



EDELWEISS PUBLICATIONS
OPEN ACCESS

In the Theatre of the Self: Reflections on the use of Drama in Treating Traumatic Stress

Seamus Corcoran^{1,2*}

Affiliation:

¹Registered Psychotherapist, Leek Staffordshire ST135NR, United Kingdom

²Director, Integrate Counseling and Psychotherapy Ltd, United Kingdom

*Corresponding author: Corcoran S, Registered Psychotherapist, Leek Staffordshire ST135NR, United Kingdom, Tel: 00 44 7456653027; E-mail: seamuscorcoran7@gmail.com

Citation: Corcoran S. In the Theatre of the Self: Reflections on the use of Drama in Treating Traumatic Stress (2018) Neurophysio and Rehab 1: 29-31

Received: July 24, 2018

Accepted: July 27, 2018

Published: August 01, 2018

Copyright: © 2018 Corcoran S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Our sense of agency, how much we feel in control, is defined by our relationship with our bodies and its rhythms. In order to find our voice we have to be in our bodies – able to breath fully and able to access our inner sensations. Acting is an experience of using your body to take your place in life.

- Bessel van der Kolk

This paper is a reflection on the role of theatre, drama and psychodrama as it relates to the treatment of traumatic stress.

Research from three main disciplines of scientific study; neuroscience, developmental psychopathology and interpersonal neurobiology, has given contemporary clinicians, counsellors and therapists valuable insights into the pervasive physiological effects of trauma upon the human brain [1,2].

Being able to understand the physiology of trauma has helped to scientifically support the integration of psychodynamic and somatic treatments which allow the traumatised individual, who often lacks a sense of embodied self, to have therapeutic experiences that, according to researchers, 'deeply and viscerally contradict the helplessness, rage, or collapse that result from trauma' [1]. Such intense affective activation resulting in sensory collapse, flashbacks, auditory intrusions, and emotional flooding of the system can often be the case when traditional talk and analytic therapies have been applied to treat the traumatised individual who is seeking relief from traumatic stress related disorders [1]. For trauma informed psychotherapists and practitioners strong activation of dysregulated limbic activity, from a neuro-scientific perspective, requires the formulation and inclusion of limbic therapies in response.

Trauma focused treatment is ideally constructed around limbic therapy so that the integration of narrative memory, so often blocked from consciousness because of the weight of the pain associated with the events, can begin. One may infer also, that given the domination of neurophysiologically primitive, survival oriented brain activity into which trauma sufferers appear to be subjectively cast, it makes sense

that primitive, ritualistic and communal activities, such as vibration, physical movement, abstract representations, touch and sound, where stories are told beyond words, are presenting scientifically as effective and even necessary treatments in the healing of traumatic stress [1].

Traumatised people lack a sense of self and it is the goal of treatment, therefore, to address this loss. Traumatised persons often lack a sense of connection, belonging and community because the 'traumatic event itself' has become their home [1]. Trauma is a wound in consciousness and therefore a wound in time, given the connection between traumatic experience, implicit memory, altered perception and lack of cognitive regulation [1]. The assaulted person, the child, the veteran, the rape victim, is caught in the moment of an unbearable experience that seems to lock them into a painful attachment to the event/s until another set of healing experiences brings them into the present and into themselves fully.

The ensuing symptomatology that defines the disordered person becomes the very architecture of their soul. Traumatised people are formed in the enactment of unpleasant emotions, intense physical sensations and impulsive aggressive actions. Often, drug addiction, psychiatric conditions, disability pensions and anti-social behaviour are included among some of the ensuing results of trauma. I would like to reflect on how psychodrama and drama therapy can be used to create an environment in which traumatised people can once again gain control and find the ground of being that is their own theatre of the self.

Integrating Movement in the Living System

The theatre, like life, is a place of experience where being in relationship to self, through character, and others, through a participatory narrative, is felt. In terms of traumatic experience, the feelings and connectedness to the traumatic story is something defensively denied in the psyche [1]. In his work on the archetypes and complexes, Carl Jung considered that the psyche's capacity for splitting off into complexes and sub-systems of personality was a natural form of dissociative protection under traumatic conditions



where the sense of self is threatened with annihilation [3]. Dissociation is something the brain appears structured to do very effectively [1]. Through the safety of the theatre, using the principles of psychodrama, such complexes or psychic structures may be temporarily actualized in the present moment so that the inner spatial relations may be observed and new visceral realities experienced in the presence and shared connection to safe others [1].

Here, stories may be told through symbolic characters who represent (re-present) split off, denied and often-inaccessible parts of the self [3]. Such sub-personalities can on occasions uncontrollably dominate the disordered personality through enactments such as addictive behaviour, continued dysregulated emotional experiences, anti-social behaviour and maladaptive working models of attachment to the world. Interestingly, Van der Kolk finds a correlation between the imprint of trauma seen in the right brain region through neuroimaging and the spatial processing, a primarily right brain activity, that is promoted and activated through psychodrama. It is in the right hemisphere of the brain that non-verbal communication features, such as facial expressions, vocal tone and physical movements are processed and organised into meaning. Entering consciously this world of non-verbal communication, where the inner symbols of one's living systems and sub-systems of meaning are retained and organised is the focus and unique therapeutic environment offered by the psycho-dramatic experience. According to Jungian theory such subsystems are specific to psychological trauma complexes, the trauma archetype itself, being a universal form of stress reaction.

To quote John P. Wilson is helpful here as my thesis would develop along the lines that both trauma and ritual enactment, developing into theatre and dramatic representations of symbolic meaning, are universal and part of the same mechanism for organismic processing and organising of human experience. Wilson explains the Trauma Archetype as follows:

The Trauma Archetype involves conscious and unconscious alterations in psychic states, allostatic changes in organismic functioning, disequilibrium in states of meaning and belief, and impacts on the structure of the self and personality process. In an intra-psychic sense the dialectic of the trauma archetype, through the interaction of the complexes, becomes an experiential relationship between polarised extremes within the person. Psychodrama is helpful in this sense as one of the key principles of its basic theory is that more than one modality can function in a synergistic application, thus each process giving renewed energy and power to the other in simultaneous fashion.

In the theatre of the self, through the psycho-dramatic process, the subject may simultaneously experience the integration of an ego-alien experience into personality. The group process itself, being one of creativity and spontaneity, may activate latent energy for healing and transformation. One may even enact the moral task of regaining or finding a pro-social psychological posture where helplessness, anger, destructive impulse and hostility had struggled for dominance. The psycho-dramatic process is one of actively engaging the whole person, even when the person is in a state of organismic vulnerability.

Theoretical Reflections on a Living Systems Psychodrama Session

Like the human psyche, the theatre of psycho-dramatic therapy is a place of shadows, but it's a place in which shadows may find movement, rhythm, a voice and a shape that can discover and activate the transformative power to positively influence the life and social world of the subject.

To construct a theoretical process of living systems psychodrama, one can take a problem, such as the person who grew up in with an alcoholic parent, thus suffering PTSD because of violence and neglect.

We may flexibly employ an Addiction/Traumatized Family Systems model of psycho-dramatic treatment [4] with some adaptation to Van der Kolk's living systems approach.

If the session was being conducted within a residential drug and alcohol treatment centre the therapist may take the approach of establishing a theme. This aspect of setting a theme, in this case, interpersonal functioning has the effect of creating the first limitation, boundary or circle of psychological security.

The theme acts as a form of stage, a world of its own. The therapist becomes the stage manager and the subject the protagonist, or actor. The actor is going to enter the world of their own and others functioning and there symbolize extremes of under (neglect) and over (abuse) functioning within their past and present, in themselves and in their family of origin members. From a Jungian complexes perspective we may view that the process is drawing symbols – homeostasis, equilibrium, terror, and rage - which form around the trauma archetype of organismic vulnerability. The stage manager may also take the role of witness, one who sees everything, without judgment or value addition. The group becomes the audience and a circle is formed. They are silent witnesses to the life experience of the protagonist and bear witness to the reality of the experience by their presence. The circle is another boundary, a physical protection [4].

This circle may unconsciously provide the sense of holding that the traumatized person lacks within themselves, thus providing an interpersonal process of engagement with the therapeutic dynamic much more powerful than the protagonist is aware of consciously. The next interesting symbol in psycho-dramatic therapy is the auxiliary [4]. Originally Joseph Moreno (1889-1974) termed this member the "auxiliary ego".

The auxiliary can have various roles. In Van der Kolk's living systems demonstration the auxiliary became the contact [5]. The contact stands behind the protagonist with their hand on their shoulder or gently on their back as a grounding presence. They may at times take a voice or provide support to the vulnerable parts of the protagonist's process. In this theoretical case the auxiliary will take on the role of symbolising the higher power, or God, of the Twelve Steps of Alcoholics Anonymous. As the therapeutic process continues the witness guides the protagonist in establishing tableau's or structures of memory and experience.

These symbolised experiences will be created as the protagonist selects members from the audience to represent members of the protagonist's addicted/traumatized family and arrange them in alternating high to shut-down, or abusive to neglect continuums of intensity and functioning [4]. The protagonist tells the narrative and the witness notices subtle shifts in the protagonist's regulation, physical expressions and any other movements in psychic energy and transformative process.

The witness may then invite the protagonist to add alters or idealized others who engage in a dialogue of desired experiences with the actor. The witness may term a phrase for each ideal to say, such as, 'If I were your father,' then an ideal statement is made. To note, all dialogue is softly spoken, slowly paced and therapeutically considered, as the protagonist is often emotionally vulnerable as the process deepens. The witness will also invite the protagonist to reflect and comment on the process as it is occurring as well as the narration of intra-psychic object patterns. The witness may invite the protagonist to bring the auxiliary or higher power into the interactions and observe where they perceive the activity of God in the interactions. It is important to note that the



stage or circle contains no characters or movement that is not activated by the protagonist.

Van der Kolk [5] refers to the object relations features in this, which is also another variation on the idea of Jung's complexes, or patterns of interaction. There is the intention, in the psycho-dramatic process, for the subject to have an experiential movement from the traumatic real through a visceral ideal towards the development of a new real.

Living systems approach to psycho-dramatic therapy is a process experiential therapy arising from the dialectic of conscious real and unconscious inner ideals where the visceral self is formed in a new consciousness that is shared by safe others and held in the archetype of the healing symbol of the dramatic return [3]. A final tableau may be sculpted to represent wholeness and a sense of inner unity built around the archetypal ideal father, or higher power/God. As the protagonist returns each character to their place as audience the witness gently guides the debriefing and a time of sharing what the experience of each person in the group has meant to them. The aim is to counter-disclose shared experiential awareness, not perform and analysis of the protagonist or their story.

Psycho-dramatic therapy with a living system's approach is fluid, intuitive, creative and spontaneous within the basic structural and guiding elements of drama therapy and psychodrama. Overall the conference presentation was very informative and encouraged psychotherapists, such as myself, to engage in new ideas, creative explorations with clients and to continue to seek innovative and very human means of bringing healing and therapy to people who are suffering the effects of trauma.

Visceral or somatically focused group and individual experiences are an integrative component to talk and analytic therapies, according to Van der Kolk [5]. What is clear from his research and conference presentation is that traumatic stress can be transformed, but sometimes it takes a theatre to raise a soul.

References

1. Van der Kolk B. *The Body Keeps the Score: Brain, Mind & Body in the Healing of Trauma* (2014) Penguin Group Publishers, New York.
2. Herman JL. *Trauma and Recovery: From Domestic Abuse to Political Terror* (1992) Pandora, London, UK.
3. Wilson JP. *The Post Traumatic Self: Restoring Meaning and Wholeness to Personality* (2006), Routledge Publishers, New York.
4. Dayton T. *The Living Stage: A Step by Step Guide to Psychodrama, Sociometry and Experiential Group Therapy* (2005) Health Communications Inc, Florida, USA.
5. Van der Kolk B. *Recognising and Resolving Traumatic Stress* (2016) Conference Presented by The Byron Clinic. Sydney, Australia.