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"Narrative Medicine Saved My Life": Writing Is a Verb as Well as a Noun

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"Narrative Medicine Saved My Life": Writing Is a Verb as Well as a Noun

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The exchanging of stories isn't fun or desirable. It's something essential to our well-being."

—Kazuo Ishiguro

Dedicated to Professor Peter Elbow

4/14/1935 – 2/6/2025

I, Marian, began my career as a graduate student in medieval literature who had a teaching assistantship to fund her degree. As a graduate student I lived in a world that saw writing as a noun, something done and finished, not as a verb, a process that shows us a world that is as ever-changing as we are. But as a writing teacher I found myself sliding into the world that writers inhabit, and I realized that I was not only earning a degree but finding a new profession.

I attended a conference at Penn State and heard, then met, Professor Peter Elbow. I learned then that what I had been sensing in my relationships with my students was true: we don't teach subjects; we teach students. We are taught that if you can't say it, you don't know it. But readers say this; writers don't. We can trust language to speak for us, for our deeper selves, but that's hard when language is only seen as something we are judged by. Peter and I spoke a few times after that before he retired from UMass Amherst and moved west where he lived until his recent death. The world has lost a great teacher whose brilliance and humanity has led the way for many of us. His work highlights a sea change in writing pedagogy that will continue to affect the profession for years to come.

Soon after, I was hired to teach in the Department of Writing at Ithaca College. A few years later as department chair I had the chance to explore with our faculty the practice of writing from many different lenses, as we designed a major. Where, we asked, is the student in what we teach and the stories they would like to tell, the stories of adventures or those of loss or other perils? Then I experienced one of those perils myself—the death of my husband and the challenge of raising two young children alone—and my grief gave my students permission to tell the truth, to me, to themselves, and to each other. As Lucille Clifton once said to a room full of educators at a conference, "Every child looking at you has faced something you could not bear."

In this essay Sarah, a young student in my class on her voyage into writing and healing, and I, a veteran teacher and practitioner for whom every writing moment is new, offer an example of a process that can bring clarity, focus, and ultimately peace and understanding to those who need it most—survivors of experiences that separate them from their families, their friends, and even at times themselves. The growth from writing about such experiences begins with learning how to write and goes on to the most important task—learning how to live.

Traumatic memories go through a process of kindling—a kind of etching in the brain which means they are less likely to fade over time the way most ordinary memories do because they tend not to be coherent stories but are intense emotions attached to images and actions, what scientists call "somatosensory impressions," that stick in memory as vibrant, potent images rather than language-based narratives. I give my students this classic example: imagine coming across a snake on a wooded path. The most likely action is sensory: fight, flight, or freeze. We do one of those three things instinctively and fast to protect ourselves. If we had to send our potential responses through the cortex to think about it, the snake could bite us before we ever figured out what to do. So quick action is an important life-saving skill. But since the experience was not logged into the cortex, we have no language around it. We have an engaged amygdala—and that means our emotions are present, and images, sounds, sensations as well—but few thoughts. Thoughts come later, after the crisis is over. But by then we have entrenched feelings to deal with which can keep us from developing a clear cognitive response.

Merely recovering those memories isn't enough to help survivors move past them. They need to be contextualized to allow for communication between left brain verbal thought and right brain emotions and the images, sounds, and smells that generate them. This allows us to connect thoughts and feelings so we can holistically see, hear, smell, even experience the past without being possessed by it. We now can tell our story to ourselves and to others which can provide a certain kind of control over the past—we can choose to tell our story or not, and we can choose the words we use to tell it. The story has been logged into the verbal part of the brain, the part where our history, our stories, reside.

Most important, we can create a sense of self and a voice when we write. Our stories and our genes make up who we are. We can't control our genes—at least not yet—but we can control telling our stories—how to tell them, when to tell them, and most important, <u>if</u> to tell them, and to whom. These stories can be joyous and life-giving as well as hard to speak of, yet utterly necessary to find because their effects can appear when we least expect them—when we hear a crash that sounds like the one that totaled our car, when we dream of a dog chas-

ing us that looks and sounds like the one from a childhood fright, or we meet someone who sounds like a beloved family member..

The best way to remember such moments is to know that they are state-specific experiences, and the more details we can remember, the more we can put those experiences in the past if we choose. They are no longer in a holding room waiting for us to deal with them. Writing about them doesn't mean we are free of them, but it can give us a bit of control over that which we cannot control—the past. When we write about such moments, we are pulling up pictures, scenes, images from the non-verbal areas of the brain and using language to locate them within the verbal system where they can be named, labelled, and perhaps put aside when we choose. This is not a get-out-of- jail-free card, of course, but it does provide survivors with some agency—we can decide when and if to write, when to stop writing, and when or if to share our work with others. It becomes our story to tell—or not tell—rather than an experience foisted on us. This process helps writers find the key elements of the experience that help create a vibrant narrative that others may find compelling—and perhaps instructive.

As Peter Elbow and others in the field of narrative writing have understood, writing can unearth truth. When I was run over by a car as a little kid while sliding on a sled on the sidewalk, I was able to get up and walk away so no one was much concerned about me. Miraculously, I had only a small injury to my arm, at least that's what could be seen, but I knew the car ran over me. My terror hid, shown only by the fact that I no longer wanted to hide under beds like I used to. Trauma doesn't disappear; it just hides—often in plain sight--so we have to find it, feel it, speak it, and create a narrative that allows us to move past it. Writing a trauma memoir can make the past the past.

According to current trauma theory, trauma does not result in repression, which involves an effort to hide our difficult experiences, but instead can cause dissociation from traumatic experiences because the resulting images and sensations are too shocking to be integrated and so are never logged into full consciousness in the first place. Instead, those traumatic memories reside in the non-verbal parts of the brain where they can be hidden, unvoiced, not in verbal consciousness. The goal then becomes integration—to find those inchoate memories and make them conscious so they can be spoken about and released. Words can liberate.

Since dissociation is not volitional, survivors do not choose to hide their traumatic memories from themselves, but they can be overwhelmed mentally and emotionally by them as a study discussed by Ellen Barry in *The New York Times* demonstrates. Researchers at Yale and the Icahn School of Medicine at Mount Sinai were looking to find differences between traumatic and non-traumatic memories. Subjects with PTSD listened to recorded narrations of their own memories, some of which were neutral, some sad, and some traumatic. Brain

scans conducted during the listening showed clear differences between sad and traumatic memories.

Sad memories showed high engagement of the hippocampus, the part of the brain that organizes and contextualizes memories. Yet when the same people listened to their traumatic memories, such as sexual assaults, fires, and school shootings, the hippocampus was not active. "What it tells us is that the brain is in a different state in the two memories" said Daniela Schiller, neuroscientist and one of the authors of the study. According to Schiller, treatments for PTSD are being investigated to help survivors organize their memories so they can see them as separate from the past because "…the brain doesn't look like it's in a state of memory; it looks like it is in a state of present experience." The authors conclude that "traumatic memories are not experienced as memories as such," but as "fragments of prior events, subjugating the present moment" (qtd. in Barry). This makes the memories harder to put in the past, but that of course, is the goal: to help people move the traumatic memory from an ever-present now to the past, distinct from present experiences.

Non-traumatic memories are stored in networks in the brain, connected to other memories. But trauma memories are often isolated, caught in the non-verbal parts of the brain, making us feel these "internal experiences" are still occurring with danger still present. Current research shows that revisiting the memory with clarity is important to treatment. "You're helping the patient to construct a memory that can be organized and consolidated into the hippocampus," said Dr. Harpaz-Rotem, professor of psychiatry and psychology at Yale University (qtd. in Barry), because "traumatic memories are not remembered; they are re-experienced" (Lanius, qtd. in Barry). The goal then is to transform a chaotic series of trauma images into a more ordinary, if sad, memory and that means "if I can access a memory, I know it is a memory. I know it's not happening to me now." As Bessel van der Kolk wrote, "A patient is victimized by having memories of the event, not by the event itself" (qtd. in Bessel, McFarlane, and Weisaeth 218). This is, of course, cold comfort to the survivor who lives with the impact of the traumatic memory every day.

Ruth Lanius suggested that therapies such as mindfulness can help show that the traumatic experience happened in the past (see Barry). Writing can be a particularly efficacious choice in this regard as it creates a record of one's truth, and the power of such a process and the narrative it produces can be transformational when writers freely choose their topics, which is essential to make sure writers have a sense of personal control.

In what follows, Sarah Robinson, a former student in my course Narrative Medicine: How Writing Can Heal, demonstrates the importance of using writing to bridge the gap between silent trauma and vocal acknowledgment to self and perhaps others. Trauma isolates; language connects. In addition to the ben-

eficial effects of organizing traumatic experience into coherent memory, writing also can show us we are a part of the community, in spite of, and sometimes because of, what has happened to us. In the process we can produce a piece of writing that has the grace of truth and the heart of relief. The following is Sarah's story in her own words:

"It Was Dark"

Sarah Robinson

I came to Dr. MacCurdy's class, "Narrative Medicine: How Writing Can Heal," in the Fall of 2021, as a newly declared English major. I was severely mentally ill, but unaware that I was mentally ill. It's a terrible experience; it's almost dangerous. I look fine and seem fine, but no one could see the storm inside of me, threatening to topple the ship and drown it in its unforgiving seas. I was living with undiagnosed PTSD, a general anxiety disorder, an eating disorder, and a history of depression and suicidal thoughts, all from being raped when I was fourteen. I wrote the following in a journal entry at the beginning of the semester:

> I see you everywhere. I thought you had gone away. Here I was, naively thinking I had gotten rid of all my demons. And there you were, walking past me in the dining hall. Sitting down in the cafeteria with your headphones on, holding the door for me, walking past me with your friends. I double back and take a closer look. It's just someone who looks vaguely like you. It's like seeing a ghost, and I don't believe in ghosts. But their hair is too long, and they're not lanky enough. Hell, you're supposed to be on a different continent. Even the Atlantic Ocean isn't enough distance. Even if you died, it wouldn't be enough distance.

I was raped when I was fourteen in my home by my first boyfriend. We'll call him Adam. I didn't sleep for the first six months after the assault. And when I did fall asleep, as humans are eventually forced to do, it was from emotional exhaustion. I cried so much that I would wake up with completely swollen eyelids. Some days, I couldn't even open my eyes. My parents and my pediatrician thought I had conjunctivitis, and I would get a day here and there off from school. I didn't tell them that the swelling was really from my crying so hard at night I would choke. I slept on tear-soaked pillows. I remember on some of the worst nights I prayed and pleaded with God to make it all stop. I didn't care how it stopped. I didn't care if I died. I just wanted everything to stop.

I was never put in therapy or counseling after the assault, even with my increasingly frequent panic attacks. Then in March 2020 of my senior year of high school I broke down. I almost passed out in my AP Physics class, then was

bedridden for three days. As soon as I started to think about doing schoolwork, I would have a panic attack. Therapy wasn't a question then. I knew something was broken.

The therapist diagnosed me with anxiety, nothing severe, just normal teenaged school anxiety. I "graduated" therapy after a few months. He told me I was healed. I never told him about my assault. That probably would have been helpful information. But he was a him. And I didn't trust hims. At least, I didn't trust this specific him enough with my story. "He wouldn't have understood" is what I told myself. He would've told me it was my fault or that I should've been smarter, better or that I should've stopped it. I heard all those thoughts in an endless loop in my head, so I didn't need one more voice to add to the medley.

For five years, I kept everything behind closed doors. I cried alone, every day. I would blast music in my ears and just allow myself to emote, to feel, to say everything I couldn't, to scream.

I entered Narrative Medicine with the belief that writing could heal as it had been healing me my whole life. Dr. MacCurdy walked into the class on the first day pulling her wheeled computer bag, and had a mask pulled tight around her face with the elastics digging into the sides of her face. There were ten of us in the class, and only a few were English majors. The opening assignment was to write a personal essay, in first person (that was very important), about a traumatic or challenging moment in your life to mirror and experience the practical aspect of the essays we were reading.

In writing my narrative essay I followed the *Writing Cure*'s Exhibit 10.1 in chapter ten of the book. First there is Stage 1: "Individual is remote from feeling. Reported experiences have an impersonal quality. Feelings are avoided and personal involvement is not present in communication" (Lutgendorf and Ullrich 181). I told Professor MacCurdy in my writing autobiography (a get to know you exercise and the first assignment of the semester) that I was raped and that was the beginning of my journey of dealing with trauma. She suggested that might be a topic to write about, if I wished. I refused. I was in Stage 1. I was in fact, angry she suggested that I delve into that again. I felt like it was over and in the past. And to me giving it any more attention was a waste. I wrote one poem a few months prior for a different class and wrote that trauma off as healed. But it was never over for me. I kept re-experiencing the trauma every time I saw someone that looked remotely similar to the abuser. So I decided to write about my step-grandfather's death in an essay titled "Comfort Food." It ended up being less of an essay about my step-grandfather's death but about my complicated relationship with my mother. It was an essay with no central idea and turning it in felt wrong. But I so wanted to avoid the trauma that I chose the easier path.

Reluctantly, after talking with Professor MacCurdy one-on-one, I decided to write about my sexual assault. There was a lot of separation, even blockages,

between me and the sexual assault. It was clear in my writing that I had almost no emotional attachment to the event. Similar to chapter three of *The Mind's Eye*, MacCurdy quotes Freyd, "'on an intellectual level, I knew that I had been a victim of incest_along with physical and emotional abuse… On an emotional level, I felt numb. When talking about my experiences, it was as though I was speaking about someone totally separate from myself'" (136). I felt an extreme separation between my sexual assault and myself. It was almost like it happened to a completely different girl, and I was no longer that girl. This I can attribute to my mind dissociating during the sexual assault.

I felt so detached from it all that I struggled to grasp at any memory I had. However, his voice rang through my head daily. I wrote an entire piece of writing that was a back-and-forth conversation between myself (now) and Adam. I couldn't hear my voice (the voice of the fourteen-year-old girl who had been raped), but I could hear his voice vividly in my head. In Anne Ruggles Gere's chapter two titled "Whose Voice Is It Anyway?" Gere's professor, Robert Smith, suggested that she "needed speech therapy because [her] voice didn't project." She writes "when I listened to a tape, I was startled. Mine was a soft voice, full of breath and hesitancy. It was my mother's voice" (Gere 26). As Gere recognized her own voice as her mother's, I recognized mine as my rapist's voice. Robert Smith sees Gere's voice as something to be fixed. Gere writes, "Just as Professor Smith would have dismissed my detailed explanation of how I came to have the voice he and I heard on the tape recorder, so we often consider our students' voices separate from the particular family history, significant persons, and events that helped shape them" (27-28). I could not separate my voice as a writer from my sexual assault. I am constantly writing stories of the relationship between good and evil and devils in disguises, because those have been themes of my life not just with my sexual assault. The perpetrator's voice trampling the victim's voice is a common experience among sexual assault survivors. Dr. MacCurdy writes that "sexual abuse survivors have additional challenges: Addressing their inner worlds means confronting a perpetrator who in their minds may still have power over them—a fearsome shadow that can cause everything from writer's block to personality changes" (130). Adam still existed in my head and because of that I felt like I was unable to write about my sexual assault. Just as MacCurdy said, Adam was the cause of my writer's block. I could not isolate my sexual assault from my voice as a writer or from my life story, but I couldn't let Adam trample my voice or that of the fourteen-year-old girl.

For the first real draft, I wrote in detail about how Adam and I started dating. But I refrained from adding any details to it. I went on for four pages about how my friends convinced me to date him and about the first time I met him in the first person. Then when talking about the actual sexual assault I wrote, "then all the stuff happened the weekend my parents were away." That was the most I ref-

erenced my sexual assault in the entire draft. I was still in Stage 1 of the *Writing Cure*'s chart. My writing had an "impersonal quality," and my "personal involvement" was excluded from it (Lutgendorf and Ullrich 181).

Between the two drafts, I had a meeting with Professor MacCurdy and found a lot of comfort in it. After our first meeting she told me I should seek professional help. I had been thinking about it for a while but had been dragging my feet. The second after our meeting ended, I called the Center for Women's Health. Professor MacCurdy told me the guy who raped me is dangerous, referencing the event where he choked my friend for touching me. No one had ever said that to me. It started to shift my mindset from shaming myself and victim blaming to anger and outrage. That is when my writing started gaining more description in the second draft. Per the stages in *The Writing Cure* Chapter 10, I was in Stages 2 and 3. I was telling, not showing in my description of the sexual assault. I wrote "I can't breathe; he's pushing down too hard. I can't breathe through my nose either. Every time I try to breathe in it gets caught." I found it very difficult to communicate my feelings about the event to the audience in a way that wasn't just telling them what happened. I felt safer hiding behind the bland words, because if I used imagery the story would come alive, and God knows what else.

For my third draft of the essay that I finally titled "It was dark," I took all of the important moments from both drafts and combined them into one longer piece. I met with Professor MacCurdy, and I told her that I had so much more to say, so she encouraged me to get it all out. That is exactly what I did. I wrote a list of every triggering memory I could remember that stuck out to me, and I slowly checked them off. Some of them were very detailed while others were vaguer. The vague and unclear ones were the early memories about my family and traumatic situations I stumbled upon or was forced into as a young girl. I was simultaneously in Stage 2 in the scenes with my family and in Stage 5 in the scenes with Adam. I wrote the scenes with my family in the first person but left out important context about who the family members are and how they fit into my life story. In the *Writing Cure*, Stage 5 of the chart is "Individual elaborates and explores own feelings, using an inner referent" (Lutgendorf and Ullrich 181). I was slowly able to write more detail in each draft, because it little by little started coming back to me. In order to communicate my feelings through my words, I was completely showing and not telling. An example in my final draft is the following: "His straight hair is disheveled. He sits slouching and leaning over into my corner [of the couch]. My hands are still shaking. It's darker outside now. It all looks very grey. There is no sun hitting the painting. The only light comes from the silenced movie flickering across the screen. My back is to the screen. I stand so close to it that I can feel its heat." I felt like I was able to put myself in the moment. I was able to feel what I felt then. I could feel the betrayal. He hurt

me. I knew that something was wrong, that whatever just happened was wrong. I learned in this class that I had a lot to grieve. The guy who raped me was my friend. Then he was my boyfriend. He said he loved me and then he broke me. I never let myself feel that pain until I started writing at this level.

At the beginning of this class, I felt like my life had sort of skipped by my sexual assault, but I was still stuck there. In chapter eight of *The Writing Cure*, Kitty Klein discusses the link between life stress and working memory capacity and maps out the link in a chart. She says that "memory reconstructions of stressful experiences are fragmented and poorly organized," (142), but this structure makes them highly accessible. Everyone was moving on including the rapist, and I was stuck reliving everything all the time. I had started seeing Adam everywhere, walking to class or in the dining hall, even though he was on a different continent. I would do a double take and realize that the person I saw was too short or not lanky enough. This is also represented in chapter eight. Klein writes, "...the sensory features of stressful experiences are actually represented in a separate knowledge system that is accessed automatically in response to external or internal stimuli that are similar to the experience. When the self-memory system cannot suppress these highly accessible memories, they erupt into consciousness as unwanted and involuntary thoughts" (Klein 143). These traumatic memories never got stored properly in my memory, so whenever there are any external or internal stimuli my body and mind react. Whenever I saw a guy that looked anything like Adam, maybe they had similar hair, glasses, or clothes, my memories would be triggered, and intrusive thoughts of my sexual assault would arise.

For example, one night I was walking back to my dorm room from class. It was completely dark outside. I had been extremely anxious during class, because I saw who I thought was Adam through the window. And what freaked me out even more was that he didn't turn back into who he really was at all. I had also received a call from my counselor, whom I had previously talked with about family trauma that did not involve me, but did weigh heavily on me. It acted as an "external stimuli" as it was similar to my sexual assault (Klein 143). Then in class we talked about the issue of sexual assault for the entire class, the politics, psychology, and intersectionality of it, and everything that was said hit home. The class acted as more "external stimuli." It felt like a punch to my tear ducts. So after class I walked back towards my dorm, and I just felt like a mess. I felt unsafe. My anxiety was skyrocketing, and I felt like curling up in a ball in a corner of a building and crying. I couldn't stop thinking that Adam was everywhere, and I kept looking behind me. I was seconds away from a full-blown panic attack due to all of the "external stimuli." I managed to pull myself out of it when I saw people I knew, for fear of being vulnerable.

Klein states that expressive writing produces improvements in the working memory capacity according to studies through making the "memory structures

of [the] stressful experiences more coherent [and] organized" (141). This would explain why after completing the course I had fewer panic attacks and intrusive thoughts about my sexual assault. As we learned in class, writers need to allow themselves to go back to the actual moments of the trauma and describe what they heard and saw. Those memories are still there, intact, and they need to be "described and integrated into the rest of life" as my teacher said, which is what I needed to do. That gets the moments out of us and down on the page, so we can get past them. This is best done with the help of others—friends, family, therapists, teachers, whoever feels safe and appropriate.

The people who helped me during this writing process were Professor MacCurdy, the counselor, and my classmate, Claire. They all became witnesses to my story. Claire was a vital part of my journey. Similar to an example in MacCurdy's *The Mind's Eye,* I worked with Claire who read my essays and was extremely passionate and angered for me, just as Ange was angered for Sarah; as Professor MacCurdy writes in her book: "Ange needed to react honestly, to allow herself to get angry, in order to demonstrate to Sarah another way to respond to this horrific story. The witness provides a safe mirror in which the survivor can see herself and her responses" (136). Ange's anger helped her feel like she had someone on her side, just as Claire did for me. Claire was my witness. Her anger reminded me that this was rape, and it does not magically become okay over time. It's not something that becomes less. She did not diminish my experiences as I felt the passing of time and the people around me did. She didn't blame me or judge me for not being able to move on like time and everyone else around me did. The sexual assault was a traumatic memory that could not be processed into my working memory. I wrote the following on my phone in the car on a particularly rough day early in September of 2021 about my sexual assault: "Society just wants you to move on, move past it. IF I FUCKING COULD I WOULD. It has been almost six years. I should be able to move on. Yet here we are." That line really resonated with Claire when she was editing my essay. And it reminded me that we as survivors did not ask for this. Don't you think if we could just forget about this we would?

When I found out later that she was also a survivor of sexual assault, we talked after class, and I had never felt more heard or more understood in my entire life. I wanted to cry and scream *finally! Someone who gets it*. The importance of community was made apparent to me. Neither she nor I had ever felt so seen, heard, respected, justified, or free. MacCurdy in chapter three of *The Mind's Eye*, discusses the importance of community. She writes, "in their book *Testimony* Shoshana Felman and Dori Laub argue that personal and cultural recovery from trauma requires a conversation between the victim and a witness, that indeed the witness is an utter necessity to complete the cycle of truth-tell-

ing," (129). We bore witness to each other with the understanding that we both have felt the sting of isolation.

Society shames sexual assault victims. It makes them into outcasts. Even renowned research psychologists like Christine Blasey Ford, as we discussed in class, was ridiculed for speaking out about her sexual assault that she testified was perpetrated by Supreme Court Justice Brett Kavanaugh. Society teaches you to think that rape was some guy in a white van kidnapping you on the side of the street. We're not taught to watch out for family members or friends. I was not taught to watch out for boys who told you they loved you. People want to believe that rape is some fluke accident. They want to blame the victim, because they don't want to live in a world where they have no control. Sadly, it happens more than people would like to think.

I also felt this fear of being out of control in an uncontrollable situation after I was raped. I was grasping for control and was blaming myself to avoid the fact that I truly had no control. The innate human fear of being out of control is terrifying for everyone. No one wants to acknowledge that they really have no power. I never wanted to feel that weak and vulnerable again, so I controlled what I could. I became a perfectionist. I got perfect grades. I had a set, concrete plan for the future. I limited what I ate to only "healthy" foods, and if there were none I didn't eat. I looked a certain way. I acted a certain way. I was nice and pleasant, but stern and cold, so no one would hurt me like that again. I thought that if I put on the hard shell of a bitch maybe I would be safe. I would never let anyone take advantage of me, but at the same time accepted "love" from people in my family and other partners who treated me terribly because it was fundamentally ingrained in me, from my childhood and my assault, that some abuse is okay.

During this process of writing, I became beside myself with anger at my parents and my family in general. I blamed them for my sexual assault. My justification was that they did not teach me about consent or sex. They knew what happened with Adam. They should've put me in therapy even if I didn't want to go as my school guidance counselor told them to. They should've been on me, watching for warning signs of depression, anxiety, suicidal thoughts, and PTSD. I was fourteen, nowhere near an adult, and nowhere near being able to handle this alone. But that's what I did. I blamed the school too, for skipping my grade's sex education. For relying on the parents of our entire grade to teach us about sex that they neglected to teach. It was serious negligence on the school's part.

During this process, I gained some significant insights into my trauma. For example, Professor MacCurdy asked me once why Adam was so scary. It brought up a memory I had suppressed a long time ago. The first time I hung out with Adam, we watched the movie, Kill Bill, with another friend of mine. This was one of his favorite movies of all time. He worshiped Quentin Tarantino. The opening scene of Kill Bill is Uma Thurman being raped while unconscious in

a hospital bed. The movie was almost foreshadowing what happened to me. It showed me his perception of women and sex.

Another insight I gained from this process of writing is the ability to see Adam as a perpetrator. Professor MacCurdy said to me, "It could have been anyone; it just happened to be you." That was one of the most freeing things I have ever heard. It helped open my eyes. Then the act of mapping out all of the events before and after the rape allowed me to open my eyes completely. I stopped listening to Adam's voice, and I heard the fourteen-year-old girl's voice for once in my life. I had secretly blamed myself for the rape for a long time. I was always thinking *he didn't force me, he didn't tie me down, I wasn't unconscious, so why didn't I fight back.* I always thought that there was something I could do to avoid this. I should've seen it coming. But because of mapping my trauma down I saw his manipulation of me. I saw the fear that he instilled in my fourteen-year-old self. I knew he was violent, and I knew he had a temper. All of my suspicions were confirmed at a friend's birthday party. Adam choked a guy for touching and flirting with me. He ran up to us, grabbed Will, and knocked me to the ground. In the final draft of "It Was Dark," I wrote "he keeps his arm bent across Will's neck. Will sputters, grasping at Adam's arm, his face turning beet red, tears gleaming in his eyes. I don't even know what I see in Adam's eyes." Because of this traumatic event I can see how truly terrifying Adam was/is. During the evening of the sexual assault, I knew his patience was wearing thin and that he would hurt me if I kept saying no.

There were some negative side effects of this psychological process. Because it was only a thirteen-week class, we had to expedite this process. In Chapter three of *Opening Up: The Healing Power of Expressing Emotion*, James Pennebaker and Sandra Beall discuss a study where they had groups of college students either write about superficial topics or traumatic experiences in one of three different perspectives: venting their emotions, facts of their trauma, or both. They soon found out that "writing about horrible things made people feel horrible immediately after writing," (Pennebaker 34). This is what I experienced after beginning to write about my trauma. I felt horrible every time I sat down to write and after. I did not feel the "emotional release that should result in feelings of relief and contentment" that Sandra believes is the catharsis after venting one's emotions (Pennebaker 34). Pennebaker also noted that "many [students] reported dreaming or continually thinking about their writing topics over the four days of the study," (32). Like the students in the study, I also was dreaming and continually thinking about my sexual assault. I had a two-week period of time where I was extremely stressed and anxious. I was seeing Adam everywhere. I almost left college to go home. I was calling my boyfriend every day in tears. I was dissociating during conversations with my friends. I was having nightmares every night. I had one about being sexually assaulted by a family member and one about a guy

raping me in my dorm room bed. I had to miss class because of panic attacks. I emailed my teachers and skipped some schoolwork. I lived the effects that Pennebaker and Beall observed in their study.

Their study continued to go on for 5 ½ months after the experiment. It showed that the students who wrote about their deepest thoughts and feelings surrounding trauma had "improved moods, more positive outlook and greater physical health [(i.e. fewer illness visits to the health center)]" (Pennebaker 34). In this thirteen-week class we did not have the luxury to see how this psychological process of writing about your trauma affects us in the long term. At the end of the semester, I left with a strong feeling of uncertainty. I didn't know if there would ever be a moment where my writing would feel complete, and I would feel healed. I didn't know if I would ever reach Stage 7 of *The Writing Cure*, Stage 7 being when the "individual had an emerging understanding and integration of past issues in a new way; these have meaning for other areas in a person's life" (Lutgendorf and Ullrich 181). But I did finish the course with a new network of people dedicated to my health and well-being. I immediately went into eating disorder recovery. I got my vitals checked biweekly and a nutritionist to help me build a meal plan. I attended weekly therapy sessions and got on anxiety medication.

I can proudly say that now I have reached Stage 7, less than three years later. My panic attacks have gone down to almost nonexistent. My PTSD symptoms have lessened, and my overall anxiety levels have dropped significantly. I'm well into my eating disorder recovery; I love food again. I have no symptoms of depression or suicidal thoughts. I have an increased love for life and my quality of life has increased dramatically. This occurred with the assistance of my amazing therapist and doctors and my unrelenting love for myself.

I also made the incredibly brave decision to file a police report. Like many other survivors, my greatest fear was going to court and being defamed, shamed, or called a liar. This was one of the most life-changing decisions. On recommendation from the police officer on my case, I filed and received an emergency 10-day restraining order. Then at the 10-Day Hearing, I faced Adam and his lawyer. It was terrifying and intimidating. I waited a grueling two hours in court, with Adam smiling at me and trying to continually make eye contact with me and my family. I chased off panic attack after panic attack. Then I stood in front of a judge. I had a victim advocate standing with me, but she wasn't allowed to speak for me. And I had my parents, my partner of five years, and his mother, and the detective on my case behind me supporting me in court. I had to advocate for myself to the judge, to Adam's lawyer. After a lengthy hearing, I was granted a year-long restraining order. I honestly couldn't believe it. When the judge said it, I turned behind me in shock to see my partner's warm, encouraging smile and my mom with tears in her eyes. They all know the hell I had gone

through. And here I was fighting back and breaking my silence. And I won. I left the courtroom surrounded by my family, crying with relief. I felt the energy shift in me. A million tons had been released from my body. I felt lighter than I had in years.

For years I had been experiencing severe menstrual cramps, and they had been ramping up over the two years. A couple weeks prior to the court hearing, I was diagnosed with severe dysmenorrhea. I was told there was nothing I could do except add more hormonal birth control (which I did not want to do) or take a high dosage of Ibuprofen three times a day, which would hurt my digestive tract (I already had IBS). The cramps were waking me up at night and it was an uncontrollable amount of pain where I would scream and cry. I was incapacitated on my period for days every month. It was prohibiting me from working, studying, and going out. It was concerning for everyone around me. It just wasn't normal. The next day after the court hearing, I got my period, and my menstrual pain was cut down to half. The only change was the court hearing. And I knew it was the best decision I had ever made. It reaffirmed to me how necessary this was for me and my healing journey.

During this course, I stopped running. I started talking and claimed my narrative. I started listening to the only important voice— mine. I shined a light on anything scary. I face my fears, and I have continued to live that mantra every day since. Although this process has not been easy, this class helped me get the professional help I've needed for five years. That one cannot put a price on. Narrative medicine saved my life.

After this class, my life was not magically easier, but I was in a better place to face the ups and downs. I stopped fighting the past every day and was able to focus my energy on now. Since the class, I studied abroad at Oxford University and interned at the UMass Press. I lost my childhood best friend to suicide in Fall of 2023 during my final semester of undergrad. This hit me so hard in a way where I, an honors A+ student, nearly didn't graduate. With the help of my professors, and my partner, I was able to graduate as planned, a semester early in December of 2023, and walked in the May graduation with my friends.

My journey is far from over. And I know there are many obstacles to come. But I am willing to dive into the uncertain unknowns again and again, for myself and for the little girl in me. Because if I learned anything from this, I learned that I'm a survivor and I deserve to thrive. And I can thrive.

Reflections from Marian

Sarah began the class in the wake of a terrifying experience that she could not initially recognize as sending her into post-traumatic stress disorder. The problems here are two-fold: first she was preyed upon by someone she thought was

her friend; second, the assault was complicated by a surrounding rape culture that normalizes predatory behaviors and makes it difficult for victims to recognize what has happened to them. Our culture is replete with images of sexual predation made to appear common, perhaps even expected, and certainly overwhelming.

The trauma in these situations is two-fold: first, such sexualized overpowering can create victims that lose their sense of personal autonomy and power and often feel shame for being victimized. They can lose the ability to see themselves as capable of self-protection from harm. Second, they can take that shame on themselves and become isolated in a world that takes such sexualized behaviors for granted and does not acknowledge the harm they do, especially to the young. This means they can see themselves as victims who cannot protect themselves and who don't even know if they are supposed to protect themselves. If this sexualized behavior is taken for granted, is there something wrong with them that they find it scary, even traumatic? Such attacks can make those on the receiving end feel victimized: how can they learn to protect themselves if they were so "easily" overwhelmed already?

Often the first response to being a victim of such a crime can be —put it away. Move on. Forget about it. As Sarah said in her essay, "I felt like it was over and in the past." Writers must decide themselves if they want to address such moments and if they do, when. I let Sarah know that if she wanted to write about what happened, I would read it, but that this was her decision. It is essential to let writers decide their topics themselves as well as if they want to share their work since trauma can already make survivors feel out of control. Yet sharing these experiences with others can provide allies that can help to confront the effect of the perpetrator. It is hard to do this alone—and why would we want to? One of the worst parts of trauma is the isolation it causes. If we confront that first by creating a bridge to another person, we at least know we have an ally, and the first consequence of trauma—isolation--is addressed.

When Sarah told me her perpetrator attacked a friend, the sole thought I had was this guy is dangerous. She needed to call the authorities, but she had to come to this decision herself. Anything else could only make her feel more out of control. But once she realized how others saw her attacker, that her response was utterly rational, she could act, knowing this would protect others as well as herself: "I started to shift my mindset from shaming myself and victim blaming to anger and outrage." Interestingly, only after that could she begin to write a clear description of this attack. Shame is a frequent result of trauma survival since victims often blame themselves. But once survivors recognize that the perpetrator is the only culprit, they can step outside the shame and tell the truth. Once Sarah gave herself permission to tell the story she was able to write the descriptive details that were driving her emotional memories: "I never let myself feel the

pain until I started writing at this level." Being heard, being seen, is perhaps the most important part of this process. Shame and fear often silence survivors, but telling their stories can break through that wall and allow them to connect with others. This can be the most helpful moment of all: "Finally! Someone who gets it!" as Sarah wrote.

Sarah's experience with sexual abuse is, most unfortunately, not rare. In my teaching experience over the years many of my female students—and a few of the males— have written about such experiences. In his excellent book, *Empathic Teaching,* Jeffrey Berman argues, "It may be far riskier not to allow our students to write about their fear and conflicts" (375). He suggests that students write about what they are most afraid of because when they do, they survive the very terrors that threaten to silence them. While I can understand the impulse to suggest this assignment, I leave it open. I tell my students that I will read whatever they write, since I find that when writers come to their topics freely and on their own, this leads to a deeper ownership of their writing which can produce a safer process and perhaps a better outcome.

As Sarah wrote, this process takes time, and it is essential for writers to have a support system to go to if needed. Sarah wrote about the new network of people she put in her life to assist her: doctors, therapists, nutritionists, all chosen by her to facilitate her growth. But most important she learned that she is a survivor who has learned to thrive in the face of life's challenges. The class readings also helped her to theorize and contextualize her experience to help her make sense of these events and her response to them. Equally important are the connections built in the class that allow writers to find community among those with whom they share their stories.

Sarah's remarkable journey and moving essay remind us that a primary purpose of education is to give our students the tools they need to create their own best lives, free of coercion and fear, and then if, in spite of our best efforts, trauma crashes into their lives, to give them the tools to save themselves from its worst effects and to achieve agency by learning how to tell our stories so they don't tell us. This kind of education is not only an asset: it is a necessity.

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