

# *Post-traumatic stress disorder: Current trends, treatment and Psychodrama<sup>1</sup>*

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*Revista Brasileira de Psicodrama*. 2016. 24(2), 81-89. DOI: 10.15329/2318-0498.20160022

## **Abstract**

The study of human reactions to trauma has grown substantially in recent years, addressing not only Freud's Theory of Hysteria but also warfighters, survivors of natural disasters and victims of child abuse and domestic violence. Numerous new therapies, each claiming greater efficiency and speed than the other, have appeared due to the expansion of the field, making old-school psychodynamic therapists seem like old-fashioned dinosaurs with no useful resources to deal with these issues. The aim of this paper is to show contemporary contributions from fellow international psychodramatists to deal with post-traumatic stress disorder, as well as encourage the development of statistically controlled studies that can show the wealth of our theoretical and practical knowledge.

**Keywords:** post-traumatic stress disorder, psychodrama, evaluating treatment efficacy

## **INTRODUCTION**

The study of human reactions to trauma has grown substantially in recent years, addressing not only Freud's Theory of Hysteria but also warfighters, survivors of natural disasters and victims of child abuse and domestic violence. A greater understanding of how the human brain functions in extreme situations has been gained (Cukier, 2004) and, despite the different origins of the trauma, the symptoms arising from it have striking similarities: dissociative states, personality fragmentation, affective and anxious

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<sup>1</sup> Text presented in the 20th Brazilian Psychodrama Congress – 2016.

disorders, somatization, tendencies toward suicide, intrusive thoughts and images, repeating situations where there is danger and personal abuse, nightmares, insomnia, etc.

Verbal therapies are admittedly deficient (Van der Kolk, 2002) in these circumstances, because the prefrontal cortex does not function properly at the time of the trauma, registering sensations, rather than cognition. Body therapies are the most recommended, and Psychodrama, as we know, is one of the oldest.

On the other hand, due to the expansion of field work, numerous new therapies have appeared, each claiming greater efficiency and speed than the other, making old-school psychodynamic therapists (including psychodramatists) seem like old-fashioned dinosaurs with no useful resources to deal with these issues.

The aim of this paper is to show the contemporary contributions from fellow international psychodramatists to deal with Post-traumatic Stress Disorder (PTSD), as well as encourage the development of statistically controlled studies that can show the wealth of our theoretical and practical knowledge.

## **I. STATISTICAL STUDIES ON THERAPEUTIC EFFICACY IN POST-TRAUMATIC STRESS DISORDER<sup>2</sup>**

At first glance, a brief review of statistical studies carried out in recent years concerning the therapeutic efficacy of the various approaches to PTSD shows a slight advantage regarding the Eye Movement Desensitization and Reprocessing (EMDR) (Carlson, Chemtob, Rusnak, Hedlund & Muraoka, 1998) and Cognitive Behavioral Therapy (CBT) (Bryant, 1999) approaches, especially if both techniques are adapted to focus on trauma (Jonathan et al. 2007)

Different names are used to nominate quite similar techniques: cognitive therapy (Judith, 2001), cognitive behavioral therapy (Courtney et al., 2011), cognitive behavioral therapy focused on trauma (Cohen et al., 2000), etc. In other words, approaches become specific to the mental disorders they study, and they create special protocols with techniques from non-specific sources

Somatic Therapy (ST) has few statistical studies, but has begun to gather evidence. Gina Ross (Brom, Ross, Lawl & Lerner, 2015) in an as yet unpublished study compared 63 people in somatic therapy with a waiting list control group - both groups diagnosed with PTSD using the DSM-IV criteria. Statistical analysis showed that both PTSD and depression symptoms statistically significantly decreased in the treatment group and remained the same in the control group.

Exposure therapy (imaginary or live) is a technique, among others, from EMDR. A review carried out in 2012 shows extensive statistics favorable to this method (Rauch, Eftekhari & Ruzek, 2012), and a few sessions seem necessary to relieve complex symptoms (Richards, Lovell & Marks, 1994). Other recent studies postulate that the

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<sup>2</sup> I am grateful for the collaboration of the psychodramatist Cecilia Zylberstajn in the investigation of this chapter

method is not magic and may even worsen symptoms and retraumatize clients (Bunmi, 2009; Lee & Cuijpers, 2015).

Since its discovery, EMDR has been considered one of the chosen treatments for PTSD. Its great novelty - bilateral stimulation of eyes, ears or skin to reunite the language of the cerebral hemispheres - is not proven to be effective (McNally, 1999; Pitman, Orr, Altman, Longpre, Poiré & Macklin, 1996).

Statistical assessments of the efficacy of interpersonal psychotherapies and long-term psychodynamic psychotherapies with post-traumatic stress disorder are scarcer, but show positive results (Ulrich et al., 2006). A study comparing interpersonal therapy with exposure therapy for depressed clients concludes that exposure is not always beneficial and that interpersonal therapy is more effective in some cases (Markowitz et al., 2015). Another study concludes that there are no significant differences between cognitive therapy and psychodynamic psychotherapy in the treatment of war veterans (Ofir et al., 2015).

Concerning psychodrama, statistics are even more scarce. A meta-analysis based on 25 experimental studies, with different pathologies, indicates a very positive result when compared to psychotherapy groups in general. The techniques of role reversal and doubling were the most effective interventions (Kipper & Ritchie, 2003). Empirical research has shown that experiential psychotherapy can be very effective in post-traumatic stress disorder (Elliot et al., 1996, 1998).

As can be observed, there are considerable controversies in this field. Complex decisions about the study design need to be made: which statistical method to use, how to standardize the sampling, advantages and disadvantages of using control groups, pre and post-treatment assessments, meta-analysis to obtain more reliable generalizations and, finally, longitudinal studies that prove the permanence of therapeutic success.

Nonetheless, scientifically proven therapeutic methods are considered more effective and are more recommended, especially considering public health policies that favor short-term results. Thus, the therapies less studied in the treatment of PTSD, including psychodrama, end up being marginalized.

## **II. POST-TRAUMATIC STRESS DISORDER AND PSYCHODRAMA**

Trauma interrupts and prevents defense responses of the organism, freezing cognitive functions and leaving the body terrified, unprotected. Verbal therapies are inefficient, and body mobilization is necessary to try to rescue muscle power and restore cognitive functions.

Psychodrama was one of the first body therapies and its only disadvantage is that it is a theoretical body of knowledge which has not been evaluated much statistically speaking. Considering this concern of systematizing psychodramatic work and showing its effectiveness, Kellerman & Hudgins (2010) compiled technical suggestions in a magnificent book from various authors concerning post-traumatic stress disorder.

Kellerman (1992) shows six technical strategies of psychodrama which are highly suitable to work with post-traumatic stress disorder symptoms:

1 and 2 - The simple dramatization of traumatic events allows, simultaneously: a) that the client revisits painful facts in a safe environment; and b) to cognitively reprocess what happened, this time without the torpor effect that usually occurs during the trauma.

3 - Emotional catharsis helps to drain emotional waste from the traumatic situation.

4 - Supplementary reality expands the internal world of the client, adding new actions.

5 - Relational work helps prevent frequent isolation in traumatized clients.

6 - Sociodrama socializes individual pain, promotes collective actions and the re-signification of traumatic events, in addition to transforming the role of victim into that of survivor.

Blatner, Bouza & Espina Barrio (in Kellermann & Hugins, 2010) highlight the difficulties of mourning (of people, parts of the body, roles prior to the trauma, etc.) in traumatized people. Blatner emphasizes that a person in a situation of serious loss lingers between adult states of acceptance of reality and others more regressed and childish, in which he/she denies and behaves as if he/she could change what happened.

He proposes the "final encounter" technique, a supplementary reality that uses the empty chair: "Let's imagine that this person (or your leg, your group) could come back, and that you could talk to him/her. What would you say to him/her?" Three sets of questions can be asked by the director, who should, in the interview, help the client to respond in a detailed, not superficial and vague manner: What did we have in common? What did you mean to me? What did I mean to you?

Bouza & Espina Barrio called attention to anthropological psychodrama, which seeks to recover the rites of passage linked to death (death at home, funeral, exaltation of the dead, crying, etc.). Our Western culture, besides avoiding confrontation with death, offers us collective catastrophes, such as wars, that trivialize the importance of human life.

Marcia Karp (in Kellermann & Hugins, 2010), working with victims of torture and rape, speaks of the importance of a careful, empathic and extremely protective therapist, so as not to retraumatize the victim. In a group session, for example, asking other participants to turn their backs and avoid looking at the embarrassed protagonist.

Her approach prioritizes new visualizations and verbalizations to cognitively and affectively reprocess the traumatic experience. It seeks to empower the client, giving

him/her control of the traumatic scene and letting him/her change it as he/she sees fit. Supplementary reality is then used to enact situations in the way the client would like them to occur, and even to experiment if, in fact, it would have been more effective.

Marcia also uses role reversal to finish conversations that did not happen and provide a more complete view of what people thought about the traumatic scene. Finally, her method seeks to restore roles prior to trauma, replaced by the role of the impotent victim, and rekindle the client's hope and power.

Anne Bannister (1997), English psychodramatist and dramaturgist, worked intensely with abused children. In the article "Prisoners of the Family: Psychodrama with Abused Children" (in Kellermann & Hugins, 2010), she evaluates and proves the efficacy of 20 group psychodrama sessions in eliminating post-traumatic stress disorder symptoms. She uses all the technical instruments of psychodrama, emphasizing the mirror technique, for the child to see the scene being interpreted by puppets, role reversal using puppets, using costumes and free interpretation of dramatic vignettes proposed by the children or by the therapist him/herself in the style of a "Living Journal" (Moreno, 1973).

Perhaps one of the most creative works, using psychodrama to treat post-traumatic stress disorder, is that of Dr. Kate Hudgins (Hudgins & Toscani, 2013), an American psychologist. She believes that classical psychodrama can retraumatize the client and encourage dissociation. For this reason, she created an experimental model of psychodrama called the Therapeutic Spiral Model (TSM), whose main objective is to ensure safety and containment for trauma survivors.

In the warm-up, she uses what she calls prescriptive roles. They are positive roles which the client highlights and concretizes before starting to work on the traumatic scene. They are three types: roles of restoration; roles of containment; and observation roles.

In dramatization, she uses various security resources: first the protagonist describes the traumatic scene, then watches and witnesses the egos interpreting the scene and, later, he/she interprets his/her role him/herself.

Open-scene dramatization (Cukier, 1992) is typified according to the level of stress they provide to the client, and the director guides the protagonist in a crescendo of difficulties.

The Containing Double technique is used to prevent dissociation. An auxiliary ego stands next to the protagonist giving him/her only supportive statements, emphasizing his strengths to confront the traumatic scenes. The "atom role" technique based on the trauma is very interesting and useful as it shows how the normal roles of the patient's life are overlapped and replaced by others created by defensive structures and the internalization of the trauma.

Finally, there are many other colleagues who use psychodrama for post-traumatic stress disorder in a creative, dynamic and efficient way. Tyan Dayton (2011), for example, has a model for repairing relational traumas. This author has an entire book of games and technical management for post-traumatic stress groups.

Our foreign colleagues have already realized that we need to gain visibility at the statistical level. This is done by standardizing techniques and their applications, training directors and designing statistical, quantitative and longitudinal studies.

### III. CONCLUSION AND SUGGESTIONS

Psychodrama has many skilled technical resources to deal with PTSD, many of which have been tested and used in others theoretical approaches, which were able to prove their statistical validity.

We must learn to do the same. My suggestion, after carefully reading the texts written by our foreign colleagues is: 1 - to create a way of therapeutic care that can be statistically tested, without excluding the spontaneity of the therapist and the client, this is our trademark; 2 - group work, collecting cases by pathology and, with the help of statisticians, design longitudinal follow-ups that demonstrate our therapeutic efficacy.

To conclude, I will list some techniques already described and that, admittedly, can help traumatized clients. They are the following:

#### A) In the initial interviews:

- Mix emphatic listening with gentle questions that create harmony, security and a sense of normality.
- Explain to the client how the human brain works in traumatic situations, to legitimize their symptoms, to create a logic where before there was chaos and to bring hope back. After all, we have already learned from Cognitive Therapies that changing negative thoughts has the power to change emotional configurations and subsequent behaviors.
- After the verbal interviews, propose the experience of the Social Atom before the trauma and the Social Atom after the trauma, mapping the loss of roles and relationships, and creating an agenda for therapy.

#### B) In the warm-up:

- The warm-up must be strategically constructed to mark the client's positive skills, places in life where he/she is strong, and the people, institutions, and spiritual resources that support him. Kate Hudgins has already shown us that this resource protects clients from retraumatizations and disassociations.

#### C) In the dramatization:

- Assembly and cognitive-emotional development of the traumatic scene - with successive approximations to the action: first the patient tells, then he/she watches the

scene being played by auxiliary egos; finally he/she acts out the scene. This careful assembly ensures that the warm-up is carried out smoothly, from the superficial to in-depth, from the current to the old. The client controls the drama, modifies the role of the egos, and has the control that was taken from him/her in the original trauma.

- Using role-playing where the client is exposed to the feared or desired scene with all the roles it includes. This is our version of the exposure technique whose efficacy has a strong basis in statistical studies. The exposure starts in our protected clinic, with our supportive presence.

- In the final reparatory stage, seeking the resources that the patient needs to be empowered and perform the necessary mourning work so that the scene, the relationship or the farewell has a dignified closure.

- Using supplementary reality and resistance interpolation to reassure client power. From the somatic psychotherapies, we learned that in the body a defense action was buried by forced submission. Introducing superheroes, fairies and princesses, muscular friends, heroes of humanity can, in a magical moment, unfreeze the oppressed body and surprise the client with a force that he/she thought non-existent.

- Always ending the dramatization with a forward-looking scene and recovery of tasks, roles and social life that give the client the perception of being a heroic survivor of their own destiny, no longer a passive and impotent victim.

#### D) Sharing:

- Providing the chance to share experiences that allows the audience, the ego-assistants and the therapist him/herself to share his/her traumatic experiences and include the protagonist in a group of people who, like him/her, survive heroically.

Personally, I have been using Psychodrama with traumatized patients for years. I have written extensively on child abuse, narcissistic disorders and borderlines, dissociation, additions, and I have no doubt about the efficacy of our technique. Over the last ten years, I have been happily following the results of neuroscience that value and validate experiential techniques in psychotherapy. I think this is our time, but we have to do our part!

### **Acknowledgement**

I would especially like to thank Cecilia Zylberstajn for the help with the research.

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