

Psychodrama and the Treatment of Addiction and Trauma in Women

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Introduction

It is estimated that out of the 15.1 million people in the United States who abuse alcohol, approximately 4.6 million or nearly one-third are women. However, women represent only 25% of the traditional treatment population or one-fourth. They are less likely to get treatment than their male counterparts. In addition, though women are less likely to use or abuse alcohol than men, death rates among female alcoholics are 50 to 100 percent higher than those of their male counterparts (The National Women's Health Information Center NWHIC, 2002). Abusing alcohol and drugs put women at risk not only for the damage related to direct use but also the high risk life styles surrounding addiction or "the life" as it is sometimes referred to by those caught in the grip of alcohol and drug use. Violence, dangerous sexual liaisons, dirty needles and unsanitary conditions can all contribute to death rates among women along with the effects of the use itself. There is ever increasing evidence to suggest that use of alcohol, for example, has a more severe effect on women than on men. Women develop *cirrhosis* and *hepatitis*, two addiction related liver diseases, after a comparatively shorter period of heavy use and daily use than men and more women die of cirrhosis than men. Women also become intoxicated more rapidly than men due to body weight and hormone release and brain and liver damage progress more rapidly in women than in men. (ibid) Pregnant women can damage their unborn fetus with virtually any amount of alcohol or drug use and children of addicted mothers are at higher risk for everything from teen pregnancy to ADD and four times more likely to become addicts themselves. (National Institute on Drug Abuse, 2002). Treatment, for this population, is critical not only for the woman but for all the lives she effects.

For many decades women who suffered addiction did so in isolation rather than in company or at the local bar. Alone in their homes, they simply pulled the shades down, stopped answering the phone and disappeared into their ever contracting world. Because society did not wish to see them and the silent suffering of their spouses and children, it did not. Women addicts have long been a hidden population in addiction treatment. This has been the case for a couple of reasons. First because of the particular expectation that women/mothers should never let themselves fall apart and secondly, due to the medical community's long standing tendency to treat both sexes as men.

The addictions field as we know it grew out of what might be called the world's most successful self-help movement. Suspicious of the medical communities seeming blindness when it came to identifying and treating addiction and their lack of success in treating it, addicts, desperate to have their scourge of addiction lifted, took matters into their own hands. The Alcoholics Anonymous (A. A.) model developed by Bill Wilson and Dr. Bob grew out of addicts own experience in reaching for sobriety. Stephanie Covington (1997) describes how women may have been marginalized early on as treatment for addictions developed. The practical experience of A. A. became one of two cornerstones on which treatment programs were based. The second cornerstone was the research analysis of E. M.

Jellinek, whose model of how to recover from addiction became known as the Jellinek Curve. (Jellinek's credentials have been brought into question but his curve remains a part of the literature) In 1945, The A. A. *Grapevine* mailed about 1,600 questionnaires to recovering alcoholics, asking them to describe the process of their addiction and the process of their recovery. A. A. received only 158 responses, a very poor response rate, even by the standards of statisticians at the time. A. A. hired Dr. Jellinek to analyze and interpret the data, even though he remarked on its questionable validity. He found that respondents diverged drastically into two groups. Ninety-eight respondents described their addiction and recovery in one way, while about fifteen described theirs in a very different way (the other questionnaires were filled out improperly, so could not be used). The larger group was male, and the smaller group was female. Because the sample of fifteen women was too small to analyze separately, and because their data "differed so greatly" (Jellinek, 1946, p. 6)(from Covington 1997) from that of the men, Jellinek threw out their responses and based his model on the men's data. No one suggested investigating further to see whether women actually followed a distinct pattern of addiction and recovery or needed their own model of treatment. The Jellinek Curve has been a basic building block for treatment programs for fifty years and, like A. A., it was based only on the experiences of men. Women with addictions remained invisible.

This chapter will delineate the use of *The Social Atom* (Moreno 1964) adapted to use for treating women with addiction, *The Trauma Time Line* (Dayton 2000) and *Role Diagramming* (Dayton 1994 adapted from Moreno 1993). All of these can be used as near psychodramatic or psychodramatic techniques in treating women with multiple addictions.

Trauma and Addiction

Women are biologically wired to sustain, nurture and respond to relationships. The bonds that women nurture and sustain are not casual but survival bonds designed to perpetuate the species. When bonds in primary relationships such as parents or children are ruptured, women often experience that as traumatic. Relationship trauma is defined as a rupture in a relationship bond, (Van der Kolk 1996) the result of which can be: a loss of trust and faith, hypervigilance, depression, anxiety, traumatic bonding, learned helplessness, hi-risk behaviors, disorganized inner and outer world, as well as a desire to self-medicate emotional and psychological pain with drugs, alcohol, food, sex, gambling, etc. These symptoms grow out of the psychic numbing response that accompanies trauma known as *fight, flight* and *freeze*. However recent research has also revealed that women have what I call a *connect* and *nurture* response. When in extreme states of fear, women release the bonding chemical, oxytocin, which causes them to want to gather their children and bond with other women to create safety. The more touching and gathering the more oxytocin gets released. (J. Houston 2002).

Because women are relationship oriented, they are vulnerable to being traumatized by relationship ruptures and sometimes use dangerous substances or behaviors in order to maintain a connection with someone or to kill the emotional pain of a lost relationship through self medication.

A woman's wish not to lose important relationships or to avoid passing pain onto children, can also be a powerful motivator toward inspiring her to seek and maintain recovery. Treatment of women addicts needs to acknowledge and explore this desire to connect as healthy and natural and not to confuse it with codependency or an unhealthy desire to fuse with another person as a way of attaining a sense of self.

“The relational approach suggests that individuals are most vulnerable to developing an addiction when a problem or gap exists in one or more areas of interpersonal relationships, which is then filled by the relationship with the drug” (S. Covington, L. S. Straussner, 1997). Healthy women are considered to have a variety of relationships that feel authentic and mutual while unhealthy women may experience a lack of genuine, mutually supportive relationships, (an impoverished social atom with few meaningful connections). Initially, a relationship with a drug may be viewed as a solution to this problem providing a woman with a false sense of connection and quieting feelings of loneliness and sorrow. Eventually, of course, the solution becomes the problem as the woman's self and her relationships become eroded and subsumed by the addiction.]

When, in recovery, the relationship with the substance ends, the emotional and psychological pain and emptiness that was being medicated may reassert themselves, along with significant grief at the loss of the drug relationship. Actively working toward constructing new, supportive and nurturing relationships, expanding the *social atom*, is a critical step in sustaining recovery. Since women are relational beings by nature, the loss of connections that engender good feelings about self can undermine a woman's inner stability, self image, and her ability to access and constructively use support. This, in turn, may affect sobriety. Relationship work is central to successful recovery for women. Relationships that have unresolved, painful ruptures may trigger a desire to self medicate both initially and can contribute to a relapse.

Previous Research

Trauma, unfortunately, tends to breed more trauma. Life is not always fair. Painful childhood all too often set the ground for painful adulthood. Mothers who have developed the symptoms related to PTSD are at high risk for passing on their pain to their own children both interpersonally and through their inability to construct and maintain stable, nurturing relationship networks for their children to grow up in. Research studies indicate that persons who use substances experience a higher likelihood of subsequent traumatic events than non-users both in the general population and among women specifically. Women in treatment for substance abuse show higher rates of PTSD than women in the general population. Women are more than twice as likely as men to have PTSD along with substance abuse (Najavits, Ph.D., Weiss, M.D., Shaw, B.A., 2001)(from Covington 1997). Women are also twice as likely to develop PTSD after exposure to trauma than men. Typical traumas reported by women are physical and/or sexual assaults as well as higher rates of repeated trauma than men substance abusers.

“In addition to the observable problems, the subjective experiences of women with PTSD and substance abuse can be devastating. Fullilowe, et al, provides a description of women

crack cocaine abusers in Harlem. They report intense stigmatization, blame for failure. In maternal roles, frequent sex for drugs exchanges of “the life” in which crack is used to manage the symptoms of trauma, retraumatization occurs in the context of crack use, and the cycle repeats. The increased likelihood of women substance abusers to be traumatized (compared to non-substance abusing women) is reinforced in several reports” (ibid.) (fromCovington 1997).

“The research of Elizabeth Aries (1976),” according to Stephanie Covington, “suggests that although men may benefit more from mixed-gender groups, women benefit more from all female groups.” Men tend not to share vulnerable emotions in single-gender groups while women in such group are more open. “In mixed groups, men reveal much more about themselves and their feelings, while women reveal much less.” (Priyadarsini 1986), from Covington 1997). Women in all female groups tend to take care of each other drawing each other out and sharing time equitably. “However, in mixed groups women tend to yield the floor to men; women take up only one-third of the time, even though they make up half the group.” (Covington 1997) This subject is still being explored, however, and not all treatment centers report this finding as women’s roles continue to evolve and women become more outspoken in the presence of men and less inclined to caretake.

Intervention and treatment for women pays itself forward. Treat the mother and you treat the family and the generational legacy.

Following I have outlined many of the symptoms that those who live or have lived with the trauma and/or addiction may exhibit. These are constellations of thinking, feeling and behavior that inevitably get passed down from generation to generation if the painstaking work of treatment is not undertaken. The symptoms themselves add significant conflict to the life of the woman experiencing them; add drugs, alcohol and the addictive set of behaviors that often accompanies them and you have a potent mix for creating emotional, psychological, spiritual and life complications that rarely clear up without vigorous intervention and treatment.

Characteristics of Adult Children of Trauma

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| 1. Learned Helplessness | A person loses the feeling that they can affect or change what’s going on. When this becomes a quality of personality. |
| 2. Depression | Unexpressed and unfelt emotion lead to flat internal world – or agitated/anxious depression. Anger, rage and sadness that remain unfelt or unexpressed in a way that leads to no resolution. |
| 3. Emotionally Constricted | Numbness and shutdown as a defense against overwhelming pain and threat. Restricted range of affect or authentic expression of emotion. |
| 4. Distorted Reasoning | Convolution attempts to make sense out of chaotic |

	confusing, frightening or painful experience that feels senseless.
5. Loss of Trust and Faith	Due to deep ruptures in primary, dependency relationships and breakdown of an orderly world.
6. Hypervigilance	Anxiety, waiting for the other shoe to drop – constantly scanning environment and relationships for signs of potential danger or repeated rupture.
7. Traumatic Bonding	Unhealthy bonding style resulting from power imbalance in relationships and lack of other sources of support.
8. Loss of Ability to Take in Support	Due to fear of trusting and depending upon relationships and trauma's numbness and emotional shutdown.
9. Loss of Ability to Modulate Emotion	Go from 0 – 10 and 10 – 0 without intermediate stages, black and white thinking, feeling and behavior, no shades of grey as a result of trauma's numbing vs hi-affect.
10. Easily Triggered	Stimuli reminiscent of trauma, e.g., yelling, loud noises, criticism, or gunfire, trigger person into shutting down, acting out or intense emotional states. Or subtle stimuli such as changes in eye expression or feeling humiliated, for example.
11. High Risk Behaviors	Speeding, sexual acting out, spending, fighting or other behaviors done in a way that puts one at risk. Misguided attempts to jump start a numb inner world or act out pain
12. Disorganized Inner World	-Disorganized object constancy and/or sense of relatedness. -Fused feelings (e.g., anger & sex)
13. Survival Guilt	From witnessing abuse and trauma and surviving, from “getting out” of a particular family system.
14. Development of Rigid Psychological Defenses	Dissociation, denial, splitting, repression, minimization, intellectualization, projection, for some examples or developing rather impenetrable “character armor”.
15. Cycles of Reenactment	Unconscious repetition of pain-filled dynamics, the continual recreation of dysfunctional dynamics from

the past.

16. Desire to Self
Medicate

Attempts to quiet and control turbulent, troubled inner world through the use of drugs and alcohol or behavioral addictions.

From Trauma and Addiction, Dayton 2000

How Can Psychodrama Help?

Psychodrama offers a unique modality for the resolution of emotional psychological, spiritual and behavioral problems related to trauma and addiction. The fact that it is an action method gives it a significant advantage in changing behavior both through exploratory, healing role play and role training or practicing more functional behaviors. It offers a living laboratory in which a woman can view and experience her own life, comparing and contrasting differing sets of behaviors, separating the past from the present and making conscious choices as to what may work best for her as she moves into her recovery. Through paper and pencil warm up exercises and action methods, the relational world of the client can be concretized and reviewed. Relationship dynamics reveal themselves more clearly when they are set up in the here and now of the psychodramatic moment. Not only what was but how the client experienced what was can be illustrated as she explores model scenes (Lichtenberg, et al,1992) or self encounters from her life and relates to surrogates who are holding the roles of those in her relationship network. She meets herself, her perception of self and her relational experience. She has the opportunity, in the safety of the clinical environment, to experience the feelings and thoughts that have been frozen in time and space due to the numbing effect of trauma. Because trauma is stored in the body the disquieting physical sensations such as heart pounding, sweating, tightness of the muscles or a churning stomach can be re-experienced in the here and now and the client can connect her emotional and physical responses to their cause or source. She begins to make sense to herself as pieces of her past and aspects of her own self emerge into a safe enough environment so that she can observe them without the chaos that may often accompany them. She learns that she can survive her own powerful feelings of helplessness, vulnerability, hurt and rage without picking up or acting out in order to get rid of them. Because trauma is stored in the body as well as the mind, it may return in the form of disturbing visual images or flashbacks, nightmares or disquieting feeling flashes. It may evidence itself somatically through shuddering, shaking, teeth chattering, heart pounding or perspiring, or head and body aches, queasiness and the like. Psychodrama allows the body to participate in telling the story, encouraging the survivor to *show* as well as *tell* their story thus giving voice to an expanded sense of self. Psychodrama allows the “then and there” to become the “here and now” so that the projections and transferences that may be polluting relationships in the present but have their origins from the past can be identified and worked through

Family of Origin Work

Problematic relationships from the past may leave a residue of pain for the recovering

woman that leads or has led to a desire to self medicate. As discussed earlier, relationship ruptures or early abuse can be traumatic and contribute to symptoms of post traumatic stress disorder (PTSD). This pain from the past may impair a woman's ability to find and maintain healthy relationships in the present. Working through the issues, conflicts and complexes from childhood can help the recovering woman to develop and consolidate a sense of self. The *social atom* can be a cornerstone upon which to base this exploration into relationship. As relationship issues from the past begin to be cleared up, the sticky and confusing issues and transferences stemming from them that burden relationships in the present, begin to become more evident. Energy that has been locked in debilitating relational dynamics can become freed up and used in service of developing healthier connections with self, others and meaningful activities. As strength is slowly built within the woman's self and network, she begins to restore a sense of dignity and purpose in living.

Psychodrama and Trauma

"*The Stage is Enough*" J.L. Moreno

Following are some of the dynamics of trauma and how they may emerge and be worked with in psychodrama.

The Power of Concretization

Psychodrama allows the protagonist to view the contents of her inner world before she is asked to reflect on it in the abstract. This promotes the ability to self reflect, which can be difficult for those trauma survivors who are removed from their internal experiences through psychological and emotional defenses or glued to model scenes in their past that never seem to resolve themselves because thinking, feeling and behavior became seared together in the white heat of fear and pain..

Restoration of *spontaneity* or an adequate response to any given situation is core to psychodrama. In this way the *numbness*, *emotional constriction* and *restricted range of affect* that so often accompany trauma are moved through so that clients can begin to experience the parts of themselves that they have shut down or hidden from conscious awareness. *Hypervigilance*, or constantly scanning one's environment for signs of danger, lessens as clients experience both a *catharsis of abreaction* or expulsion of strong feeling followed by a *catharsis of integration* that brings new awareness and insight. Feelings that have been *fused* together (Van der Kolk 1987) such as sex and aggression, love and supplication or need and fear, begin to separate themselves and be understood in the light of today. The *learned helplessness* that developed from feeling that nothing anyone could do could make a difference or change a painful situation for the better, begins to lessen as the client is placed at the center of her own experience and empowered to tell her story through action and word.

Due to the emotional and psychological defenses that get engaged when people feel traumatized along with the fact that traumatic memory may be stored without the involvement of the cortex, which could label, order and place experience into a

comprehensible context, a certain emotional illiteracy can accompany trauma. In psychodrama words can be attached to internal experiences and feelings that have previously been unlabeled. As this emotional literacy enters and begins to describe experiences, new meaning can be made of them and new insight and understanding derived. The *cognitive distortions* that may have represented a child's best attempt at making sense of a senseless situation begin to clear up. Children make meaning out of a situation based on their level of development and maturation at the time trauma occurred and often live well into adulthood using the conclusions they have drawn as foundations for life and relationships. The feeling that deep connection brings pain or intimacy requires the sublimation of selfhood may have been a part of the meaning they made as children on the short end of a power or authority balance. The loss of *trust and faith* in relationships and in life's ability to repair and renew itself, along with the loss of ability to fantasize that can be involved with trauma, may be carried into adulthood creating *fears of future* or even an inability to visualize and take steps toward actualizing a future. In psychodrama clients can revisit those fears in clinical safety and with therapeutic allies. In addition, they can visit their *futures* through role-play and face anticipated, feared or wished for scenes for rehearsal and role training.

As the trauma story is shared and moved through in body, mind and heart the client can begin to let the walls of defense down and *take in support* (Van der Kolk 1987) from others. As they come to understand what happened to them and the effects of feeling isolated in their pain, they can begin to reconnect with the wounded person, adolescent and child who lives within them. Concurrently they can learn to reconnect with others in authentic ways. *Self-soothing*, which may have been a developmental task that they did not master, can be reviewed as they come to see the importance of learning how to create an atmosphere of self care so that they do not have to reach toward potentially harmful substances and behaviors to bring peace and pleasure to their inner world.

The use of a *stand-in* to represent the protagonist allows the protagonist to view herself from the outside. This can allow the protagonist to empathize with herself as she witness herself struggling with circumstances that may, as a child at least, have been out of her control. It can also help her to unlock from a stuck position in which she becomes triggered and immobilized. She regains the perspective that gets lost in trauma and begins to separate the past from the present. Inherent in this separation is the realization that the past does not have to be mindlessly repeated.

Telling the story and having it witnessed is central to the healing of trauma. Eventually, this narrative should serve to reconnect the scattered and broken shards of self, placing them back into the overall context of one's life. If possible the narrative should connect life before the trauma took over through the present day, (Hermann, J. 1992), though sometimes this reveals that there was no "before"- that the woman was, in fact, born into chaos and pain. Due to the deeply imbedded psychological defenses and memory loss that often accompanies trauma, it may take considerable time and therapeutic work before the client is able to come to terms with the trauma story in its entirety. Resolution is seen to occur when a person is able to direct their attention towards or away from traumatic life material with choice (Van der Kolk 1987).

The Use of the Social Atom in Treatment with Women

Due to the need for relational approaches in treating women, the social atom is an ideal tool to use in treatment. The social atom is inherently relational; it is a *relational map*. I have outlined a use of the social atom that begins in the present using the social atom as an assessment tool, *spirals* back to the past using the atom to explore and resolve early issues then returns to the present using the atom for reconstruction and role training. Beginning in the present, the client is asked to draw an atom of their present day relationships. Through this we gain information and insight into the client's current relational network *along with the client*. Together client and therapist explore the relational world in which the client operates. Are her relationships sustaining or undermining? Which ones contribute to her recovery and which ones threaten it? I sometimes find it useful to make two social atoms here, one of the client's sober world and one of her using world. Generally the sober and using worlds are different and it's useful to compare and contrast how relationships shift "all over the map" while the addict is using. She may have using buddies that only appear on one atom. Relationships with children may change position while using, often becoming more distant. It can be useful for the client to get a visual picture of how using affects her network of relationships and what concrete changes in relationships she may need to make in order to achieve and maintain sobriety.

Following are approaches for using these three social atoms, *present day*, *family of origin* and *corrective* along with questions that can be explored with the client and suggestions for possible journaling activities. All of the social atoms can be moved into action becoming *action sociograms* and explored psychodramatically. Ask clients to construct their social atoms and use these questions for exploration and/or as warm-ups to action. These questions can also be explored through action after the social atom has been concretized into an action sociogram.

Present Day Social Atom/Questions for Exploration

1. What is your network of support?
2. What is your network of addiction?
3. What changes in your network of relationships might need to occur to support sobriety?
4. Where are your strong feelings of connection?
5. Where are your relationship disconnects?
6. How do you feel about your own place within your family system? Within your network of social relationships?
7. What needs to change about your feelings about yourself within your system? What does not need to change?

8. Which relationships motivate you toward recovery and sobriety?
9. Which relationships motivate using behaviors?
10. Which relationships do you stand to lose or rupture if you continue to use?
11. In which relationships is there unfinished business from the past that places excessive burden on the quality of the relationship in the present?
12. Who can you “double” for in this system?
13. Who do you need to say something to?
14. Who do you wish to hear something from?
15. What do you wish to say to yourself?

Present Day Social Atom/Journaling Exercises

1. Write a letter to anyone on your social atom to whom you have something to say.
2. Reverse roles with anyone on your social atom and write a letter “as” that person back to yourself that you would like to receive.
3. Write a journal entry “as” yourself.
4. Reverse roles with anyone on your social atom and write a journal entry “as” that person.
5. Where are the alliances in this system?
6. Are there any covert alliances?
7. Is anyone cut off or disconnected from the system? Is anyone an isolate?
8. Where are the sources of or playing out of reenactment dynamics?
9. What patterns from the family of origin system are getting played out in your family system today (intergenerational patterns)?
10. What steps do you need to take in order to break the chain?

Family of Origin Social Atom

In doing a family of origin social atom clients are able to put the family system that they grew up in onto paper as a visual, relational image. Relationships that were close, distant, overwhelming or absent, become clearer as they reveal themselves in relative size and

proximity to the client. This is the basic relational map, the world that the client grew up in that may be playing itself out in her life today. If the client is experiencing problematic transference reactions in her life today, we may ask, “who does this person represent for you from your family of origin atom?” Once she is able to identify the source of her transference she can begin to separate the past from the present, realizing that though it may feel the same as the previous relationship, it is, in fact, a different one. The client can come to understand that she is being triggered into the past by a stimulus in the present. An intimate relationship in the present, for example, may make her feel, think and behave in ways that she did in her child role; but it is, in fact, a different relationship. She is not a child, she just feels like one because some of her pain from childhood is unconscious and only finds its way to the surface when something in the presents restimulates it. An intimate relationship in the present may trigger all that she experienced around intimacy when she was young, vulnerable and could do nothing about her situation. She can understand that today is not yesterday, today she has choices. The transference occurs when the thinking, feeling and behavior from an early role relationship get projected onto a role relationship in the present. When we help the client to make this connection between the past and the present and work through the painful emotions and distorted reasoning that are attached to the early relationship, healing begins to occur. The family of origin atom can be of a specific period in time that the client identified as needing exploration from her present day atom (what dysfunctional dynamics from the past do you see might be getting played out in your present when you look at your present day atom?), or the time can be non specific.

Family of Origin/Questions for Exploration

1. Who were your close bonded relationships that you continue to draw strength from today?
2. From whom did you experience rejection that still affects you today?
3. With whom did you feel in good rapport or connection?
4. How did you experience yourself in your family system?
5. How do you think others experienced you in your family system?
6. Who did you feel seen and/or understood by?
7. What would you like to say to yourself at the age represented here from where you are today?
8. What would you like to say to the family system?
9. Who did you feel misunderstood and/or unseen by?
10. Who do you have something to say to?
11. Who would you like to hear something from?

12. Who can you “double” for in this system?

Family of Origin/Journaling Exercises

1. Write a letter to anyone on your social atom to whom you have something say to and/or write a letter to yourself as a child.
2. Reverse roles with anyone on your social atom and write a letter “as” that person back to yourself that you would like to receive.
3. Write a journal entry “as” yourself.
4. Reverse roles with anyone on your social atom and write a journal entry “as” that person.
5. Where are the alliances in this system?
6. Are there any covert alliances?
7. Is anyone cut off or disconnected from the system?
8. Where are the sources of or playing out of reenactment dynamics?
9. What patterns from the family of origin system are getting played out in your family system today (intergenerational patterns)?
10. What steps do you need to take in order to break the chain?

Corrective Social Atom

In the corrective social atom the client is drawing her social atom as she would like it to look, diagramming her life as she would like it to be. This can be useful in allowing her to experience, through role play, her wished-for life. It can also give her a psychic map to follow in getting her life to move closer towards her expressed goals. Clients may also do a corrective atom of their family of origin, (“draw an atom of your family as you wish it had been?") This can be both liberating and painful as the woman allows the pain of and yearning for what was missing to surface and be felt. It can also provide closure through role play or talking to the family as she wished it had been so that she can let go and move on.

Questions for Exploration

1. How have your relationships shifted through therapeutic exploration and healing?
2. How has your position within your system or relationship network shifted?
3. Where is your network from which you can draw support and strength?

4. Where is your network that could get you into trouble or cause relapse?
5. Who in this system do you feel sees you for who you really are?
6. How do you wish to eventually position yourself in this system?
7. With whom do you need to let go of the fantasy of getting what you wish for in order to move on in your recovery?
8. With whom can you connect in an authentic and meaningful way?
9. What would you like to say to anyone in this system?
10. Who would you like to hear something from?
11. What do you wish to say to yourself?
12. If you could wave a magic wand, how would you like this system to look?

Corrective Social Atom/Journaling Exercises

1. Write a letter to anyone on your social atom to whom you have something to say.
2. Reverse roles with anyone on your social atom and write a letter “as” that person back to yourself that you would like to receive.
3. Write a journal entry “as” yourself.
4. Reverse roles with anyone on your social atom and write a journal entry “as” that person.
5. Write a letter to the system as a whole.
6. Write a journal entry “as” the system.
7. Make a list of the old myth’s and meanings of this system that you believed and lived by and reframe them into new meaning.
8. Write a mission statement for your life starting today.
9. What are your goals for you life today? Divide a paper into three columns and fill in each column:

“now”	“stepping stones”	“long-term”
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11. Write a letter to yourself.

The Trauma Timeline

The Trauma Timeline is a very useful and revealing paper and pencil activity that can be moved into action if desired or shared aloud in group or individual sessions. The Trauma Time Line allows clients to get a visual picture of the role that trauma has played in their lives. It can also be a warm-up for psychodramatic exploration.

Traumas can feel as if they are happening outside the realm of ordinary life. There is often significant memory loss associated with trauma and because experience is not processed normally due to the severe defenses that accompany trauma, we tend to recall it, if at all, if a fragmented or decontextualized sort of way. Experiences don't seem to fit into an overall context and thinking, feeling and behavior can feel disintegrated and split off from each other. A Trauma Timeline helps to place split off experiences into a context or a framework. Clients often experience "ahas" and insights as they reflect on their timelines. They are often surprised to notice how one particular time of life had multiple traumas, for example, while others may not have. They also may notice patterns of reenactment or how traumas from the past have tended to repeat themselves or lead to other traumas as their lives unfolded. Seeing this in black and white helps to normalize it and allows the client to perceive and integrate split off experience.

Procedure

Invite the client to create a timeline on a piece of paper that goes from birth to the client's current age range and place line markers every five years. Invite the client to enter any traumas that occurred or felt significant in the appropriate place along the timeline. After all have finished filling in their timelines invite them to share them out loud. There are generally two common themes that will pervade the sharing. One is that clients often see how traumas occurred in time, they notice particular ages where they experienced multiple traumas, for example. They get a picture of the cumulative aspect of trauma. Another theme is that clients get a visual picture of how one trauma led to another and how the reenactment dynamic may have manifested in their lives. There are of course many other things clients will notice and share. Allow plenty of time for processing as this exercise will inevitably bring up strong feelings.

If you wish to psychodramatize a time line, invite the protagonist to choose role players to represent herself at points along the time line that feel significant to her. Place cards along the floor representing five year intervals and allow role players to take their proper positions. Allow the protagonist to talk to *herself* at all points along the way, *reversing roles* wherever she feels a need to. This is an effective way to encounter, explore and integrate parts of self that have been split off through trauma.

If you wish to extend this into a journaling exercise, invite group members or your client to reverse roles with themselves anywhere along the time line that they feel warmed up to do so or at all points along the time line and journal as themselves at that time. They can vary journaling with letter writing by writing a letter to themselves from where they are today or from themselves to themselves today. These can be written for any point along the time line.

Alice's Trauma Time Line Narrative

Following is a narrative written by Alice following doing her own Trauma Timeline. The narrative begins in her childhood as far back as she can see and stretches up through her current life.

“I am the child of an alcoholic. I know that today but I didn't have a clue about it as a kid. At ten-years-old my parents divorced. My father remarried a woman with two children with whom he involved himself more than his own children. My two siblings and I were raised primarily by our alcoholic mother and each other. When my older siblings left for college within two years of each other, I felt again abandoned. My grandmother was a powerful surrogate figure and put me through college, died before I graduated. This felt like another big loss containing guilt and sadness that my grandmother could not see me graduate. Sad and alone, I fell in love and married someone who felt familiar to my insides and we had two children. I did not connect the beer in my husband's hand with alcoholism as that disease had never been openly addressed in my family. We went on but things weren't good, my husband was very hard on the kids and not a very reliable provider. Again I did the caretaking, really, well most of it anyway. I hadn't really been very well taken care of as a kid so it didn't feel all that different but still, it wore on me. We weren't a very happy family, I guess, but then that wasn't anything new either. It got bad though, my husband's addiction got worse and the kids were really hurting and acting up. Somebody at church told me about Al-Anon. I didn't really like groups or talking about my problems so I ignored her. I was in denial, I guess you'd say, well I know that now. But eventually I did join Al-Anon. I got a lot of support there. I left my alcoholic husband and went back to college. After a few years I met a guy in the program and remarried and blended my family with my husband's two sons. Much of my life improved through my recovery work. My awareness of alcohol increased tenfold and though I was helpful in steering my children away from it, their father's alcoholism grew worse. However, the underlying trauma in our family system went largely unaddressed. Hence, the children went on to their own trauma reenactments. My son, by becoming a sex addict and my daughter married a man who was unavailable to her and had multiple affairs.

When I saw the traumas of my life laid out on a timeline I was able to wrap my mind around my own life and the lives of my children. Themes of trauma and addiction emerged and reenactments became clear. Seeing my life on paper I began to feel some compassion for myself which helped to lift the shame I've been carrying most of my life.”

After a considerable amount of grief work, Alice felt less threatened by hearing her children's pain. Toward the end of her life she was able to use the timeline to experience a Life Review through which deep healing took place for herself and her relations.

We see here how the Trauma Time Line helped Alice to wrap her mind around her entire life. Though she was far along in her recovery, she still needed to understand her past and grieve her losses so that her children's pain didn't trigger her own guilt and unresolved grief. The Trauma Time Line can be a useful tool for any point in recovery.

Basic Role Theory

Women play a variety of roles in their lives. Mother, wife, daughter, sister and friend are only some of the roles that can be explored in depth. Because we tend to experience the thoughts, feelings and behaviors that are part of the roles we play, examining roles becomes a way to explore the self and the self in relationship.

Feelings and behaviors tend to be role specific, that is, we feel and act in ways that are relevant to or appropriate for the role that we are playing. The role, according to J. L. Moreno, is the tangible form the self takes. By exploring the role, we can explore aspects of the self. History seems to repeat itself most frequently when we play the role as we learned it or on reaction to the way we learned it, i.e., doing the opposite. While aspects of the role remain unconscious, we tend to pass on what we got in more or less the form in which we got it with bits and pieces of our own personality interlaced, or if we reacted against what we got, we may play out that reaction, in other words, acting out mothering not in the way we were mothered, but in an opposite reaction. An example of this might be that child who felt ignored by the mother to such an extent that they felt they were disappearing will have a tendency to either ignore their child or to overprotect and smother them. They simply did not learn the subtle nuances of mothering from the source. It is important for women to heal early childhood wounds so that they do not pass them on, either in the form in which they were passed on to us or in an opposite reaction. This is the process of breaking the chain of generational pain. It is getting free enough of old deep hurts so that we do not seek to rid ourselves of the pain associated with them by acting them out with our children. When the daughter who was beaten by her own mother, beats her own child, she is acting out the unresolved pain of her own childhood. She is *showing* us what she got because it is too painful to her to *tell* us. If she tells us, she will also have to allow herself to feel how hurt she was, how little she felt and to experience her feelings of sadness, betrayal, and vulnerability, but if she is not willing and able to sit with the child who lives within her, her inner child, she puts herself at great risk to treat her little girl the way she was treated, i.e., to act out that pain rather than to talk and feel it out.

Each of us have the roles we have learned within us. A man can “mother” as well as “father” and a woman can “father” as well as “mother,” if we learned those roles ourselves. Well adjusted people tend to play a variety of roles, for example, mother, wife, worker, athlete, sister, daughter and aunt. When we can experience a balance of roles in our lives, moving in and out of them with ease and fluidity, we guard against feeling burnt out, depressed or stuck. We can look at our lives from a role perspective and write out our own prescriptions simply by naming the roles that we play and seeing if they feel in balance. If they do not, there may be enjoyable roles we do not give enough time to or roles that we wish to develop that we can add to our list. We can then make a plan for how we might realistically add those roles into our lives in order to bring in more harmony and balance.

The following exercise is intended to familiarize participants in a group with the variety of roles they play.

Diagramming and Analyzing Life Roles

Goals

1. To understand the number and variety of roles played.
2. To observe those roles in relation to one another.
3. To explore content and satisfaction within the roles.

Steps

1. Ask participants to get a pencil and paper.
2. Ask them to put a circle somewhere on the paper with their name inside of the circle and extend lines like spokes of a wheel from the outside of the circle for about one and one half inches.
3. Ask them to write on each spoke the major roles they play in their lives, for example, mother wife, daughter, daughter-in-law, write, professor and so on.
4. Ask them to choose one of those roles they would like to explore or one in which they feel some conflict.
5. Ask them to place another circle somewhere on the paper and put the name of that role within the circle, for example, mother. Then, as in the previous diagram, ask them to extend the spokes from the outside of the circle.
6. Ask them to put on each spoke an aspect of the chosen role, for the mother role, for example, chauffeur, doctor, listener, cook, nurturer, playmate, executive planner, teacher and so on.
7. Next, ask them to write the following words in a column at the side of the page: taste, smell, color, movement, texture and sound. Then, after each word, the appropriate association with the word that would best describe or relate to the role they are exploring. (For example, the color that feels like the role of mother to me would be burnt orange.)
8. At this point you may allow some time for sharing, with the group or in pairs, the adjectives they have chosen to describe the various roles.
9. If you wish to move into action, the next step is to examine the diagrams to discover in which aspects of the role participants experience conflict or discomfort.
10. Set up two empty chairs or structure whatever scene feels appropriate, and ask participants to feel who comes up that they wish to speak to around the conflict or issues they are experiencing: that is, where and with whom does the unfinished business lie, or what aspect of themselves would they like to address by putting it into an empty chair or selecting an auxiliary ego to represent it.

11. Allow anyone who wishes to do vignettes in order to explore further the issue or conflict, using doubling, role reversal, interview, soliloquy or whatever technique might be helpful. The protagonist may wish to use an empty chair, or he may wish to choose someone to represent the person or aspect of self he is addressing.

12. Allow time for sharing after each vignette or for sharing as a group, after several vignettes have taken place.

Variations

The exercise may be varied in a variety of ways. Clients can assess the time they spend in each role by drawing a large circle and dividing it in pie shapes, each sector representing the percentage of time spent in a given role. They can use percentiles from 1-100% to rate their level of satisfaction within each role. If this is done, you may wish to use another diagram representing the ideal, that is, how the participants would wish the roles to be allotted if and when they could change them.

To explore a role further through action an empty chair can represent the role and the participant can stand behind the chair and double for the feelings present on the inside of that particular role. She may also choose to become the role and talk to herself or to select auxiliaries to hold one or more roles and explore them through action. Healthy people tend to be able to move in and out of roles with relative ease, and happy people tend to play more than one or two roles; they have a variety of roles among which they travel easily and naturally. Getting stuck in a role can lead to fatigue, a lack of creativity and a sense of being bored or even depressed with life. In this case, role work can help to gain perspective and a shift in awareness. If someone overplays a role until she feels burned out, she may need to add other roles to her life in order to provide new outlets for nurturing, creativity and growth. If a client feels burned out, the solution may lie in a combination of reworking the entire constellation of roles represented so that they are in better balance, perhaps adding new roles thus expanding potential experience.

Role shifts that will be undertaken in recovery can be explored in this way. Comparative role charts can be made contrasting today's constellation of roles (or what's not working) with how roles will need to be allocated in recovery. For addicts, the role of addict can be explored and the time it takes up on one's life can be explored along with the level of satisfaction vis a vis other roles. (Dayton, *The Drama Within*, 1994)

Learning New Roles/Role Training Exercise

Psychodramatic role training can be used to gain experience and practice in entering and adapting to desired or wished for roles. We learn through experience. Psychodrama can provide an arena where anticipated, desired, needed or feared roles can be explored and new behaviors can be tried on for size. One of psychodrama's important uses is to provide practice in underdeveloped roles so that the anxiety and newness of a role can be worked through by exploring it in a clinical environment.

Goals

1. To provide practice and training in adapting to a new role.
2. To explore the nuances of a role as it relates to the self.
3. To explore the impact of the role from the position of the other.

Steps

1. Ask group members to come up with a role that they need some practice with, wish to explore as a possibility for themselves or are walking into and feeling anxious or insecure about, e.g., career role, intimate role such as spouse, daughter or lover, a recovery role such as sober person, partner of a sober person, or self-reliant adult.
2. Invite whoever wishes, to structure an anticipated scene in which they might play their new role.
3. Set the scene and choose people to play all roles including the role of the self.
4. Role play the scene with the protagonist playing the anticipated role. At any point where it would seem helpful to understand what's going on "inside" the protagonist, the director may ask the protagonist to take a step back "behind" themselves and "double" for their own inner life, then step forward into the role again and continue the enactment. Group members may also be invited to double for the protagonist if all agree.
5. Use role reversal as you would in any enactment so that the protagonist can, (1) gain empathy and understanding of what it feels like to actually be the other person, and (2) see themselves in action from the perspective of the other person.
6. Continue to play the scene out until it resolves itself then bring it to closure.
7. Invite the group to share their personal identification and insight with the protagonist.

Variations:

1. The protagonist can be pulled out of the scene while a stand-in holds her role. In this way she can watch herself in action and gain insight into how her role plays out in an overall context. In this case, the protagonist may walk into the scene and double for herself when motivated to do so or simply watch herself "as if in a mirror."
2. While the protagonist is out of the scene other group members can take turns trying the role on and experimenting with a variety of approaches or behaviors that might be incorporated into the role. In this variation, the protagonist can consider various role options from a safe distance. This can also allow for a degree of playfulness to enter the exploration.

3. Group members can take turns as in variation #2 but in this case the protagonist stays in the scene in role reversal. In this way the protagonist can have the opportunity to experience herself from the other person's perspective.

Summary

Psychodrama offers a responsible, clinical method through which women whose lives and personalities have been affected by addiction and trauma can heal. Action methods are excellent for trauma resolution due to their body involvement; and for concretizing and grieving the many losses that are inevitably incumbent upon addiction. In this chapter we have explored very specific exercises that can be used as paper and pencil activities or warm-ups for action. An empowering, creative and challenging modality, psychodrama offers women hope and a culturally adaptable method for igniting the process of healing and restoring self and relationships, one day at a time.

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