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Chaos, Courage, and Creativity: Writing and Art to Cope with Secondary Trauma

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Creativity is a vital coping mechanism. Creativity can help people overcome stressful and traumatic situations through turning stories into coherent narratives. This process can lead to physical and mental health benefits such as a boosted immune system and improved mood (Pennebaker & Seagal, 1999). The writing process can also decrease symptoms for people with mental illnesses such as depression, posttraumatic stress, bipolar disorder, and anxiety (Koopman et al., 2005; Di Paula, 2009; Di Blasio et al., 2015; Pavlacic et al., 2019).

Creativity is one way for people to cope with their experiences of mass shootings. Mass shootings, defined as events where four or more people are shot and/or killed (not including the shooter) in the same incident (Gun Violence Archive, 2021a), are known to cause a range of mental health issues, including posttraumatic stress disorder, major depression, anxiety, and panic disorder (Lowe & Galea, 2017; Best, 2019). After the mass shooting in Odessa, Texas on August 31st, 2019, I struggled with the effects of secondary trauma, including anxiety, depression, and panic attacks, even though I was not directly involved with the event. Trauma can be defined as “a single event, multiple events, or a set of circumstances that is experienced by an individual (or group) as physically and emotionally harmful or threatening and that has lasting adverse effects on the physical, social, emotional, or spiritual wellbeing” (Quintanar, 2019, n. p.). Secondary trauma (also sometimes called vicarious exposure) can be defined as “trauma-related stress reactions and symptoms resulting from exposure to another individual’s traumatic experiences, rather than from exposure directly to a traumatic event” (Quintanar, 2019, n. p.). Odessa’s sister city, Midland, is my hometown, and my friends and family still live in the Midland-Odessa area. The mass shooting disrupted our sense of safety.

The event began outside Midland when officers attempted to pull Seth Ator over for not using a turn signal (Foxhall & Randle, 2019). Ator shot at the officers in the police car behind him, and then took off down the highway into Odessa, killing seven people and injuring twenty-five others. At some point, he shot a post office worker, stole her United States Postal Service vehicle, and took off again, which led law enforcement to believe there may have been two shooters. It ended when officers cornered him at Cinergy Cinemas between Midland and Odessa, and he was killed by a law enforcement officer (Foxhall & Randle, 2019; Addison, 2019; Battis, 2019).

I was not in town when the mass shooting happened and am thankful that my friends and family were safe. To cope, I instinctively turned to my creativity—I wrote about what happened using Julia Cameron’s method of

morning pages, which prescribes three pages of stream of consciousness writing every morning (Cameron, 2016). I have been writing morning pages since 2014 when I first began struggling with anxiety. After almost a week-long gap of not finding the words to describe the shooting, morning pages helped me begin telling the story in bits and pieces but writing for the fall 2020 Healing in Arts show was a defining moment in my healing journey for two reasons. Healing in the Arts (HITA) is a student organization at Texas Tech University where we tell our traumatic stories via various media (writing, painting, singing, dancing, and acting) to begin the healing process. The first reason this process was a defining moment is because I had to organize my story into a coherent narrative for the audience. Second, reflecting on my process for the show helped me realize that my mental health struggles following the shooting were not my fault.

However, I was not the only one who utilized creativity to help me cope with the tragedy. In my dissertation research, I conducted a framing analysis of news stories about the mass shooting and saw the many ways community members utilized creativity as a form of support for the victims. For example, a group of local tattoo artists painted a mural with the word “strong” inside the shape of the state of Texas (Battis, 2019). A different community member who was an art teacher of one of the victims, Leilah Hernandez, sketched portraits of Hernandez for her family (Ailles, 2020). The owner of a non-profit organization called Crosses for Losses donated a wooden cross in honor of each victim who died (“Carpenter Delivers Crosses to Memorialize Mass Shooting Victims,” 2019). Although the owner of this organization was from out of town, the site of the crosses quickly became a way for community members to cope by signing the crosses and leaving other mementos next to the crosses to honor the victims. Yellow flags that say “Odessa strong” were also created in honor of each victim (Guinn, 2020). Clearly, community members used a variety of creative activities to help them cope.

Creative Interlude

For the Healing in the Arts show, I chose to do a writing piece and work with a dancer who helped me tell my story instead of an acting piece where I performed a monologue on my own. The directors try to pair dancers and writers based on shared experiences. For example, my dancer is from El Paso, where there was a mass shooting at a Walmart less than a month before the Odessa shooting. This shared background helped us bond and made me feel like I could trust her to tell my story. The rest of the show process occurs in a series of steps. First, my dancer and I met to get to know each other and discuss my vision for the piece. Second, I worked with a writing officer to help me draft the story. Third, I picked a song to go with the story. I chose Andra Day’s song “Rise Up” because I wanted my story to be about the empowerment and support I received from

friends, family, and colleagues during the fall 2019 semester. Fourth, my dancer choreographed her part to go along with the story. Last, we recorded and edited the dance performance. For the show, viewers heard me read the story while the song played in the background and she danced (Pitchford, 2020). Normally, we would have an in-person show, but the COVID-19 pandemic has disrupted any in-person events. Therefore, we switched to having the show on Zoom, and our senior director put all the videos into a PowerPoint to share our work. While the show can be more powerful when viewed in person, utilizing Zoom has also helped us extend our audience to viewers beyond Texas Tech University.

Theoretical Interlude

In this paper, I discuss my experience of writing for the show by utilizing Carolyn Ellis' method of autoethnography, which includes systematic sociological introspection and emotional recall to write stories that help us better understand our lived experiences (Ellis, 2004). Using autoethnography illuminates key insights on how writing for the show helped me heal that viewers may not be able to recognize by only watching the video. I also utilize Arthur Frank's (2013) three types of narratives, which include chaos, restitution, and quest. In the section that follows, I demonstrate how each of these narrative types can be seen in my story.

Healing in the Arts Story

The Deepest Blue

“Well, then it is as you please. This is the dysfunction talking. This is the disease talking. This is how much I miss you talking. This is the deepest blue, talking, talking, always talking to you.”

-Maggie Nelson, *Bluets*

It started on a normal west Texas Saturday in August.

It ended after 64 minutes of gun shots left seven people dead, twenty-one others injured, and many more dealing with secondary trauma.

But did it really end?

It's over for him, he had his sixty-four minutes of fame. Most of them get six minutes. Most shootings are over in six minutes.

360 seconds.

But he had 3,840 seconds.

For 3,840 seconds, I wondered if all of my friends and family were safe. But it still didn't end.

There are 31,556,952 seconds in a year. I have been fighting to find any sense of safety, justice, and recovery for 31, 556, 952 seconds and counting...

Does it ever really end?

Because you see, the blue started out subtle, like a gentle ocean, rolling up on the beach, when the sky-high anxiety level transformed into panic attacks.

I start shaking. It's harder to breathe. I'm a goldfish being watched. I want to run away, but I can't because I'm frozen.

I'm stuck. I'm scared. I'm silent. I'm screaming. All of the thoughts start swirling and swirling and swirling until I can't concentrate on one. Then comes the tears and gasping for air. And the waiting for it to pass. And the exhaustion after. It wasn't really about that midterm people.

Does it ever really end?

Because, you see, the blue of the ocean no longer looks gentle on the beach. I looked into the darkest depths as the panic transformed into depression. Getting out of bed is almost impossible. I just want to sleep for a really long time—it's the only place that's really safe, locked in here, in the quiet, under my weighted blanket, alone.

Chaos Narratives: Chaos narratives are anti-narratives that occur when someone is under extreme stress. They are just trying to survive the situation and cannot form a coherent story about their experience. Frank notes that a chaos narrative is “an *anti-narrative* of time without sequence, telling without mediation, and speaking about oneself without being fully able to reflect on oneself” (Frank, 2013, p. 98).

In this section of my story, especially at the beginning, I am struggling with trying to understand the chaos of the shooting event itself. Because the shooter was in a vehicle, it took a lot longer for law enforcement to catch him. Using the time details helped me feel as though I could take a chaotic situation and maybe make it a little more concrete and easier to process.

Day in and day out I try to keep up the routine, the façade, pretending that I really am doing better, because they're all expecting me to be doing better—some of them have even said so.

Do you want to try this on and see if you'd be doing better by now?

Yeah, I didn't think so.

So here I am, out in the ocean, on this boat, all alone, watching the whales.
Eyeballs above water!

Does it ever really end?

Then came the moment I could see the surface again— the moment when a mentor said “You’re in the middle of a mental illness struggle. This isn’t your fault. We’re going to get you through this.”

And then, so many of them came and sat on that tiny boat with me in the middle of the ocean until I found my way back to shore.

“I want to see you do well. No, I want to see you be well.”

“People that you’ve confided in see a stronger more self-assured you who advocates for the things she needs.”

“I believe you will be okay. One rough semester doesn’t make you a bad teacher.”

“We’re right here, always.”

“Come over and study with me. You don’t have to do it alone.”

“I am here whenever you need me.”

“I care about your well-being.”

“Just know I’m here for you.”

“You just focus on you right now. I can handle teaching this class.”

“Your illness is not your identity. Your chemistry is not your character.”

“If you don’t exhale eventually, you’ll pop.”

“Hope. Always hope.”

“Take a deep breath, get back in there, and stay in the fight.”

“I’m here. And I’m here to tell you it does get better.”

They stayed with me and supported me until I found my way again.

Does it ever really end?

No, no it doesn’t.

I will always carry it.

But it does get better.

Together, we will rise.

Restitution Narratives: These are the narratives society expects ill people to tell—You become ill and then get well as soon as possible. Frank argues that “the ill person’s own desire for restitution is compounded by the expectation that other people want to hear restitution stories” (Frank, 2013, p. 77). It is human nature to want to hear stories that come with a coherent, logical, and organized beginning, middle, and end.

In this section of my story, I am struggling with how to respond about the lack of required restitution when someone I trusted told me that I should be doing better by now. Context here is key. The shooting happened at the end of August, and in October, I was still struggling. Another instructor had to take over the rest of my class so I could focus on my health. When I told this person I trusted why I was not teaching anymore, they told me I should be feeling better. Their response caught me completely off guard. In hindsight, I understand now that this person was probably just worried about me and did not know how to react to the fact that I was still struggling two months later.

The idea of quest narratives is part of the reason I chose to write for the Healing in the Arts show. I knew the process would help me move forward, but I also thought sharing my story could help others with similar experiences know that they are not alone. Knowing I was not alone is one major factor that helped me make it through this situation. As for moving forward, morning pages became the space where I wrote my story for the show and reflected on the process itself. Writing for the show around the one-year anniversary of the shooting helped some key insights sink in, such as the fact the mental health struggles were not my fault. For example, one section of my morning pages reads “Now, here in this moment, 365 days later, I understand. I understand that it really wasn’t my fault. I choose to believe it really wasn’t my fault.” Even though a mentor had already explained this to me, I needed some time to work through the stigma surrounding mental illness and truly start to believe these struggles were not my fault. Writing for the show made me organize my story into a coherent narrative and reflect on my writing process. Both of these aspects of the expressive writing process helped me continue moving forward.

As for helping others, in sharing my piece from the HITA show at a conference a few months later, it helped someone with posttraumatic stress disorder. While the participant did not elaborate much and I did not want to pry, her comment about “I just want to say thank you from someone with PTSD” clearly indicated that the piece was powerful for her. Two of the people who organized the conference were from El Paso where a different mass shooting occurred. They mentioned how my story resonated with them.

Later, when I talked with my dancer about our work together, she explained how helping me tell my story gave her the opportunity to open up about her own mental health struggles. She was finally able to tell her best friends, who were the two other dancers in the video, about her experiences with depression, which helped her feel less alone after talking with them. My hope is that sharing my story can help others know it is okay to ask for help.

Quest Narratives: These narratives occur when people with an illness learn from it and share their stories with others. Frank notes that writers who focus on quest narratives “do not want to go back to a former state of health, which is often viewed as a naïve illusion. They want to use suffering to move others forward with them” (Frank, 2013, p. 121). When I first struggled with mental health issues after the shooting, it was frustrating not to feel like my joyful, curious, and creative self. It felt like watching life go by from the outside—I’d been stranded on that boat in the ocean. Everyone else was safely ashore. After a long recovery, most days are good now.

However, I sometimes struggle to leave the house due to fears about safety. For example, a couple of weeks ago, I had to talk myself into going to class. I was close to having a panic attack but determined not to let fear stop me from living my life. About halfway through class, sirens went off outside and I froze for a second while wondering what was happening. Thankfully, taking some deep breaths helped me not panic and focus on class again. While occasional days like these are to be expected, I have also made enough progress to do this research and share my story with others. I may not be able to fully return to my former state of health, but I can learn from my illness experiences and help others by sharing my story.

Conclusion

In this autoethnography, I have shown how Arthur Frank’s narratives to describe illness can be utilized to better understand the mental health struggles that may emerge for people when dealing with secondary trauma after a mass shooting. Discovering terms to describe my experience has helped me better explain it to others who do not have similar backgrounds but want to be supportive. In line with previous research on expressive writing, the writing process helped me cope with the anxiety, depression, and panic attacks I faced after the shooting.

To my knowledge, this is the first study where a researcher has applied Frank’s narrative types to a situation where someone is dealing with secondary trauma from a mass shooting. Given the prevalence of mass shootings and the lack of progress on gun control, more research is needed to continue learning

about how creativity can help people cope. In the United States, there were more mass shootings than days in 2019—417 mass shootings, to be exact (Gun Violence Archive, 2021). This number rose to more than 600 mass shootings in 2020 (Gun Violence Archive, 2021c), and so far there has been 181 mass shootings in 2021 (Gun Violence Archive, 2021). In Texas, there were 30 mass shootings in 2019 and 34 mass shootings in 2020 (della Cava & Stucka, 2021). As of May 5th, 2021, there have been 18 mass shootings in Texas (Gun Violence Archive, 2021b). Furthermore, Governor Abbott is about to sign a new open carry law, which may lead to an increase in mass shootings. This new law would not require Texans to obtain a license to carry a gun unless an individual is specifically prohibited from carrying a gun based on a state or federal law (Mulcahy, 2021). Research shows that states with looser concealed carry laws have higher rates of gun-related deaths (Neilson, 2020), which indicates that the open carry law may make this issue worse.

Clearly, mass shootings are a major problem in the United States and finding ways to help people cope with the aftermath of these events is key. More research is needed to continue learning about creative methods people have already used to cope with these events and what about these methods is helpful. Ideally, I could produce a creative toolkit for mental healthcare professionals to use with their clients and a creative toolkit for community members to use. One example includes the film company Indie Flix and their Creative Coping Toolkit, which is a multimedia program to help educators, corporations, and families start conversations about mental health (Indie Flix Education, 2021). Reviewing this toolkit may be an excellent place to start before conducting interviews with mental healthcare professionals and community members to see what creative coping mechanisms they are already using in the aftermath of mass shootings.

Another area of future research includes asking other people who have struggled with mental health issues after mass shootings if they can also utilize Frank's types of illness narratives to describe their experiences. If this framework is transferrable, it may help other people better understand and process their own experiences with mass shootings. In this paper, I have demonstrated how narratives are a powerful tool for coping with trauma. At the end of the day, I want to continue helping people tell their own stories. As Frank notes, "The wounded storyteller, ending silences, speaking truths, creating communities, becomes the wounded healer" (Frank, 2013, p. XVII).

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