

# **Enhancing Treatment Effectiveness: Using Psychodrama to Address the Trauma and Pain of Victims and Perpetrators**

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Shepherd's Staff Training in Psychodrama  
Friday, September 2, 2005

*The following is an outline to a presentation given at the Utah Domestic Violence Council's 11th Annual Domestic Violence Treatment Conference. Word and PDF versions are also available.*

## ***Presentation Description:***

The potential contribution of Action Methods (sociometry and psychodrama) for addressing healing the trauma and pain of victims and perpetrators of domestic violence is largely untapped. "Psychodrama has been less used within the field of traumatic stress than other therapeutic approaches" (Kellerman & Hudgins, 2000, p. 13). However, "...experiential psychotherapy is being increasingly recommended as a viable treatment alternative for trauma survivors" (Kellerman & Hudgins, 2000, p. 12). In her recent (March 4, 2005) Counseling Workshop at BYU, "Complex Posttraumatic Stress Disorder and Dissociation: A Treatment Overview and Update," Christine Courtois recommended using psychodrama as an important part of a PTSD treatment program. Many symptoms of Posttraumatic Stress Disorder (PTSD) "... are unconscious, non-verbal, right-brained experiences that cannot in fact be accessed through talk therapy" (Kellerman & Hudgins, 2000, p.12). This workshop will identify (and demonstrate) how psychodrama can be used "as a powerful method of restraint and reintegration" as well as "expression and catharsis" (Kellerman & Hudgins, 2000, p. 15). It can serve to address the very symptoms of PTSD, to facilitate developmental repair, to provide structures for safe re-enactment of the horror of core trauma scenes, and to promote control, containment, and stability.

## ***Learning Objectives Part I (didactic, 9:00 a.m. - 10:30 a.m.):***

1. Participants will be able to identify how psychodrama can serve to address the very symptoms of PTSD.
2. Participants will be able to identify how psychodrama can facilitate developmental repair.
3. Participants will be able to identify how psychodrama can be used to provide structures for safe re-enactment of the horror of core trauma scenes.
4. Participants will be able to identify how psychodrama can be used to promote control, containment, and stability.

## ***Learning Objectives Part II (experiential, 11:00 a.m. –12:30 p.m.):***

1. Participants will be able to describe how psychodrama was used to address the very symptoms of PTSD.
2. Participants will be able to describe how psychodrama was used to facilitate developmental repair.
3. Participants will be able to describe how psychodrama was used to provide structures for safe re-enactment of the horror of core trauma scenes.
4. Participants will be able to describe how psychodrama was used to promote control, containment, and stability.

### ***Participation Agreements:***

1. As a condition of attending these sessions attendees are asked to commit to keeping confidentiality. Part of these sessions (especially the second one) may consist of addressing personal material of one or more of the participants. If you cannot commit to honoring the confidentiality of what we do here please do not attend.
2. As a condition of attending these sessions (especially the second one) attendees are asked to participate in the experiential exercises only to the degree that they are comfortable. They understand that these experiential methods are powerful vicariously, that is, just observing can have a significant impact. If you have questions or concerns in this regard, please discuss these with the presenter. He will be available before and after the sessions.
3. There shall be no contact in terms of physical violence in any way.
4. Attendees are encouraged to wear clothes in which they would be comfortable moving around, sitting on the floor, etc., and to avoid wearing jewelry that could become snagged or entangled should they volunteer to participate in an enactment.

### ***About the Presenter:***

Rob Pramann, Ph.D., C.G.P., T.E.P., is the Director of Shepherd's Staff Training in Psychodrama in Sandy, Utah. His practice with psychodrama has included a wide variety of populations and settings. Rob also has special interest and expertise in the treatment of trauma related disorders. He is a psychologist and also certified as a Group Psychotherapist, a Trainer, Educator and Practitioner of Psychodrama, and in Clinical Hypnosis. He is a member of the International Society for the Study of Dissociation and the coordinator of their local component group, "The Wasatch Front Professional Study Group." In addition he is a member of the Utah Critical Incident Stress Management Team. Recently he was appointed to the auxiliary faculty of the University of Utah as an Adjunct Instructor in Psychiatry.

In addition to providing an active psychodrama training program, Rob provides supervision and consultation regarding psychodrama and psychological trauma related disorders. Information about his current psychodrama trainings can be found at:

<http://www.sccc.com/psychodrama1.htm>

## I. What is Psychodrama?

- A. Role Playing – refined and polished.
- B. Developed by Jacob Levi Moreno (1889-1974); born in Bucharest, developed his ideas in Vienna; poet/philosopher before he became a physician (Marineau, 1989).
- C. Spontaneity and Creativity are of special interest – observing children’s stories and theater.
- D. Concerned with the interpersonal not just intrapersonal aspects of trauma, “A truly therapeutic procedure cannot have less an objective than the whole of mankind” (Moreno, 1953, p.3.).
- E. One of the earliest methods of body therapy (Dayton, 2000, p. 115).
- F. Action is recognized as the most basic form of communication.
- G. Concerned about restraint as well as expression (Altman, 2000, p. 178; Moreno & Moreno, 1969, p. 235).

## II. What is PTSD/Psychological Trauma?

- A. A response to an overwhelming traumatic event resulting, on the one hand, in a reexperience of the trauma and, on the other, avoidance and numbing of general responsiveness.
- B. John Briere (2002) suggests it can be understood as a healing process and has suggested strategies to mediate the two aspects.
- C. Traumatic memory – is not coded like other kinds of memory. It is nonverbal, right brained, sensorimotor.

## III. Therapeutic Aspects of Psychodrama for Traumatized People (Kellerman, 1992, 2000)

- A. Re-enactment – acting out the event in a safe environment. “Every true second time is the liberation [ healing] from the first” (Moreno, 1953, p. 28).
- B. Cognitive Reprocessing – action insight is obtained as a result of working through conflicts and issues related to the event. Development of a personal narrative.
- C. Discharge of surplus energy – emotional catharsis emerges in its own time and form (after sufficient internal control has been developed).
- D. Surplus Reality – as if enactments allow portrayal of personal, subjective, or poetic truth, the addressing of the “would have, could have, should have” to come to terms with external reality.
- E. Interpersonal support – tele, the insight into, appreciation of, and feeling for another person. Provides a new sense of safety, self-esteem, intimacy, breaking of isolation, having an emotional response shared. Treatment in a group format is important (Karp, 2000, p. 81).
- F. Therapeutic ritual – magic, the “real” therapist – patient relationship, the personality of the therapist, the healing context, therapeutic rituals, healing ceremony **plus** mystery.

## IV. Developmental Repair

- A. Saying Goodbye – the final encounter (Blatner, 2000).

- B. Rite of Passage/Healing Ritual (Bouza and Espina Barrio, 2000).
- C. A parent protecting a child from abuse (Karp, 2000, p. 70).
- D. A perpetrator learning to feel empathy for a victim (Robson, 2000, p. 150).

## **V. Structures for safe re-enactment of the horror of core trauma scenes**

- A. Appropriate warm-ups
  - 1. spectrograms re. safety, trust, commitment (White, 2002, p. 29).
  - 2. diamond of opposites regarding participation (Carlson-Sabelli,, Sabelli, and Hale, 1994; White, 2002, p. 75).
  - 3. well of confidentiality (White, 2002, p. 25).
  - 4. circle of scarves (Hudgins, 2000, p. 245-246).
  - 5. sociodramatic sculpts of families characterized by good communication vs. those characterized by fear for perpetrators (Baim, 2000, p. 165).
- B. Scene setting
  - 1. an issue is symbolically externalized and tangible – eg. two auxiliaries portray an introjected mixed message (Altman, 2000, p. 178).
  - 2. scenes progress from periphery to core (Moreno & Moreno, 1969, p. 235).
- C. Prescriptive roles (Hudgins, 2000, p. 236-239).
  - 1. Restorative roles
    - a. personal
    - b. interpersonal
    - c. transpersonal
  - 2. Containing roles
    - a. body double
    - b. containing double
    - c. manager of defenses
  - 3. Observing roles
    - a. observing ego
    - b. the client
- D. Doubling
- E. Mirror technique (Kellerman, 2000, p. 36).
- F. Codirecting (only) (Kellerman, 2000, p. 36; Karp, 2000, p. 78).
- G. Concretization (Dayton, 2000, p. 120).
- H. Work with the trauma of perpetrators have experienced is particularly challenging and should be done carefully (Robson, 2000, p. 152).
  - 1. Perpetrator’s offense related work and posttraumatic work should coexist in the same drama (Robson, 2000, p. 165).
  - 2. Silencing the offender regarding their trauma is re-abuse (Robson, 2000, p. 165).
  - 3. Care must be taken not to absolve or justify (Robson, 2000, p. 157).
  - 4. “We find it hard to feel sorry for others who are in pain when it seems no one feels sorry for our pain” (Robson, 2000, p. 172 )
- I. Sharing

## **VI. Promotion of control, containment, and stability**

### **A. General recommendations**

1. Recognize the client's susceptibility to retraumatization (Kellerman, 2000, p. 35).
2. Recognize need for a gentle (Kellerman, 2000, p. 35) and sensitive touch (Røine, 2000, p. 95).
3. Recognize need for flexibility and use of a variety of effective techniques (Burmeister, 2000, p. 203; Kellerman, 2000, p. 36; Røine, 2000, p. 95).
4. Right timing is important, what is the next step for this client? (Røine, 2000, p. 95).
5. Time needs to be flexible yet the boundaries of trust, time, and physical touch must be clear (Røine, 2000, p. 95).
6. Recognize need for ongoing supervision (Burmeister, 2000, p. 206).
7. Recognize the need to address ones own trauma and fear (Røine, 2000, p. 88).

### **B. Specific recommendations**

1. Assess participants' motivation, ego-strength, and progress in the healing process on an ongoing basis (Altman, 2000, p. 185; Røine, 2000, p. 88). Group psychodrama is not appropriate for persons with acute generalized social fears, inability to tolerate minor interpersonal conflict, extreme narcissism, or inability to sustain a stable relationship.
2. Participants safety must be prioritized (Herman, 1992, p. 159; Karp, 2000, p. 79).
3. Explain each procedure and step of the work (Kellerman, 2000, p. 35).
4. Obtain consent at each juncture, "coproduce" (Kellerman, 2000, p. 35).
5. Give the protagonist control over how much emotion is expressed (Kellerman, 2000, p. 35).
6. When anxiety and resistance is high, attend to warming up (Robson 2000, p142).
7. Be aware of the affect bridge phenomena (Leutz, 2000, p195).
8. Exercise special care in regards to role reversing with the protagonist's perpetrator Karp, 1991, p. 109; Kellerman, 2000, p. 37; Røine, 2000, p. 95-96).
9. Carefully contract with the protagonist and group about the kind of drama (Hudgins, 2000, pp. 246-248).
  - a. Restorative and renewal focused – emphasis on prescriptive and transformative roles.
  - b. Dreams and metaphors – even if unconscious trauma materials are apparent stay with concretizing the symbols.
  - c. Initial discovery and accurate labeling – the contract is for cognitive meaning, not emotional expression.
  - d. Uncovering and exploring core trauma – conscious reexperiencing through controlled regression and team support.
  - e. Conscious reexperiencing with developmental repair – as above but the final scene is one of developmental repair.
  - f. Letting go and transformation – focus on role training and testing in future projection.
10. Principles of conscious re-experiencing when the contract is for exploration and repair of core trauma scenes. Six steps (Hudgins, 2000, pp. 248-250).
  - a. Talk – the protagonist describes the scenes that will be enacted. Assess

- readiness of the protagonist and group.
- b. Observe – the scene is set up at a safe, therapeutic distance. Auxiliaries walk through the scene without additional spontaneity.
  - c. Witness – the protagonist witnesses the scene with an increase in spontaneity and affective expression.
  - d. Re-enact – the protagonist walks through the trauma scene in the victim, perpetrator, or abandoning authority role without additional spontaneity.
  - e. Re-experience – the protagonist consciously re-experiences the scene of the trauma from all of the roles that are clinically indicated.
  - f. Repair – always the final step in conscious re-experiencing. Focus is on self, model group, significant others, or transpersonal symbols.

### **References**

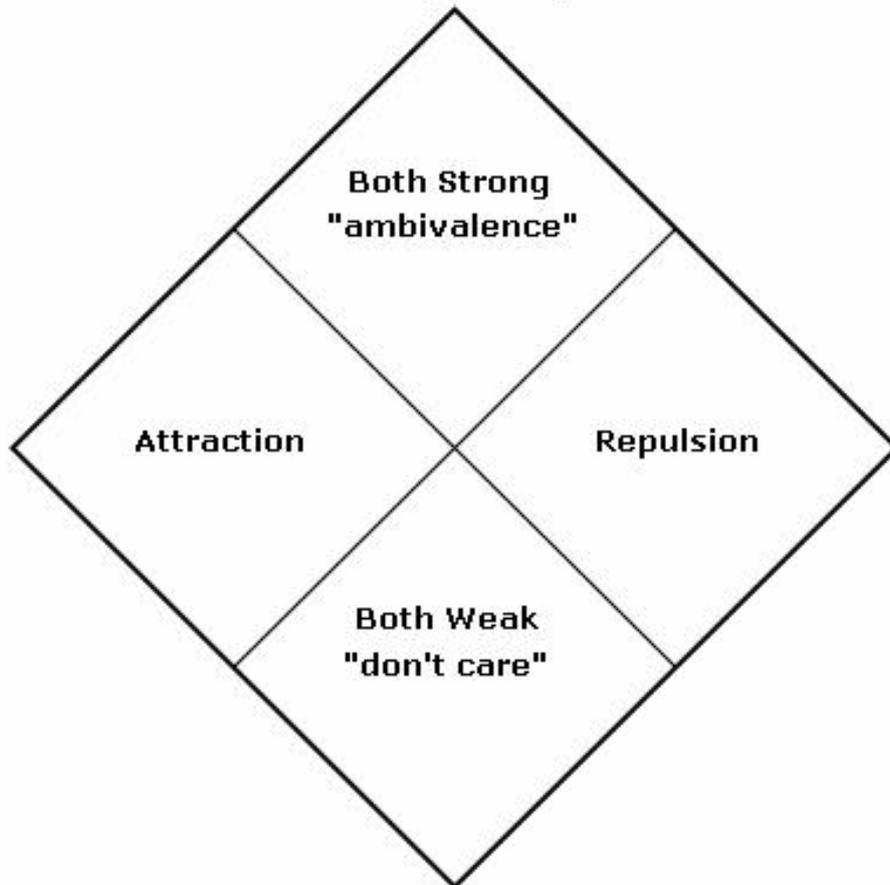
- Altman, K. P. (2000). Psychodramatic treatment of Dissociative Identity Disorder. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 176-186). Philadelphia: Jessica Kingsley.
- Baim, C. (2000). Time's distorted mirror: Trauma work with adult male sex offenders. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 155-175). Philadelphia: Jessica Kingsley.
- Blatner, A. (2000). Psychodramatic methods for facilitating bereavement. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 41-50). Philadelphia: Jessica Kingsley.
- Bouza, M.F. and Espina Barrio, J. A. (2000). Brief psychodrama and bereavement. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 51-59). Philadelphia: Jessica Kingsley.
- Briere, J. (2002) Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J.E.B. Myers, L. Berliner, J. Briere, C.T. Hendrix, T. Reid, & C. Jenny (Eds.) *The APSAC handbook on child maltreatment, 2nd Edition*. Newbury Park, CA: Sage Publications. Also available on line at <http://johnbriere.com/STM.pdf>
- Burmeister, J. (2000). Psychodrama with survivors of traffic accidents. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 198-225). Philadelphia: Jessica Kingsley.
- Carlson-Sabelli, L., Sabelli, H., and Hale, A. E. (1994). Sociometry and sociodynamics. In P. Holmes, M. Karp, and M. Watson (Eds.), *Psychodrama since Moreno: Innovation in theory and practice*. New York: Routledge.
- Dayton, T. (2000). The use of psychodrama in the treatment of trauma and addiction. In P. F.

- Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 114-136). Philadelphia: Jessica Kingsley.
- Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.
- Hudgins, M.K. (2000). The therapeutic spiral model: Treating PTSD in action. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 229-254). Philadelphia: Jessica Kingsley.
- Karp, M. (2000). *The psychodrama of rape and torture: A sixteen-year follow-up*. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 63-82). Philadelphia: Jessica Kingsley.
- Karp, M. (1991). Psychodrama and piccalilli: Residential treatment of a sexually abused adult. In P. Holmes & M. Karp (Eds.), *Psychodrama: Inspiration and technique*. (pp. 95-113). New York: Routledge.
- Kellerman, F. K. (1992). *Focus on psychodrama: The therapeutic aspects of psychodrama*. Philadelphia: Jessica Kingsley.
- Kellerman, P.F. (2000). The therapeutic aspects of psychodrama with traumatized people. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 23-38). Philadelphia: Jessica Kingsley.
- Leutz, G. A. (2000). Appearance and treatment of dissociative states of consciousness in psychodrama. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 187-197). Philadelphia: Jessica Kingsley.
- Marineau, R. F. (1989). *Jacob Levi Moreno, 1889-1974*. New York: Routledge.
- Moreno, J. L. (1953). *Who Shall Survive? Foundations of Sociometry, Group Psychotherapy and Psychodrama*. Beacon, NY: Beacon House.
- Moreno, J. L. & Moreno, Z. T. (1969) *Psychodrama, Volume 3: Action Therapy and Principles of Practice*. Beacon: Beacon House.
- Robson, M. (2000). Psychodrama with adolescent sexual offenders. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 137-154). Philadelphia: Jessica Kingsley.
- Røine, E. (2000). The use of psychodrama with trauma victims. In P. F. Kellerman, & M. K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain*. (pp. 83-96). Philadelphia: Jessica Kingsley.
- White, L. (2002). *The action manual: Techniques for enlivening group process and individual counselling*. Toronto, Canada: Author. [www.lizwhiteinaction.com](http://www.lizwhiteinaction.com)

Comprehensive Searchable Bibliography of Psychodrama (over 5,000 references) –  
<http://asgpp.org/02ref/>

Empirical Research References on Psychodrama --  
[www.sccc.com/epr.htm](http://www.sccc.com/epr.htm)

**Diamond of Opposites**  
Carlson-Sabelli, Sabelli, & Hale 1994



## Diamond of Opposites

