintaining clear boundaries, containing strong affects, and naming emotions.

During the latter part of the programme, facilitators lead group discussions on several key topics, such as: reducing stigma and shame; challenging self-blame; coping with loss and grief; cultivating personal strengths; envisioning the future; and reclaiming hope.

## **Implementation of the pilot project**

### *Context*

Common Threads was initiated in a community where GBV is a pervasive feature, and where the author could identify staff

with experience in supporting survivors. Lago Agrio, is in the Sucumbíos province, about 5 hours from Quito Ecuador and along the Colombian border. Actually, 'Lago' has no lake at all, but was named for Sour Lake, Texas by Texaco, who began to drill for oil there in the 1960s. It was settled largely by displaced men who were drawn there by the prospect of work. There are well over 200 brothels. Today Sucumbíos has more than 13,000 refugees who have fled pervasive violence in nearby Colombia (UNHCR, 2012). The women's shelter estimates that at least 8 out of 10 women in the province of Sucumbíos have been survivors of rape, trafficking, domestic violence and/or incest (Instituto Nacional de Estadísticas y Censos, 2012).

### *Capacity building*

In collaboration with UNHCR, and local partners Taller de Comunicación de Mujer and The Women's Federation of Sucumbíos, six women were selected to become facilitators for the pilot groups, and were trained by the author. This interdisciplinary local team includes: the director of the women's shelter, two staff members who have the experience of counselling, as well as an artist, an anthropologist, and a seamstress. The trainees were led by the author in a two week intensive training course, in which they engaged in informational and experiential learning to deepen their understanding of the strengths and struggles of their clients, develop some background in the neurobiology of traumatic experience, practice psychotherapeutic techniques and become familiar with the Common Threads approach. They also worked to adapt and enrich the protocol to best suit their context. During the facilitator training sessions, the diversely talented team of facilitators made their own *arpilleras* and engaged fully in the activities planned for use with the

participants. The training became an intimate and intensely emotional process as they decided to use the exercises to further their own personal healing work, and to develop cohesion as a team. Using the Common Threads model, a 12 week recovery programme for GBV survivors in two refugee communities was launched.

### *Participants*

The 11 women in the Lago Agrio group were invited to participate in the programme by the sponsoring organisations, based on having been clients of the women's shelter that serves survivors of GBV. The other group was comprised of 17 women from a refugee settlement along the San Miguel River, who belonged to the village women's association. All participants were screened to determine whether they were appropriate candidates for this programme: that they were not in acute crisis, not psychotic, and willing to commit to the 12 sessions of the programme. The participants ranged in age from 17 to 60, and had experienced intimate partner violence, rape, conflict related rape, survival sex, sex trafficking, childhood sexual abuse, and/or incest. Only a few of the women had some experience with hand sewing and none were familiar with, nor had ever made, *arpilleras*.

### *Methodology*

Groups met for 12, four to five hour, workshops over the course of 12 weeks. In addition to art therapy, participants engaged in psychotherapeutic activities to develop their coping skills for healing and resilience. They also learned specific techniques for managing intrusive memories, mood, anxiety, dissociation, and self-care.

Additional methods were contributed by the facilitators, according to local custom, and guided by their experience in working with

survivors of GBV. They incorporated an opening and closing circle with candles to foster an atmosphere of focused intention. They used elements of an indigenous cleansing rituals, involving herbs, chanting, and incense in order to enhance the spiritual dimension of the workshop. Additionally, the participants from the shelter in Lago Agrio were given the opportunity for a special, individual bathing experience at their private facility. The facilitators created a spa-like atmosphere with music, scented water, and 'aqua-relaxation.' Most of the women chose to have this experience, and they reported it to be very pleasurable.

From the outset, the objective was to develop a warm atmosphere of emotional safety and mutual support. Initial sessions also introduced the concept of *arpilleras* and showed the women some examples of *arpilleras* in photographs. Then, the facilitators taught basic sewing techniques and led expressive drawing exercises to gently encourage self-expression in graphic form. During those first sessions, facilitators provided psycho-education about trauma and its effects, so that the participants could come to understand their symptoms as normal survival mechanisms in response to life threatening circumstances.



*Photo 2: Woman sewing the border of her arpillera*

Before illustrating the content that would be depicted, participants worked on stitching traditional borders for their *arpilleras*. We emphasised the parallel importance of first establishing a boundary of stability and containment before engaging with disturbing material. To this end, they practiced techniques for managing strong emotions, reducing anxiety, improving self-care, learned about 'triggers,' flashbacks and how to recognise and handle dissociative phenomenon. Activities included breathing and deep relaxation training, guided imagery ('Safe Place' exercise<sup>3</sup>), grounding to the present, cognitive awareness of affect, positive self-talk, and identification of constructive coping skills in their everyday lives<sup>4</sup>. They practiced techniques of empathic listening, and discovered ways to support one another as they shared their experiences.

The women made small dolls, which allowed them to practice techniques for making *arpilleras*. Afterwards they used the dolls in a displacement exercise to give voice to any issues they might be reluctant to speak about directly. As the workshops progressed, the participants were able to deal with increasingly challenging topics.

To invite participants to evoke a specific moment to depict in their *arpillera*, facilitators led a deep relaxation exercise and then gave the following prompt options; 'this is a moment I will never forget,' 'this is something I cannot put in words,' 'this is what I need you to know,' and/or 'this is what I hope for the future.' After allowing a specific scene to coalesce, the women were instructed to sketch the details of that scene on paper. Then the women cut and pinned fabric, used embroidery and applique techniques to create their *arpilleras*. Following in the tradition of the Chilean *arpilleristas*, they were encouraged to sew a pocket on the back of their textiles, where a secret note could be hidden. During

a writing exercise, they were invited to write a 'secret' to place in the pocket. Some then chose to sew the pocket shut.

In the textiles, they revisited memories, expressed hopes, and shared their experiences of violence, displacement, and survival. Sometimes they engaged in discussion while sewing; at other times, they stitched in silence, absorbed in the rhythm of the sewing.



*Photo 3: Her husband drinks while men are shooting*



*Photo 4: We must leave home*

A few of the women illustrated memories of violence, or of their flight and displacement. Three women showed scenes of attack by soldiers, where loved ones had been killed, or where they had been raped. Others portrayed moments of flight and displacement.



Photo 5: *Memories of my home*



Photo 6: *My past and my future*

Interestingly, the majority of participants depicted ordinary nonthreatening scenarios. A few women chose to render familiar scenes from their home villages, before they had had to flee. In this way, these *arpilleras* gave opportunities to discuss issues of loss, longing, and their experience of adjusting to a life as a refugee.

One woman sewed a portrait of the *arpillera* workshop itself, as a tribute to the significance of the group. Others created representations of their future hopes for education, freedom and safety, and created cheerful village settings. However, the facilitators noted that it was usually what was

happening *behind* those innocent scenes that arose in the discussions, and allowed for deepening of the process. Stories of intimate partner violence, childhood sexual abuse and loss surfaced in the group as women shared stories of what was happening inside those colourful houses.

In the last few sessions of the programme, facilitators led specific discussions in the group on key topics that had been raised. They challenged the reflex of shame surrounding the experience of GBV. They examined the tendency for women to blame themselves for the violence, and they helped the women to develop explanatory alternatives to self-blame via cognitive reframing. Finally, as a way to foster the rebuilding of eroded self-esteem, facilitators led activities aimed at identifying and celebrating each woman's personal strengths.

## Observations

Both the group facilitators and the author noticed several therapeutic benefits for participants in the Common Threads pilot project. While these are based on personal impressions, they may serve to highlight the potential impact of the programme:

*Connection to others* Community based group work is especially well suited for recovery from the consequences of GBV, as Herman has noted:

*'Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self, of worth, or humanity, depends upon a feeling of connection to others. The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience. Trauma isolates, the group recreates a sense*

*of belonging. Trauma shames and stigmatizes; the group bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma dehumanizes the victim; the group restores her humanity.* (Herman, 1992)

Like many GBV survivors, the women in our groups had lost trust in others and also became socially isolated due to displacement and loss. In the first meeting, few participants made eye contact, and most barely spoke to one another. As the sessions continued, the women forged bonds of trust with one another. A number of participants commented that this had been of great value to them; *'we treat each other as if we're family here.'* Another woman stated; *'I was feeling depressed, unhappy, bored, disoriented, and alone with no friends. Now I feel that I can sew, laugh. This has given me happiness.'* Over the course of the discussions, they seemed relieved to discover that their experiences and responses were accepted and shared by others in the group, reducing their sense of stigma. They also valued the opportunity to *offer* understanding and support to other women in the group.

#### *Stress reduction*

The groups experienced hand sewing as an effective method for self-calming. Facilitators described the quiet meditative atmosphere that they observed while women were stitching. The action of sewing indeed seemed to counteract the toxicity of the material they were depicting. Although the women discussed emotionally disturbing topics, they did not feel overwhelmed, and reported feeling relief and reduced tension. One participant commented; *'I came here with a heavy feeling in my body, uneasy, but I left calm and ready to keep fighting.'*

Many noted that the relaxation strategies, breath work, *'safe place'* imagery, and other techniques for self-regulation, had helped them and that they continued to use these skills at home, and in other situations.

#### *Self-expression*

The groups provided a safe place for the women to express themselves freely; *'I am myself here, and that is why I am happy.'* Facilitators noted how even the more reserved women began to be more comfortable speaking up within the group. Creating the artwork provided a powerful vehicle for relating their experiences. The women were able to trust one another and confide in each other in ways that they had not been able to do before; *'here we can share what we keep hidden.'*

#### *Working through traumatic experiences*

Making the *arpilleras* helped to unlock memories of the past and open the door to emotional processing. Our experience of the emotional access provided by the textile making was consistent with an observation made by Bacic, a historian of *arpilleras*; *'the cloth takes the tears, it allows you to cry.'*<sup>5</sup>

Participants reported a sense of release in being able to process memories, and then move forward; *'I feel like I've rid myself of a heavy load, a load I carried. It's past now. I am getting rid of things that I had carried in my heart.'*

Several participants said that, through the group activities, they felt relief from depression; *'before, I was feeling very angry, in pain. I wanted to lie down and I didn't have the mood to do anything.'* *'This process has taken me from the hole I was immersed in. It has given me hope to continue living in harmony.'* Similarly another participant stated; *'I was feeling bad, like trapped without escape, in the darkness,*

*without any desire to do anything, very unhappy. Desperate. That was my truth. . .It has helped me to be strong with myself, to know what I should and should not do. I can say that today I'm a courageous woman.'*

Others found that they had become less anxious and more able to regulate their emotions; *'I felt I had many traumas. I was insecure in some personal decisions that I had to take. I didn't value myself. I couldn't control my anger. This process has touched my life. It freed me from my traumas. I learned to make limits. I was able to do stuff that I couldn't do before. I know how to act when adversity comes. What I say I do it, and I do it with strength and confidence.'*

The therapeutic value of processing traumatic memories culminates with re-interpretation of those events. As a result of cognitive reframing, some women were able to think differently about what had happened to them; *'I have learned a lot here, to gain strength and courage, to stop myself from always thinking, why I did I do that? To move forward instead... We're all coming out of here strong and healed.'*

#### *Self-esteem*

Many women spoke about the confidence they had gained through their participation in the groups; *'I have learned to believe in myself.'* One group member was able to gather the strength to leave an abusive marriage. *'Arpilleras has helped me to have strength to value myself, that I can move forward, by myself, and with my daughters.'*

To plan, persevere and complete a project is an important life skill. To have done so promotes a sense of efficacy and confidence, which has often been lost in the face of enduring violence. Demonstrating pride about their work, the women are planning to show their textiles in an exhibition emphasising the healing process of making them.



*Photo 7: The texture of memory: completing the arpillera*

At the end of 12 sessions, the group celebrated their accomplishments with a ceremony and presentation. The women who took part in the programme are proud of the psychological gains they have achieved; *'I'm happy because I've seen improvement in myself and it's already begun to show.'*

One facilitator made this observation; *'I believe that the women who have participated have changed their outlook, they are more empowered. The process has demonstrated this can work. Not only in what we have seen as facilitators, but other people who know these women have commented to us about it.'*

The women discovered capacities in themselves that they had not appreciated before. Several participants commented on how they felt stronger and able to find their voice. The process *'opened doors for me, also I am healing my heart, I'm trying not to become fixated on problems, I'm making an effort, these sessions have helped me be able to speak up and now I have courage. I want to feel this in order to heal myself.'*

#### *Capacity building*

The team of facilitators reported that the training had contributed significantly to their professional skills and confidence in working with this target group; *'this experience*

*has given me the tools to improve my work and the assistance I can provide to these women. Personally, this process has helped reinforce my interest to work with groups. It has made me believe that collective therapy does work. It has been a very important moment in my life. I feel more comfortable working with psychological therapies, with women's groups. It has helped to reinforce my knowledge with new techniques.'*

The trainees felt equipped to lead future groups, and plan to expand the programme. All of the groups leaders felt the programme had been a success; *'I believe the arpilleras project has demonstrated itself to be a real healing process and the art technique a powerful tool inside it. The connection created between the theory, the practice and the creative part, has allowed us to reach great results.'*

## **Discussion**

### *Limitations and lessons learned*

The small pilot project in Ecuador suggests that the Common Threads model has some promise to promote recovery from experiences of GBV. While it was greeted enthusiastically there, it is not possible to make any conclusive claims on the programme's efficacy until a more systematic study of the methodology can be undertaken. As it was the facilitators themselves that interviewed participants to collect their feedback on the programme, and this could skew their responses to a great degree. It is certainly suspicious that none of the women expressed negative feelings about the programme. Similarly, because the author interviewed the facilitators about their experiences, they too, were inclined to express only their most favourable responses. Future studies should seek more objective evaluation.

Additionally, because the intervention was comprised of many different techniques, it is impossible to know which were the most effective elements of the blend. It could be

that any one of the components used provided the help that made a difference to participants. One could design a study in which these elements are compared to determine whether, for example, sewing textiles in a group setting is just as effective as an integrated approach, which also includes psychosocial skill training.

Regardless of these limitations, some feedback can be offered on a few details of the programme to enrich future versions of the intervention:

- In order to evaluate the programme qualitatively, adopt techniques of community based participatory research, so that the participants can help determine the definition of meaningful change, and how change can be identified, whether or not it has occurred. For quantitative measures, use those that are sensitive to subtle change, valid for the population studied, and which can be administered by independent evaluators. Also consider use of objective, (non self-report) measures.
- Facilitators felt that childcare should be provided as part of the programme because it was difficult to engage in group discussion when small children were present. In one group, where a separate childcare group was available, the discussions achieved a depth that was not possible otherwise.
- It would be best if groups are not made up of members who have pre-existing relationships outside of the group, as this tends to complicate the group dynamic and inhibit discussion. (This is admittedly a challenge when working in a small village.)
- Team meetings for facilitators should take place at least once a week to provide more guidance and support, and to enrich the

training process. The team noted that the demands of the programme are such that facilitators should possess a high level of skill and experience before they are trained to conduct Common Threads. Facilitators also feel a need to devote more attention to their own personal healing and self-care, and to the effects of secondary trauma.

- Facilitators felt that the initial programme should be extended from 12 to at least 14 sessions. (Some additional sewing time was offered to women so they could complete their *arpilleras*). Also, they wanted more sessions after textiles were completed to work with the content depicted in them, and the *'stories behind the stories.'*
- In future programmes, it would be preferable to use local fabrics and threads for making the textiles (especially in contexts where cloth is produced locally), rather than the fabric which was ordered by the nongovernmental organisation from Quito. Participants should also be invited to include fabric scraps that have special meaning for them.

The facilitator team has had a second training to refine the original programme, and to design the next phase. In 2013, new groups will be launched and the original groups plan to continue with a phase II. One group would like to focus on more challenging therapeutic issues, such as reclaiming the body, sexuality, and intimacy. They will continue to expand their coping repertoire, and they will create a new set of *arpilleras*. The other group may begin to use their *arpillera* skills as an income generating activity. It is the author's hope that in time, the groups will evolve into ongoing, self-led support and sewing groups for survivors of GBV.

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<sup>1</sup> In an emergency situation, the brain automatically shifts its focus from higher-level cognition (which is inefficient to respond to such situations) towards instinctual functioning. Autonomic nervous system changes triggered by release of adrenalin, such as increase in heart rate, heightened state of arousal, and motor preparatory responses prepare the organism for quick reaction. As this occurs, sensorimotor and emotional processing supersedes reasoning and linguistic capacities.

<sup>2</sup> See video at <http://www.youtube.com/watch?v=qhΓn7GnPPt0> to view many examples of narrative textiles.

<sup>3</sup> “*Safe place*” is a deep relaxation imagery practice in which one is guided by a facilitator to imagine a peaceful and safe scene in great detail and with

specific sensory associations. By returning to this imagery, one is able to induce a deeply relaxed state. Participants learn to use this technique to counter anxiety.

<sup>4</sup> Several of these techniques are described by Rothschild (2010) and Curran (2010).

<sup>5</sup> Source: interview with Roberta Bacic in the video *Common Threads* (2011): <http://www.youtube.com/watch?v=qhΓn7GnPPt0>.

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