

Article 59

Treating Trauma: Using Psychodrama in Groups

Tiffany L. Clark and Darcie Davis-Gage

Clark, Tiffany, is a mental health counselor student from the University of Northern Iowa. Her research interests focus on women's issues and forgiveness therapy. She currently is completing her internship at a community mental health clinic.

Davis-Gage, Darcie, is an assistant professor at the University of Northern Iowa. Her research interests include the areas of supervision, group work, multicultural and women's issues. She currently is a Licensed Mental Health Counselor in the state of Iowa.

Female victimization is a world-wide phenomenon. One of every three women in the world is either physically or sexually abused sometime during her lifetime (Family Violence Prevention Fund, 2008). On average, 120 women are murdered and 450,000 are assaulted or abused by men every year in Canada alone (Fong, 2007). In the United States, 31% of women are physically or sexually assaulted, and approximately three to ten million kids are exposed to violence within the home every year (Family Violence Prevention Fund, 2008). These experiences are not only numerous but can also be traumatizing to those who endure or witness such violence. It is crucial for counseling professionals to be aware not only of the prevalence of female trauma and knowledgeable about the common experiences traumatized women endure, but also to be on the cutting-edge in regard to successful therapeutic techniques. In regard to victims of trauma, research indicates psychodrama to be a particularly effective treatment option (Dayton, 2005; Hudgins, 1998; Kipper, 1998). The following provides a brief overview on what occurs during a traumatic experience, the theory behind psychodrama, and how psychodrama groups can be used with clients who endure trauma. A case example detailing how to apply these concepts to a trauma survivor group will be included.

Trauma's Effect on Human Functioning

The body is able to detect emotional or physical danger through a brain mechanism called the Behavioral Inhibition System (BIS), located at the base of the brain in an area named the locus ceruleus (Comer, 1992). Upon detection of danger, the BIS alerts the body through an increased production of adrenaline and noradrenalin, chemical messengers called neurotransmitters. The neurotransmitters alert the sympathetic nervous system to immediately engage in a *fight-or-flight* response, which allows one to either physically defend oneself or flee from the scene of danger (Barlow, 2001). During traumatic experiences, however, the afflicted, such as a child, does not always have the

opportunity to escape danger or the ability to defend oneself. According to Dayton (2005), the only way one survives inescapable trauma is by freezing: that is, closing off one's "inner responses by numbing or fleeing on the inside through disassociation" (p.19). When freezing occurs, the body and mind endure great consequences. Traumatic memories are left unprocessed due to interrupted brain passages, thoughts and perceptions become distorted (Kipper, 1998), and the body remains overly attentive to superficial threats (Dayton, 2005). In addition, one may cognitively and emotionally re-experience the trauma. Because of the trauma's effect on the entire human system, the memories remain on the "sensorimotor level" (Kipper, 1998). Hence, counseling approaches, such as psychodrama, that are able to "tap" into this sensorimotor level will most likely be more effective.

Role of Psychodrama

Psychodrama is a therapeutic art form in which counselors encourage clients to use their bodies as mediums for unearthing personal truths and healing from traumatic experiences instead of traditional verbal participation (Fong, 2007). Psychodrama is, in one way, unique from other therapies; although it utilizes verbal communication, it is not overly dependent on such modes of treatment. Rather, speaking through body movement is primary. By physically re-enacting experiences, the past is brought into the here-and-now, allowing the client to process the memories with the counselor's guidance and, perhaps, the participation of group members with similar traumas (Kipper, 1998).

Due to the nature of psychodrama, it is most commonly used in counseling and therapy groups. Group treatment for survivors is usually an important step in the healing process and has been found to be particularly helpful with this population. It is especially effective when combined with concurrent individual treatment (Lubin, 2007). In the past, trauma survivors found group treatment helpful due to experiencing feelings of universality, connections with other group members, and the structure of a group format (Gerrity & Peterson, 2004). These feelings are often enhanced due to the intimate connections made through psychodrama techniques (Kipper, 1998).

Psychodrama is particularly appropriate for traumatized clients because, as noted earlier, traumatic memories are stored on a sensorimotor level (Kipper, 1998). According to Dayton (2005), trauma is not merely a product of the mind's inability to effectively cope—it is truly a "body-mind phenomenon" (p. 21). Trauma recall is not simply limited to cognitive perceptions (*I remember him coming at me and not having anywhere to escape.*), but also includes the body's memories or sensorial reactions (e.g., rapid breathing, sweating, and shaking and shivering with fear). These sensorial reactions are a part of the frozen fight-or-flight response. In addition, because of trauma's effects on thought-processing, clients' cognitive recollections are oftentimes distorted and lack clarity.

Knowing that trauma is connected to the mind and body implies that a well-rounded treatment plan should also take a body-mind approach, which is precisely the goal of psychodrama counselors. Because cognitions can be unclear and confusing, counselors encourage the body to actively participate. "Oftentimes, the body needs to lead the mind to the truth. The body needs to speak in its own voice, to show rather than tell" (Dayton, 2005, p. 21). Research indicates psychodrama not only allows a client to

reframe one's experiences, but also allows for weaving together formerly disintegrated parts of the self. Success is particularly apparent with adolescents, most likely because psychodrama techniques are more natural to children's language of play (Fong, 2007). Although psychodrama techniques can be used for individual treatment, this paper will focus on the use of these techniques in group treatment. For most survivors, individual treatment usually precedes or occurs concurrent with group treatment as this allows women to process their trauma on an individual level while also sharing it with others. Lubin (2007) found this to be most effective and makes group work more productive.

As stated above, psychodrama groups allow trauma survivors to work through their concerns at a deeper level. Understanding the structure of psychodrama groups and the role of the leader is essential in facilitating effective groups for this population. During group sessions, counselors are referred to as directors, which greatly define their role as helping agents. Counselors are very instructive. They direct clients to act out or emphasize typically unexercised "shadows" or qualities of the self, and incorporate group members into the therapeutic production. Sessions generally include three primary stages: warm up, action, and sharing and discussion (Corey, 2007). During the initial stage, clients prepare by engaging in mini-exercises, setting the tone for the session. After warming up, clients engage in various types of experiential activities in the action stage. Session ends with processing what happened during the action stage and sharing personal revelations (Fong, 2007). A case illustration of this type of group follows.

A Psychodrama Group for Adult Female Trauma Survivors

The following section of this paper provides information on specific types of interventions directors could use according to the developmental stage of a psychodrama group for female survivors of trauma. Before starting this type of group, a leader should carefully screen potential members to assess their readiness for group work, their stage of trauma recovery, and their ability to share personal concerns in an experiential manner.

Warm-Up Stage

Women in these types of groups need to develop high levels of connection due to their relational nature and trauma histories. The following warm-up activities will help group members engage and allow the leader to assess where the participants are in their recovery process. The primary goal of the warm-up stage is to set the stage for the main course of action and to get the body moving. Three techniques, the spectrogram, locogram, and guided imagery, are particularly useful and simple to direct (Dayton, 2005). Using the spectrogram technique, directors ask participants to imagine the room is divided in half by a long line, with the line representing the halfway mark on a life-size continuum. The opposite extremities of the room represent the 1% and 100% mark. Directors then ask various questions pertaining to the issue being addressed during the action stage. For example, if the session focuses on fear related to their personal safety, the director might ask participants to visually indicate the amount of fear they are currently experiencing by moving to an appropriate location in the room. Participants then share with the group why they chose their particular location. According to Dayton (2005), the purpose of this exercise is to make the unconscious conscious and to use the insight from the activity to accomplish their therapeutic goals. Similarly, directors using

the locogram technique ask participants to designate themselves to one of the four corners of the room, each representing, for example, different stages of the trauma recovery process (Dayton, 2005). Like with the spectrogram, participants share with the group why they feel the designation is appropriate.

The third warm-up, guided imagery, allows participants to relax, trace back past fears or minor traumas, and allows them to identify messages they received on how to cope with it. Guided imagery begins with having clients lay comfortably, close their eyes, concentrate on their breathing, release tension, and think of the first time they can remember being afraid. The director then asks the participants, while they are still imagining, a variety of questions about the experiences: “Observe yourself in your mind’s eye; how do you look? What meaning are you making out of this situation?” (Dayton, 2005, p. 32). After questioning, the director invites the participants to open their eyes when ready and demonstrate their physical reaction to their trauma they were visualizing, which allows them to physically process their fearful recollections.

Action Stage

Once the group is acquainted and has moved past the warm-up phrase of the group, action techniques may start to be employed. This stage is considered the working stage of the group when group members explore their concerns and move toward therapeutic change. Various techniques and models (i.e., role plays, containing double) can be used with trauma survivors in the group format. One such model of psychodrama which may be effective is the Therapeutic Spiral Model.

Therapeutic Spiral Model. The Therapeutic Spiral Model (TSM) is a powerful psychodrama approach directors use in order to incorporate group members into the therapeutic process (McVea & Gow, 2006). One intervention used in this model has a group member (protagonist) act out one of her traumatic experiences that currently causes her difficulty. It allows participants to work through their worst traumatic experiences by making them seem too big to handle (Hudgins, 1998). Doing this enables participants to gain greater insight and awareness of themselves and their experiences without being re-traumatized. The TSM is unique because it utilizes other group members and/or trained drama team members as active agents/characters in the primary participant’s drama. These extra characters may play the role of the “containing double,” which is one of the most upheld psychodrama techniques (Kipper, 1998).

The containing double is best described as one’s “inner voice that speaks in first person—a role inside of you that knows your strengths no matter what level of distress you experience—a part of you that knows all your body sensations, feelings, [and] thoughts” (Hudgins, 1998, p. 3). When re-enacting a traumatic experience, however, the containing double is embodied by another actor who stands beside the protagonist (primary participant). This role is necessary because the protagonist, oftentimes, feels overwhelmed and powerless by what occurs during the scene. The containing double plays a restorative role. It reminds the protagonist of his/her strengths and ability to self-nurture (McVea & Gow, 2006). For example, if the protagonist feels paralyzed by fear, the containing double may say to the protagonist, “I feel really terrified right now...I know that I can reach out to my supports here in the drama...and make sense of what is happening...” (Hudgins, 1998). Afterwards, the protagonist regains strength and continues to process the trauma despite one’s fears.

The containing double not only strengthens the protagonist and conveys empathy, but it also aids in promoting the protagonist's stabilization, pumping up one's ego, preventing regression and disassociation, and encouraging healthy catharsis (Hudgins, 1998). In addition to benefiting the protagonist, those who play the containing double role and endured experiences similar to those of the protagonist feel stronger and more supported to process their own traumas. On top of the therapeutic qualities, the containing double technique is quick and easy to learn.

Role plays. Before examining specific role techniques in this psychodrama group, it is first important to understand the development and function of real roles occurring in the natural environment. According to Kipper (1998), the lifespan of a role is characterized by a three-stage process: formation, maintenance, and dissolution. Healthy or functional roles are generally short-lived. The roles form in order to serve a purpose, are flexible, and desist when their function is no longer necessary or appropriate. For example, a woman may play the role of a mother. Although she will always be a mother, if her role is healthy, the way she parents may change as her child becomes older. For instance, she may raise her child's bedtime as the child matures. Unhealthy or dysfunctional roles, on the other hand, are stagnant, inflexible, and serve inappropriate or useless functions. Obviously, in regards to roles, it is imperative counselors help clients identify the roles they play and assess whether those roles are healthy or not. Role techniques play an important part in this process.

Role-playing is another psychodrama technique incorporated into the Therapeutic Spiral Model. By having a client play the role of oneself and re-enacting the traumatic experience, the client is given a variety of opportunities. Since the past is brought into the present, role-play gives the client a venue to explore previously un-expressed emotions, say or do things one wished to have said or done (Dayton, 2005), instill hope, and transfer blame from the client to the perpetrator (Jacobs, 2002). Through this exploration, the client may view one's past experience with a new perspective, which inevitably changes the ultimate meaning of the experience (Dayton, 2005). For example, a group member may re-story living through a traumatic experience as being an opportunity to advocate for others who endure similar experiences (Jacobs, 2002).

Role reversal (playing the part of another) is also an effective role playing technique. It not only enables one to gain understanding of the others involved in the trauma, but it also allows the client to see oneself through the lens of another (Dayton, 2005). A role reversal technique called the "body dialogue" is quite innovative; rather than communicate with another person, the technique separates the individual from the body (Ciotola, 2005). The client momentarily talks to one's body as if it is another entity, switches roles, and then plays the role of the body and talks to the self. This approach is particularly effective with trauma clients because they oftentimes feel a sense of betrayal from their bodies and a desire to reject it. These feelings not only generate from the bodies' inability to escape the trauma, but also from the mistaken belief that the body provoked the trauma.

According to Ciotola (2005), the objective when using the body dialogue technique is to bridge the gap between the body and the self. Integration is made complete by rebuilding the client's sense of trust in the body and having the client make a commitment to care for the body. Trusting and caring for the body also means accepting

the body's limitations. Research also shows this method to be effective with trauma survivors as well as clients who struggle with other body-relating issues such as eating disorders, aging, and poor health.

Real-life role-playing may begin like the traditional role-playing model (acting out past or hypothetical events), but it goes beyond the traditional method by creating new roles which are incorporated into the client's life beyond the scope of individual counseling. Jacobs' (2002) work with two girls who endured sexual trauma provided a model example of real-life role-play. Initially, Jacobs first worked with the girls individually and used traditional role-play techniques. For example, she asked the older client to pretend she was a guest on the Oprah Winfrey Show. Jacobs tape-recorded the session and the client pretended to tell her story to the world and provided details she had never discussed with Jacobs before. After they reviewed the tape, it was apparent the client had a great concern for educating her audience and empathizing with fellow survivors of trauma.

The role-play resulted in the discovery of a new role: the teacher (Jacobs, 2002). Jacobs encouraged the development of this role by having the client meet her younger client/survivor and engage during three conjoint sessions. The sessions were successful: the older client polished her new skills as an educator and an advocate and the younger played the role of the student. As the student, the younger client was able to transfer the blame she initially felt from herself to the perpetrator. This particular example limited real-life role-play to the conjoint sessions, but it is easily adapted to group work. When applying this intervention to group work, the potential for new roles and responsibilities multiples. It is also common for these roles to be perpetuated into the real world after practicing them in group.

The number of techniques utilized by psychodrama-oriented counselors in the action stage is restricted by the limitations of the counselor's imagination and creativity. Various other techniques include writing letters, incorporating photographs into role-plays, and speaking to transitional objects as if they were real people (Dayton, 2005). When writing letters, the client may write a letter to one's past self or to another individual involved in the trauma. Playing games, storytelling, and dancing are additional techniques. For example, when Fong (2007) worked with a group of teenage girls, she choreographed a special dance in order to boost the girls' self efficacy and moral support.

Sharing and Discussion Stage

The main goal of this stage is to bring closure to the members without hindering further self-exploration of the members. Due to the intensity and cohesion that develops in female trauma survivor groups, closure is vital and essential. Leaders may accomplish this task in a variety of ways including various process questions, members sharing feelings, thoughts, and reactions to the various activities. Once the affective components are processed it may help the group move into a more cognitive discussion. Moving from an experiential and emotional content to a more cognitive content may enhance the change process of group members and provide closure. Group leaders may ask questions such as "How might you apply what you learned in group to your everyday life?" or "How might this experience change the way you understand your trauma history?"

Interventions used to help empower members from a female trauma groups are also essential as the group comes to a close. Using Fong's (2007) work with prevention

groups as a framework, the facilitators can discuss with the group members the possibility of combining their trauma stories into a short performance that can be performed for other women survivors. This activity may promote empowerment with group members while also encouraging and educating other survivors about how to overcome trauma.

When leaders consider group development stages, the interventions tend to be more effective and group members benefit from cohesive flow of the psychodrama process (Gladding, 2005). Although the psychodrama approach is supported in the literature, group leaders must still consider some of the limitations related to using this approach.

Limitations

One must keep in mind, however, that all approaches (including psychodrama) are not without their limitations. Psychodrama is not a cure-all for the various types of trauma, nor does it help all individuals with similar traumas. Research is abundant in regard to psychodrama's efficacy with treating diverse female survivors of trauma (Dayton, 2005; Hudgins, 1998; Kipper, 1998). Although there is research testing psychodrama's effectiveness with treating veterans, there is very little research on men in general. In addition, psychodrama techniques have received some criticism for its potential to re-traumatize clients. Based on these limitations, future researchers may explore a variety of scientific avenues. It might be helpful to not only test psychodrama's effectiveness with male trauma survivors, but also to dispel or support the aforementioned criticism of psychodrama's potential to re-traumatize.

Conclusion

Female violence is a world-wide phenomenon. Its effects are tragic and holistic in the way they impair mental processing, freeze overwhelming emotions, and brand the body with traumatic physiological memories. Fortunately, however, psychodrama is a promising approach aimed at helping women overcome their past experiences by applying various techniques, such as the containing double and role reversal. The implication for utilizing psychodrama is simple and extraordinary—women are liberated from past traumas and are given the power to boldly face the uncertain future.

Thus far, it seems that psychodrama counseling groups have the potential to be a successful treatment for trauma survivors. Group members often benefit from hearing personal stories directly from other trauma survivors. Likewise, trauma survivors might feel better supported by telling their stories to empathizing group members. Future research needs to continue, but based on previous research, it seems like using psychodrama in female trauma groups is a promising area of growth.

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Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm