

# **'a friend is calling'**

by

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A Thesis  
Submitted to OHMA  
Columbia University  
In Partial Fulfillment of the Requirements  
For Master of Arts (Oral History)

New York, New York

May 2026

## **abstract**

this thesis reviews three kinds of embodied therapies through an oral history approach and presents them in first person narrational form. in this context, embodiment infers that the mind and the body are one, where felt sensation and memory are both intrinsic and equal. the therapies included are eye movement desensitization and reprocessing (emdr), ketamine therapy and somatic experiencing. observing isolation itself, as a state that both causes and intensifies trauma, this project asks: in what ways can healing be fostered? presented as if a friend was calling, with no pressure or imposition; three narrators informally explain the therapy they are practicing. in an exhibit using oral histories and paintings, the narrators reflect on how three distinct kinds of embodied therapies can retrospectively combat trauma. as these forms of therapy are often seen as non-legitimized in the court of public opinion, this project intends to spread awareness, decolonize and destigmatize, while presenting tools in a humanistic way.

**dedication**

for my cesare, the light of my life *sempre e per sempre*.

for my parents, grandparents, and aunts, for whom i would not be the person i am, standing here,  
today.

for my community, supporting me through the beautiful, the painful, the mysterious and the  
mystic, having my back- always.

### **acknowledgements**

i want to thank my instructors, George Baker, Steven Calcote, Sarah Comstock, and Justin Tiehen, without whom i would not be here at columbia university.

my late mentor, Marie Toma, and my current philosophy professor, Katja Vogt, for instilling in me the confidence needed to undertake this work and follow my ambitions.

and, of course, this project would not have been possible nor tangible without the help of my advisor, Francine D. Spang-Willis, my wonderful narrators, nor the head of our program, Amy Starecheski.

**table of contents**

title	
*	
abstract	2
*	
dedication	3
*	
acknowledgements	4
*	
table of contents	5
*	
inspiration	6
*	
trauma	7
*	
exhibit	9
*	
paintings	11
*	
phones	12
*	
oral history method	13
*	
community	15
*	
references	17

## inspiration

i know very little about life; its greater meaning; what happens after we die; i can, however, speak to love and the resolute acceptance of the unknown. love is seeing him in birds flying high above pacific coast highway, in the street lights illuminating a crisp winter night, in our shared interests, or in his voice and laughter. sometimes, if i am really lucky, i get to hear him in my dreams. he was everything to me; he still is.

i am now living a life beyond the comprehensible, thrust right off the precipice into the unknown. when the old mapmakers didn't know what lay beyond a point, it would be written as, "hic svnt dracones: beyond this point there be dragons." (Hunt-Lenox Globe, 1504) saying, in essence, we do not know what stretches past this point; however it is dangerous and should be avoided. how, then, do we prepare for the unknown ahead, the future, the mystic or the bleak?

the margin for what is acceptable in society is exclusive and minimal; all else is ostracized. in one of the most prevalently exclusive thought systems in our current society, the western concept of modern medicine, anything that falls beyond the bounds of widely accepted thought is dismissed; including alternate ways of healing, the frontier of western medicine is an embodied science.

a new term for an ancient belief, based in eastern religion, embodiment is the concept of the brain and the body being equal and one. This is a direct affront to cartesian duality, the concept the american medical system requires, which privileges the mind over its vessel, the body. instead, embodiment demands that both entities are equal and in harmony; neither ruling the other.

while it has gained popularity in the eurocentric, anglo-american system in the past several years, embodiment is still seen as medically unproven and highly hypothetical.

marginalized groups healing through embodiment practices for thousands of years stand to lose access as many healthcare professionals, as well as insurance groups, still consider embodiment to be a fringe thought experiment, refuting the claim that the mind and the body are one entity. a brainchild of years of work dating back to my undergraduate thesis, shaped by events between now and then, i touch on three distinct healing methods all rooted in embodiment.

this project is me. it is everything and everyone. it is built up by my community. it is the way i see the world and the way i get up everyday. it is the power of healing. it is becoming. it is the unknown. it is *life embodied*.

### **trauma**

trauma is something uniquely isolating. as a project narrator states, “when you're, when you experience trauma, you're alone, even if you're experiencing trauma with other people, everyone's experiencing it differently. based on how their body's reacting, the thoughts that they're having, what emotions come up. it's still a very individualized experience and it's very lonely.” (anonymous narrator, 2026) it can show up in a myriad of ways: mentally, physically, emotionally. while i am not negating the physical trauma that can occur to the body, this project is meant to raise awareness surrounding emotional trauma that gets trapped within our systems. when a particular stressful or unbearable event occurs, our fight or flight response is initiated, which, in turn activates our sympathetic nervous system. according to the emdr international association, “while our brains process and resolve many stressful events normally through the amygdala, hippocampus, and prefrontal cortex, trauma can sometimes cause this process to become stalled.” (emdr international association, 2026) this shutdown is key to understanding why memories or sensations can get stuck. if the traumatic events are too overwhelming to process at the time of their consolidation, the brain puts them away instead.

imagine a jar that is almost full of stored memory. suddenly, trauma comes and pours another half glass into the jar causing it to overflow. one has to “drink” or “digest” some of the water first to prevent the container from overflowing. the body’s systems can similarly become overwhelmed by stalled processing. if there are enough unprocessed emotions or traumatic memories that remain within your body, one’s capacity to process new events is diminished. this can cause states of depression, anxiety, breakdowns, and in extreme cases, psychosis. unprocessed trauma has also been linked to physical ailments: chronic illnesses such as heart disease, poor gut health, weakened immune systems, and even some cancers; though research is ongoing. all three of these therapies assist in working through the excess water in the jar and enable one to engage with the world without drowning.

for the premise of this thesis, the three kinds of embodied therapies will be represented by three friends. the first friend, friend one, is eye movement desensitization and reprocessing (emdr). the emdr international association defines emdr as “emdr therapy helps jumpstart the brain's natural processing, allowing these memories to be effectively digested so that you can remember the experience without triggering the original distress or survival response.” (emdr international association, 2026) essentially, it works through bilateral stimulation, to engage both sides of the brain, paving the way for new neuronal networks to be formed. this allows for traumatic memories to be rewritten, replacing them with positive, processed, recall.

friend two is ketamine therapy. the cleveland clinic defines ketamine therapy as, “in your brain, there’s a chemical called glutamate that helps nerve cells talk to each other. this chemical helps your brain control your mood, memory and decision-making skills. but when there’s too much glutamate, it can hurt brain cells and slow down areas that affect mood, stress and anxiety. ketamine works by blocking certain glutamate signals in your brain. this helps protect brain cells

and allows them to form new, healthy connections.” (the cleveland clinic, 2026) the drug, ketamine, is used to create more flexibility within the brain. through inhibiting specific brain receptors, neurological pathways become easier to both breakdown and buildup.

lastly, friend three is somatic experiencing. the trauma healing organization says, “the somatic experiencing approach facilitates the completion of self-protective motor responses and the release of thwarted survival energy bound in the body, thus addressing the root cause of trauma symptoms. this is approached by gently guiding clients to develop increasing tolerance for difficult bodily sensations and suppressed emotions and working to complete defensive responses previously thwarted from bringing resolution to the nervous system and, therefore, to the individual.” (trauma healing organization, 2026) targeting the physical sensations of the body, somatic experiencing works through memories held within the fascia. rather than re-experience the memories themselves, it targets pain caused by the body holding that trauma. using different modalities, all three of these kinds of therapies work to change and reprocess traumatic experiences.

### **exhibit**

when i was in high school i bore witness to one of Felix Gonzalez-Torres' pieces, “Untitled (portrait of Ross in L.A).” this piece presents as a spilled pile of candy wrapped in beautiful, brilliant colors of cellophane. guests wander through the halls of the museum taking pieces one by one, and the pile of candy disappears, dispersed amongst people going out into the world. Gonzalez-Torres references his late partner, who died of complications from acquired immunodeficiency syndrome (AIDS), extensively in this work. González-Torres describes this work as an “unconventional portrait of his partner, Ross Laycock, who died of an AIDS-related illness in 1991. the candies' combined weight, 175 pounds, corresponds to Laycock's ideal

weight before he got ill. visitors are invited to sample the sweets. as the candy disappears, the pile shrinks in mass and weight, reenacting the debilitating effects of Laycock's illness."

(González-Torres', 1991) as the representation of Laycock's physical body diminishes, as participants take the candy, they take his memory and his essence, the sweet part, back into the world.

i still have that blue piece of candy somewhere in my childhood home. what i know now is, the kind of deeply interactive exhibit i witnessed was one of *relational aesthetics*. museum of modern art (MOMA) defines the phenomenon as, "[relational aesthetics is] a mode of art practice that establishes spaces, situations, or environments for a variety of social interactions. in essence, the social space or interaction becomes the work of art itself." (MOMA, 2026) the term was popularized by French critic and curator, Nicholas Bourriaud in 1998; in essence, it created a de facto community.

taking strong inspiration from this foundation and Gonzalez-Torres' work i want to create an interactive way to spread awareness about mental health tools and therapies surrounding trauma. trauma has the potential to take away the sweet parts of life. it can break any ability to find happiness, love, beauty, and any meaning in life. i want to create a commonality of experience where each person sits and listens to a phone. however, every single person will be take away something different from the experience, and should trauma rear its ugly head, the exhibit is intended to give people the tools to once again find the joy, the light, and the will to continue.

each part of this exhibit was purposeful with careful consideration. each part of this exhibit is representative of something or someone in my life. the font of the exhibit program and title of this thesis, is called chewy and is based on the dog food brand. it references my animal

welfare community as well as the time i have spent working with dogs. the small stars between each of the table of contents are the same as those used by a professor who has re-ignited my love of academia and the arts. the dedication uses terms reminiscent of one of my favorite songs i listened to during the times i needed help most.

perhaps most importantly, this thesis remains in lower case, written in a combination of poetic and informal prose. the informality aims to illuminate how a friend would reach out if they were concerned; whereas the poetic lends its hand to flexibility, creativity, and how i write in my own personal diaries. the museum setting seeks to substantiate both the therapies and narrators' stories, as historically, museums have given credit or validation to what lies within them, both positively and negatively. the goal of this project is to educate the audience through personal narrative. this is not daunting. this is personal. this is friendship.



"Untitled" (Portrait of Ross in L.A.), 1991. Installed in *Felix Gonzalez-Torres in the Modern Wing*. The Art Institute of Chicago, Chicago, IL. 20 Jul. 2011 – 8 Jan. 2012.

Photographer: Clare Britt. Image courtesy of The Art Institute of Chicago.

## **paintings**

as a part of this work, i envisioned paintings representing social isolation. there are three paintings on 36 x 36 canvases with a large 18 x 18 grey square centered against the white background. within that grey square, there is a smaller square matching the color of each subsequent rotary phone, set on tables directly in front of the paintings. while the white backdrop of the canvas represents consciousness as a whole, the smaller grey squares play on the words, “grey area.”

in my own experience, when a painful, confusing, or overwhelming event occurs, one is thrust into the “unknown.” any previous understanding of the world is questioned and manipulated in every way. this “unknown” grey area of consciousness is portrayed as a physical grey square centered within each canvas. when we experience destabilizing events we are thrust into a foreign reality. as isolation goes hand in hand with trauma, it can be hard to find the way in a sea of grey. friends, loved ones, and your *community* are important touchstones. the smallest centered square, mirroring the color of the phones, represents the three therapies i present as visual representations of help. these therapies can be steady guides, even when encountering obstacles. just as the people who call to check in and offer guidance back to the light, these tools illuminated by newfound friends, can lead the way out of the “unknown.”

## **phones**

as there are three paintings, there are three rotary phones. each a different color. light blue represents EMDR, a color comforting to me as laying in the grass staring up at the sky on a sunny spring day; in some cultures it is seen as a connection to people who have passed before. light yellow represents somatic experiencing; a therapy i practiced in a small yellow room along

santa monica boulevard years ago. finally, pink, representing the only mode of therapy i have not yet tried, ketamine; pink, representing love and compassion, emotions my narrator reiterates in her experience. wired through the original speakers, the phones have been altered to play clips of my narrators' oral histories. their stories are now connected to a long line of calls, decades of friends hearing each other's stories, bridging distance to create community. everyone will get something different out of therapy. the most important part of the work is merely allowing for there to be a space to share and bring light to the existence of these types of alternative therapies.

### **oral history method**

my oral history method for this project prioritizes destigmatization, transparency and decolonization. oral history is a unique lens through which to look at trauma, for trauma is a strange thing. it is somewhat elusive and catches you when you are least expecting, paralyzing fast. the trauma community is almost like a forbidden club; once you are in it, you are in it kind of like the lyric from hotel california, "last thing i remember, i was running for the door, i had to find the passage back to the place i was before." (the eagles, 1976) but there is no longer a place "before." there is no going back to the anonymity of the perceptibly normal. it's palpable for those living it, but outsiders lack awareness and understanding. this manifests in judgement, stigmatization, and isolation. Henriksen et. al state, "loneliness is highly prevalent in western communities. chronic loneliness affects 15–30% of the population, whereas as much as 60–80% experience occasional feelings of loneliness...in crude analysis, loneliness was associated with a significant increased mortality risk of 27% compared with non-lonely individuals [hazard ratio (hr) 1.27; 95% ci 1.01–1.60]." (Henriksen et al., 2019) experiencing traumatic isolation within communities, especially marginalized ones, is very prevalent.

since the initial discovery of human immunodeficiency virus (HIV) in the mid nineteen eighties, the power of community in healing has become more evident than ever. morbidity from AIDS related complications has been observed to be related to whether or not the ill person has a support system. according to Stauffer, “since then psychologists have shown that closeted gay men suffering from aids-related illnesses are more likely to die quickly than those who have a support system; that college freshmen are the most unhappy not when they have few friends but when they have no close friends; that social exclusion, even if it is only imagined, lights up the same part of the brain where physical pain is expressed,” (Stauffer 2015, 30) fundamentally, isolation furthers silenced groups that have less access to resources that could help with contemporary and generational trauma, post-traumatic stress disorder (PTSD), and other hardships.

understanding the origin of many forms of embodiment and communicating through oral history play a key role in decolonizing trauma work and making it significantly more accessible to anyone interested. immigrants, people of color and indigenous communities should be credited for the beliefs that form the foundation of westernized concepts of embodiment. those same communities are predisposed to higher level of trauma and abuse due to systemic, ongoing injustice. Stauffer states “so maybe what we aim to do, when we undertake a revisionary practice like a truth commission, transitional justice, or any of the various alternatives to those that spring up wherever harm needs repair, is to create conditions where all have equal power, each to be gardener of her own self.” (Stauffer 2015, 33) while representing my own community of trauma survivors, it felt important that my personal story does not overshadow or change my narrators’ ability to share. i found it best to disclose my entire project design with each potential participant as they could see my role and thinking throughout it.

several of my narrators were receptive to how the project was pieced together over time, knowing it was larger and more purposeful than a mere class assignment. given the sensitive nature of trauma, and toward fostering transparency and reciprocity, i felt that i would be doing a disservice by sharing just a short worksheet and not my full intentions. complete reciprocity and agency to change the project were necessary to ensure the safety and comfort of all parties involved. in trauma, choice is taken away. with the restoration of both agency and choice, i wanted to foster a way for both myself and my narrators to become teachers crafting new means by which to work through trauma.

i wanted to extend the longevity of this project spanning past the initial in-person event, thus i created a video demonstrating how my exhibit was set up, the decisions surrounding it, and the most important component of this project: oral histories. the video is meant to provide both context as well as accessibility to the narrators' voices, diction, and humanity.

### **community**

what is community? how does it relate to healing? how can it be created? what are these therapies roles in such creation? these are not questions i can readily answer; nor do i think an answer is needed or can be prescribed. as i believe strict understanding of ideas and definitions inherently limits capability. through oral history, and the subsequent humanization of these tools, having, and maintaining an open mind to what help looks like; can change the way these therapies are seen, spread awareness and destigmatize more rigid views of help. i believe within life, as with healing, understanding one's own intellectual and personal humility fosters a more open concept of care. providing a fluid notion of what one knows is imperative to creating connections amongst people with differing life experiences; as expanding access to embodied therapies is as important to destigmatizing these therapies as is it to decolonizing them. the very

people who are credited with first engaging with embodiment should still have access to their own original ideas.

we all need help at some point in our lives. to be seen, to be heard, and to be recognized is healing. to be left alone in a society that enshrines individuality can be as traumatizing as the trauma itself. by whatever way it is defined, in this life or in another, i emphasize the importance of community; the bringing together of individuals and their shared creation by, and for, those people- that is strength *unknown*.

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