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Sociometrics

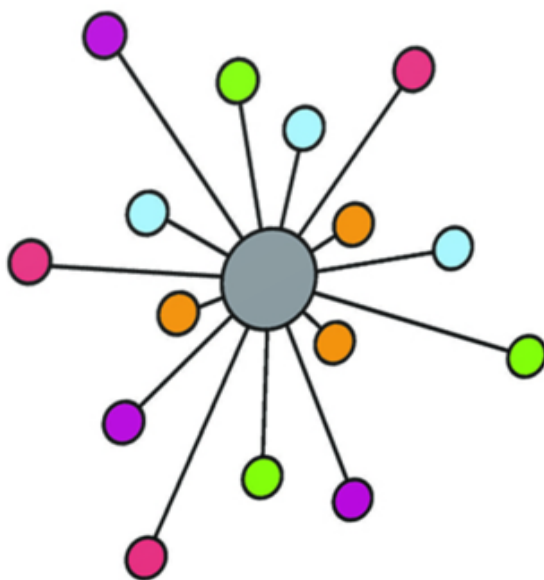
TIAN DAYTON, PhD, TEP

"Tian Dayton masterfully integrates principles of group dynamics and psychodrama therapies with insights into bodily states and feelings gained from contemporary neuroscience."

—Stephen W. Porges, creator of the Polyvagal Theory

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*Embodied, Experiential Processes
for Relational Trauma Repair*

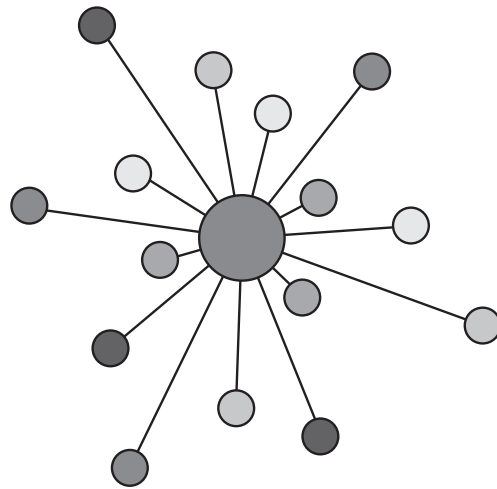


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*Embodied, Experiential Processes
for Relational Trauma Repair*



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CRP[®]
CENTRAL RECOVERY PRESS
LAS VEGAS, NEVADA

Praise for *Sociometrics*

“In *Sociometrics*, Tian Dayton masterfully integrates principles of group dynamics and psychodrama therapies with insights into bodily states and feelings gained from contemporary neuroscience. *Sociometrics* infuses therapeutic principles in an intuitive and functional program that shifts the agent of healing from the therapist to the group. We learn that through sociometrics, the threads of healing are woven as the client experiences a reconnection with the inner self and a connection with others.”

—**Stephen W. Porges, PhD**, Distinguished University Scientist,
Indiana University; Professor of Psychiatry, University of North Carolina;
creator of the Polyvagal Theory

“With her decades of experience, taught by the masters, Tian Dayton has become one herself. In *Sociometrics*, she offers the clinical field another enriching, engaging book that clearly details how to work with the ramifications of trauma and addiction. Her detailed theoretical and practical descriptions of the use of sociometrics and psychodrama empower clinicians in all settings to create a space of safety and choice for the client. I have witnessed her work and seen the movement for those caught in the flight, fight, or freeze mode. Work that sometimes never gets resolved, or takes years, is readily hastened in these action methods.”

—**Claudia Black, PhD**, Senior Fellow at The Meadows and author of *Unspoken
Legacy: Addressing the Impact of Trauma and Addiction within the Family*

“Having watched Dr. Dayton doing a psychodrama, I am gratified to read this clear explanation of the process and additionally to be exposed to the concepts of sociometrics. This book provides a roadmap for clinicians to approach patients with complex trauma in an evidence-based skill set steeped in solid aspects of neurobiology. Dr. Dayton provides a generous mix of the theoretical and clinically practical for practitioners to utilize in their work.”

—**Mel Pohl, MD**, Senior Medical Consultant, Pain Recovery Program,
The Pointe Malibu Recovery Center and author of *A Day without Pain*

“Sociometry is a part of J. L. Moreno’s triadic system of psychodrama, sociometry, and group psychotherapy. Dr. Dayton has spent her entire career adapting these methods for practical use in working with addiction and trauma. Sociometrics respect Moreno’s theoretical roots, and in so doing, Dayton’s adaptations have retained the creativity and spontaneity so core to Moreno’s thinking while creating an approach that is tailored for use in treating addiction and trauma.”

—**Daniela Simmons, PhD, TEP**, President, American Society of
Group Psychotherapy and Psychodrama (ASGPP), Founder & CEO
of TELE’DRAMA International


“Sociometrics get clients on their feet and engaging with each other in ways that give them new experience and practice at opening up. The process is the very opposite of isolation and withdrawal, rather it’s one that fosters communal containment and connection. For teens and young adults who struggle with addiction, this is game-changing. It helps them to build the skills of emotional literacy so that they can self-reflect and share in meaningful ways with their peers. And these skills of resilience become portable as they take them into the futures they are building as sober and contributing adults.”

—**Jamison Monroe**, Founder of Newport Academy/Newport Institute

“My father and Miriam’s grandfather developed psychodrama and sociometry in turn of the century Vienna, alongside Freud. Moreno observed that words were too narrow to address what he felt was the human need for action and interaction. He thought that the body needed to be involved in therapy in order for healing to be fully realized. In his own words, ‘the body remembers what the mind forgets.’ With our current acceptance and understanding of neurobiology and emphasis on embodiment, his work has never been more relevant. Tian Dayton demonstrates a deep understanding of Dr. Moreno’s work. Dr. Dayton’s writing makes complex theory accessible and pleasurable to read. This book will help practitioners and those affected by trauma understand how psychodrama and sociometry in groups can provide unique, powerful healing of our deepest wounds.”

—**Regina Moreno, MA**, author of *Words of the Daughter*, and
Miriam Zachariah, MA, TEP

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CHAPTER TWO

Sociometrics: Turn on the Social Engagement System

Sociometry without psychodrama is sterile; psychodrama without sociometry is blind.

—J. L. Moreno

Moreno famously and rather surprisingly said, “We get them in the door with psychodrama; we heal them with sociometry.” Psychodrama is riveting to watch and cathartic to participate in. But Moreno felt—and I have come on board with this thinking—that the kinds of here-and-now, real time, person-to-person connections that happen in sociometric processes offer a powerful potential for healing relational issues. Sociometry explores the quality of connectedness among individuals through both graphing them on paper and putting them on stage.

Psychodrama is often seen as the whole of Moreno’s method, although what he really created was a comprehensive triadic system including psychodrama, sociometry, and group psychotherapy.

Psychodrama is a form of role play. We can cast any person from our past, present, or future, including ourselves, and talk to them directly through surrogates or even an empty chair representing them. We bring the then and there into the here and now.

Sociometry is different. It is here-and-now oriented and deals with real people in real time. It offers experiential techniques like the spectrogram, locogram, and social atom for concretizing and exploring the dynamics within any group.

Sociometrics are different again. They are psychoeducational, experiential processes that bond and engage groups around common issues. They connect group members in low-risk encounters and in small-group breakdowns so that the healing potential within the group is accessed. Commonalities are discovered and issues that can be isolating are normalized. The skills of emotional literacy and regulation are woven into the process. When I use the word *sociometrics* throughout this book, I am

referring to the floor checks, timelines, and experiential letter writing that I have created myself and to Moreno's spectrograms, locograms, and social atoms that I have adapted and turned into a step-by-step, targeted process for treating cPTSD and addiction issues, e.g., the family of origin or frozen moment social atoms.

Because I do program development, I wanted to create a process that minimizes risk, makes a therapist's job easier, has consistent outcomes, and maximizes the potential for healing within the group. Sociometrics are these processes.

Start with Sociometrics

Sociometrics are designed to take the guesswork out of using **experiential therapy** to heal relational trauma issues and to restore aliveness and resilience. Treatment centers often feel they need to use psychodrama first. I am suggesting we flip this and use sociometrics first. They are safer, more contained, and don't require the kind of training needed to do psychodrama well.

They are psychoeducational, experiential, manageable processes. And if they are the only experiential work you add to your program, they will be more than sufficient. You do not necessarily need to do psychodrama to offer experiential work. If and when you do add role play to sociometrics, such as a floor check (which I see as my strongest and most multifaceted contribution, the trauma timeline being the next), group members are already warmed up. Even a few sentences to the right person (or part of self) at the right moment can feel very memorable. From the trauma perspective, clients being warmed up and knowing just what they want to say and to whom (including parts of the self) they want to say it, means that their emotions are available and their words are on the tip of their tongue. Knowing what work you are ready to do and being in touch with inner states so that the work flows easily are a very significant part of doing trauma work.

See an example on YouTube: <https://youtu.be/fcmstI2gXp8>

Criterion questions keep the process moving. They are essentially prompts asked by the therapist that allow participants to make their next choice. They move the process forward. In the **symptom floor check**, for example, the therapist might start the process with, "Mill around and choose a symptom that for some reason is drawing you. Stand near it and say a couple of sentences about why you are standing where you're standing." Group members then take their time in choosing a symptom or manifestation that draws them at that moment. They chitchat a little. There may be waves of slightly uncomfortable laughter or real amusement. There is hustling and bustling as they move about. Then something happens: they drop down inside themselves and really look. They start to tune in to what's being warmed up inside them as they walk past hypervigilance, emotional constriction, somatic issues, difficulty imagining a future, and the like. They aren't asked to describe their trauma, which can be daunting. Rather, they can decide which manifestations fit for them—they are choosing for themselves, rather than being told what they

feel. They have the experience of a feeling or symptom getting safely triggered inside them in a controlled environment then becoming aware of what they are feeling.

As group members share a sentence or two about why they are standing where they're standing, they experience and witness their own feelings. They name them, translate them into words, and share them with others. Over and over again, they share what amount to moving little case studies or personal deconstructions of the subject matter as it applies to them. The learning is immediate and relevant, pulled off the dull chalkboard or lifeless PowerPoint and given a shape, face, and sense of realness by the clients themselves. Clients cocreate a psychoeducational healing process with each other, and the more they engage in it, the more engaged they become. They grow curious about their own inner world and the inner worlds of others.

Through the questioning process, group members form ever-evolving dyads and clusters that shift in focus and configuration, providing many of what I like to call “incremental moments of healing.” In these sharing circles, it becomes easy to put their fear or anger or anxiety into words because the focus is on the symptom, not on them; all they are being asked to do is say a few words about why they chose the symptom or feeling. They are translating inner states into language, elevating these states to a conscious level where they can be thought about and reflected on, and thus rescuing and resuscitating their disowned parts and giving them a voice. Then they listen as others do the same. They attend to the inner experience of another and learn to listen without imploding, exploding, blaming, or running. Then they let their feelings dissipate, they let them go, and they begin the process again. They make a new choice.

Sociometrics actively teach the skills of emotional literacy, self-regulation and co-regulation while incorporating the education that needs to happen in treatment, for example, in addiction, grief, resilience, post-traumatic growth, and PTSD.

Get On Your Feet!

As I hope you can see by now, I am creating a process that has the elements of resilience-building baked into it. Clients are on their feet, grounded, oriented in the room and in charge of their own movements. All systems—body, mind, and emotions—are engaged in the activity of self-discovery. The limbic system is warmed up through physical walking, and the body is invited to participate in the process. Sociometrics teach participants to employ initiative and creative thinking as they make choices that are right to them. Participants mobilize connections with group members on their own behalf, a quality Wong and Wong (2012) underscore as part of the resilient person's capacity to mobilize the supports available to them to meet the challenges of their lives. People in the group can seek each other out, share their emotions, and listen to others do the same. They can break through defenses, try out new ways of being with themselves and others, come out of isolation, connect, and normalize their feelings. They are not beholden to a therapist to tell them

what is going on with them because the process is designed such that they have access to information they need to explore on their own, either from each other or from teaching materials like floor checks. They become meaningful members of the group and agents in each other's healing. The role of the therapist is significantly reduced, and the roles of participants are enhanced. Because floor checks are a communal process in which the full group is constantly choosing and rechoosing and then sharing and listening, the group members assess their own level of risk. As floor checks are generally low risk and comfortable, they tend toward transforming emotionally inhibited or aggressive behaviors into more prosocial, engagement-type behaviors. Group members connect in easy, genuine, and often playful ways.

Sociometrics such as floor checks are designed to feel safe, engaging, supportive, and even game-like. There is easy onboarding and lots of choice; they're a flexible system. Because floor checks feel welcoming and good, and facilitate many like-minded, supportive encounters among group members, they offer reparative interactions for attachment deficits through a process that is relational and skill-building. When clients can see what the rest of their community is doing—when they are resonating face-to-face in a group—they **mirror** and learn new behaviors from watching each other in action, and they practice those behaviors. They try them on for size and get immediate feedback through action. They are, as Dan Siegel says, “inspired to rewire.” These new connections give birth to more connections in the brain, which influence more experiences and more behaviors, and so on. The emergent process actually takes on a life of its own and influences itself: it becomes a feedback loop for change. Clients are able to move from body states in which they may feel like bracing or be defensive into more relaxed, well-regulated and co-regulated states that engender prosocial behaviors.

With sociometrics, the work takes on a flow. A flow state occurs when what is being learned is just enough of a challenge to keep clients engaged, but not so much that they get frustrated and withdraw from it. Mihaly Csikszentmihalyi named this state in his research at the University of Chicago and published it in his book *Flow: The Psychology of Optimal Experience* (2008). From the trauma perspective, there is less emotional wear and tear on the client as the flow state itself is strengthening and integrating. Once clients enter this state, if it is allowed to work its magic without unnecessary interruption, they emerge with a greater sense of wholeness, physiological relaxation, and well-being. The state itself is nourishing.

TURNING ON THE SOCIAL ENGAGEMENT SYSTEM

I find that much trauma resolution can occur without mentioning the word *trauma*. Introducing the word *trauma* can lead group members to shut down or become overly self-conscious. There is no need to put them in this situation if you recognize and mine the potential for healing through

the experiential, relational group processes of sociometrics. Accessing inner states and turning on the social engagement system are key.

The social engagement system was defined and introduced by Stephen Porges in 1998 in his paper “Love: An Emergent Property of the Mammalian Autonomic Nervous System.” It offers a scientific neuroanatomical underpinning that adds a layer of understanding as to the healing effects of engaging with the self to develop and practice self-regulation and with others to develop and practice co-regulation. Sociometrics, particularly floor checks, apply these principles in an experiential process of healing.

The forms of therapy that we create, suggests Dan Siegel, PhD, “need to turn on the social engagement system,” and they also need to feel “welcoming and good . . . because once we orient as good or bad, we’re already generating bodily responses, heart, breath, and facial expression; we start activating behaviors and emotion” (Siegel 2011).

We need forms of therapy that give us practice in reengaging in new, more comfortable, and satisfying ways. I have designed sociometrics to access inner states and mobilize the resources for healing and connection that exist within the group.

Our social engagement system is the mind/body system that allows us to know, in the blink of an eye, whether we’re safe to engage and move forward or we need to pull back and self-protect. It’s been evolved over time to help us to stay out of danger, as well as to allow us to seek companionship, cooperation, and support. Porges (2011) describes how the nervous system assesses risk and learns to open up or close down: “To switch effectively from defensive to social engagement strategies, the nervous system must do two things: (1) assess risk, and (2) if the environment looks safe, inhibit the primitive defensive reactions of fight, flee, or freeze. . . . Only in a safe environment is it adaptive and appropriate to simultaneously inhibit defense systems and exhibit positive social engagement behavior” (12–13).

Neuroception: Understanding Our Attachment System

Neuroception, which blunts or optimizes access to the social engagement system, is a word coined by Dr. Stephen Porges to describe the nervous system’s ability to read safety or threat in others. We do not develop our skills of self-regulation and co-regulation alone. We need, as Allan Schore describes in his book on affect regulation, an external regulator with whom to absorb and practice our skills of self and co-regulation. Each tiny interaction, says Schore, lays down the neural wiring in a child’s body that they use to regulate within themselves and their exchanges with others.

Polyvagal theory describes how the nervous system tunes to others in order to use interactions with, for example, attachment figures, to develop the skills of both self-regulation and relational

regulation. When early attachment relationships have felt unsafe and caused us to develop patterns of withdrawing rather than engaging in deep connection, our ability to regulate both within ourselves and with others is impacted.

Siegel talks about the mind/body as a self-organizing system that is constantly engaged in interpreting and regulating the information flow that is coming from the outside, a self-regulatory system that interfaces with its environment. The self, therefore, is in a constant state of construction and reconstruction. Sociometrics become a “society in miniature” for each group member. Sociometrics act as an outside regulatory resource that helps clients to relearn how to absorb the skills of self-regulation and co-regulation, and the group offers the soothing, regulating presence and practice in healing attachment issues. Floor checks, for example, offer participants a constantly evolving set of relational challenges that involve choosing a feeling or issue that speaks to them and then tuning in on themselves. The feelings that emerge get named, translated into words, and communicated to someone else. Others witness, attend, and listen. They filter through what is being shared to see what may or may not apply to them; they open an inward gate toward two-way communication and co-regulation.

An Embodied, Bottom-Up Trauma Treatment

The trauma narrative is much talked about as a part of trauma healing. But if a narrative is a stringing together of events or relational dynamics that happened *to* us and ignores what happened *in* us, it is not complete nor especially useful in terms of healing trauma. Our narrative needs to be bottom-up to give shape and voice to our inward physiological responses that changed the body and nervous system, out of which subsequent thinking, feeling, and behavior grew.

Floor checks are the reverse of “tell me your trauma story.” The story tells itself. Rather than pushing the client to come up with a story that has not yet been formulated, floor checks are a kind of walkabout through the potential manifestations of any issue. The story emerges spontaneously and through the body and the mind, in manageable, titrated doses, measured and administered by the clients themselves.

Floor checks and timelines are alive, relational processes wherein clients learn to observe which “symptom,” “developmental age,” or “words” are triggering something inside them that draws them. They then deconstruct this in terms of the self and the self in relation to others. They can hit the pause button and feel what’s going on in their bodies and let it arise into consciousness so the body can tell them how “it” experienced painful moments, so that it has a voice. Instead of trying to jam their turgid, painful and swollen, or barely perceptible feelings and thoughts into words, however narrow or inadequate, the embodied, bottom-up narrative allows them to uncover and experience those feelings bit by bit. Then role plays, in which they can actually revisit and revise some of the relational material from the past, can be added to further focus and personalize healing.

Warmed Up and Focused: Adding Role Plays to Sociometrics

Because sociometrics warm people up to what is going on inside of them, the role play sort of focuses itself. The material being explored triggers feelings, associations, and memories, and there is a felt sense of who someone feels they have something to say to or a part of themselves they would like to embody and talk to. The role play needs only a simple sentence from the therapist to move it into action: “Who do you want to talk to and who can play this person or part of you and what would you like to say to them?” For the therapist, the art lies in identifying those moments wherein a group member is sufficiently warmed up so that deep work flows freely and is well-contained—in other words, when the protagonist knows whom they want to talk to and enough of what they are inspired and compelled to say to make a beginning easy and worth the risk.

Sometimes these moments emerge through the person’s body, facial expressions, and vocal tones (too soft, too loud, tense). Are they unusually still, or even frozen? Do they look like they have an almost stunned expression on their face? Are they trying to find words to articulate an inner experience that is hard to express? Is their face showing emotion that clearly wants to come forward? Is there a shiver, body posture, or motion that’s already saying something? Or is the pain being blocked or caught in the body, in which case a slow and careful invitation to explore a bit more might allow the protagonist to experience enough safety to dare the next moment? All of this is what the body is trying to tell us.

The Basic Sociometrics Protocol

Floor Checks, Timelines, Experiential Letter Writing, and Targeted Social Atoms

I created sociometrics to act as a stand-alone, experiential program or to allow for inclusion of role play. They make the work that needs to be done during treatment psychoeducational and experiential. Role plays can be added according to the skill level of the clinician, but role play/psychodrama is not necessary, for you to bring experiential work into your program.

The sociometrics that I developed are **floor checks, trauma and resilience timelines, experiential letter writing**, and targeted social atoms such as “family of origin” and “frozen moments.” You can see examples of these sociometrics on tiandayton.com/sociometrics.

Floor checks are the core of my approach. Timelines provide context and experiential, bottom-up meaning-making. Social atoms are maps that reveal the relational life of the client, and experiential letter writing is one of the most basic and simple forms of role play.

Floor Checks: Floor checks are the psychoeducational, experiential, and relational processes that form the center of programming. They teach the theoretical basics of all of the issue surrounding the treatment of anything from symptoms of PTSD to qualities of resilience and post-traumatic growth. They help clients to shift their body states organically. For example, if they feel slightly triggered and defensive when identifying with something on the floor cards, they can—through

the process of translating those inner states into words, sharing them, and listening to others do the same—become more relaxed, self-regulated, and co-regulated in their interactions. Floor checks can be adapted to any subject matter or population, as you’ll see in Chapter 13.

Timelines: Timelines supply the when and where of relational dynamics and moments or periods in time when things occurred. Timelines can be used in two ways: as paper and pen activities, or as **concretized**, embodied processes.

The trauma timeline creates context; it gives clients the opportunity to understand their cPTSD from a developmental perspective and to explore how relational trauma may have been reenacted and recreated throughout their lives.

The resilience timeline helps clients to identify their strengths, times when good choices changed the tide of their lives, and people who supported them along the way. The timeline can act as a **warm-up** to talking with or writing a letter to the self at any moment throughout development or a letter to others thanking them for their love and help.

Experiential Letter Writing is a contained role play that extends the commonly used intervention of letter writing, a powerful intervention in and of itself. Making it experiential creates a moment in therapy that can be surprisingly powerful. It is an easy process to execute and satisfying to do. People often remember their “letters” for years. They are moving and significant.

Targeted Social Atoms: Targeted social atoms diagram the relational network at any point in time, or as a sort of family or relational map. The social atom begins as a paper-and-pencil exercise, locating the self on a piece of paper and then diagramming the relationships present at any given moment in time. If all you add to your program are targeted social atoms done on paper as maps and then shared, that process is in and of itself a significant intervention.

The social atom can also be used as a map from which to embody a scene, moment in time, or model scene. This experiential process uses floor space—the “stage”—to reveal the proxemics within the group. For example, in embodying a family, position members to reveal the underlying proxemics: who is close, distant, paired, clustered, and so forth. Moving a scene into a sculpture can also be a powerful intervention. It need not move into a psychodrama/role play to be effective. For example, talking to the trapped self inside the embodied/concretized social atom, then reversing roles and talking as that child to the adult self on the outside of it, and reversing roles again and talking as the adult back to the child’s self, can have a profound impact.

I have created targeted social atoms for treatment that focus into particular moments in time that are helpful in healing cPTSD and serve as diagnostic treatment maps. The social atoms that I include in my basic protocol are

- the atom upon entering treatment
- the family of origin atom
- the frozen moment atom

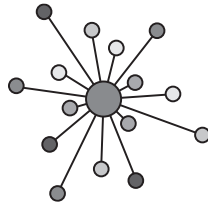
- the future atom upon leaving treatment of desired next steps, including creating a support network

I have broken all of these down into step-by-step processes so that clinicians can work at their level of need and skill.

Over time, clients develop emotional literacy as they elevate the kinds of unconscious pain and anger that drive dysfunction to a conscious level through language. Then it can be shared, heard, and examined in the light of day rather than acted out unconsciously, split off, medicated, or denied. They learn to talk about what they feel. This act of sharing and listening naturally helps to shift the emotional numbness and psychic disconnection and isolation that are so often inherent to trauma; it rebuilds trust in others and bonds group members around common goals of self-exploration and identification.

Role plays can be added. The beauty of adding psychodramatic role plays to sociometrics is that the protagonist has *fully warmed up* to the work *they want to do* and to the person or aspect of the self *they want to talk to* through the floor check or timeline process, so the role plays themselves are focused and often shorter and easier to direct, which reduces possibilities for retraumatization. But again, you do not need to add role play to these sociometric processes to bring an experiential component into your programming. The floor check, timeline, and experiential letter writing processes will do that. Using social atoms as relational maps done on paper and shared is also a complete process.

Feeling Floor Check: Examining and Expanding My Feeling Palette



Goals:

1. To expand a restricted range of affect that can be the result of trauma.
2. To allow the group to become comfortable identifying, articulating, and sharing emotion.
3. To allow the group to connect with each other around vulnerable emotions, share, and take in sharing and support.
4. To teach and develop emotional literacy and emotional intelligence.
5. To help clients learn to “tolerate” and talk about painful emotions so that they are less likely to act them out and relapse over them.
6. To help clients learn to “tolerate” and talk about positive and self-affirming emotions so that they are less likely to relapse over them.
7. To mobilize the social engagement system in service of healing and developing the skills of self-regulation and c-regulation.

Steps:

1. On eight-by-ten-inch pieces of paper, write “feeling” words such as angry, sad, mistrustful, anxious, despairing, self-conscious, content, hopeful, ashamed, guilty, frustrated, desperate, happy, etc.
 - Angry
 - Sad
 - Mistrustful
 - Anxious
 - Despairing
 - Hopeless
 - Self-conscious
 - Content/happy

- Hopeful
- Ashamed
- Engaged
- Withdrawn
- Guilty
- Frustrated
- Desperate
- Other

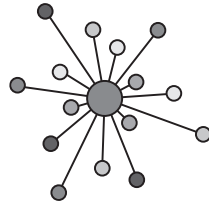
Mark one paper “other” so clients can write in their own emotion. You may leave a few pieces of paper blank for the group members to write in their own feeling words if you choose.

2. Place the words a couple of feet apart from each other, scattered around the floor.
 3. Ask participants to “stand on or near” the feeling that best describes their mood of the moment.
 4. Say, “Whenever you are warmed-up, share in a sentence or two as to why you are standing where you’re standing.”
 5. After all who wish to have shared, allow the group to repeat the process and stand on another feeling that they might also be experiencing (*note: learning to “hold” more than one feeling at a time helps clients to tolerate living in “gray” rather than “black and white”*), then share as before.
 6. At this point, you can vary the next criterion questions by asking the following:
 - Which feeling do you avoid feeling?
 - Which feeling did your family avoid feeling?
 - Which feeling did your family of origin struggle with or get stuck in too much of the time?
 7. If the group still has energy to continue to explore more questions, you can further vary criterion questions by asking the following:
 - Which feeling do you have trouble tolerating in someone else?
 - Which feeling would you like to experience more of in your life?
 - Which feeling used to drag you down but now you have learned how to manage it better?
 8. If you’d like to extend the process you can invite the group members to “place your hand on the shoulder of someone who shared something with which you identified.” Group members can share directly with the person as to why they chose him or her. The entire group can do this at once, which can create a nice feeling of connectedness in the room or even a bit of a buzz.
 9. Or simply sit down and share about the entire process and what came up throughout.
-

Variations:

Role plays may emerge at any point in this process if the therapist is comfortable leading them, they can do so. Role plays can also include body awareness. Therapists can learn to observe the body and face in order to see if emotions are coming up first in the body that can be given a voice. And as clients do role plays, they can become aware of how their body feels, and the therapist can say, “If that part of you had a voice, what would it say?” Role plays can be done with inner parts or body states, e.g., my anxious self, my hypervigilant/triggered self, or anyone the protagonist wishes to talk to. They can also be done with a child self or a future self.

Symptom Floor Check: Learning About and Assessing PTSD Issues and Emotions



Goals:

1. To educate clients as to the range of symptoms that can accompany relationship trauma.
2. To provide a format through which clients can decide for themselves which symptoms they feel they identify as experiencing in their own lives and relationships.
3. To create opportunities to hear about how symptoms manifest for other people and in other people's lives and relationships.
4. To encourage connection, sharing, and support around facing difficult personal issues.
5. To educate clients as to how to trade a pathological symptom for a healthy trait.

Steps:

1. On large pieces of paper write these symptoms or characteristics of relationship trauma:
 - Cultivation of a false self
 - Hypervigilance/anxiety: waiting for the other shoe to drop
 - Overreactions/hyperreactivity/easily triggered
 - Problems with self-regulation
 - Learned helplessness/collapse
 - Emotional constriction
 - Relationship issues
 - Somatic disturbances: body aches and pains
 - Learning issues
 - Loss of trust and faith in relationships and an orderly world
 - Traumatic bonding
 - Unresolved grief
 - Depression with feelings of despair
 - Distorted reasoning
 - Loss of ability to take in caring and support from others

- Tendency to isolate or withdraw
 - Cycles of reenactment: repeating painful relationship patterns
 - High-risk behaviors: speeding, sex, spending/debting, working
 - Survival guilt: shame
 - Development of rigid psychological defenses: denial, dissociation, splitting, minimization, intellectualization
 - Desire to self-medicate with drugs, alcohol, food, sex, money, work
 - Other
2. Place the papers with symptoms on them a couple of feet apart scattered around the floor.
 3. Ask participants to stand on or near a characteristic that they identify as being a problem for them in their lives.
 4. Ask participants to walk toward one of these symptoms they have trouble containing or they act out around.
 5. Once group members are standing on the characteristic that they identify with, invite them to share a sentence or two about why they are standing where they are standing.
 6. Next invite group members to stand on or near a trait or symptom that they feel was present either in someone in their family of origin or in their family of origin as a whole that created problems.
 7. Once group members are standing on the characteristic that they identify with, invite them to share a sentence or two about why they are standing where they are standing. A resilience-building question might be, “Which characteristic do you feel used to be a problem for you but you have worked your way through?” (see variations for more suggestions).
 8. After group members have shared about one, two, or three characteristics say, “Walk over to someone who shared something that you identified with or that moved you, place a hand on their shoulder and share with them what moved you.”
Note: the sharing will be taking place in dyads and subgroups that will naturally and spontaneously form as a result of this question. The therapist may vary questions, e.g.:
 - “Which symptom do you have the toughest time dealing with in other people?” or
 - “Which symptom seemed to be the most present in your family or origin?” or
 - “Which symptom do you feel you recreate the most on your present day life?”
 - A resilience-building question might be, “Walk over to someone from whom you feel you could learn something and ask them for help.”
-

9. At this point the group may be ready to sit down and share about the experience so far or move into role plays.

Variations:

You can follow up by putting two chairs in the center of the stage and inviting group members to “place a symptom or someone they associate with a symptom in the chair or represent them with a role player and do a short role play including the techniques of psychodrama.”

And/or invite group members to “upgrade” their symptoms, to trade in one for a trait they would like their symptom to morph into, e.g., “I would like to trade learned helplessness for a chosen position of surrender,” or “hypervigilance for awareness,” or “a loss of trust and faith with renewed faith in Higher Power,” and so on. As they do this, let them write their “upgrade” on a sheet of paper and place it next to or on top of the symptom. Allow them to do this for any symptoms with which they identify.

During sharing you may invite clients to share what qualities they feel they developed through adversity or what the silver linings are for them in having gone through a particular circumstance.

Journaling:

1. **Letting the Child Speak.** Mentally reverse roles with yourself while in the throws of any one of the trauma characteristics and journal from that place. For example, “I feel helpless . . . I get this way whenever . . .” and so on, or “I am feeling so emotionally constricted I just want to . . .”
2. **A Moment of Repair.** Journal about a time when repair occurred; write about how you felt during or after a moment of repair (apology, reconnection, repair of some sort) within the relationship and what positive lessons you learned about relationship repair from it that you might still be living out in your life.

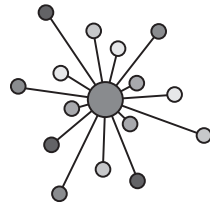
THE TRAUMA TIMELINE

Jot down whatever incidents or relational dynamics from your own life, that felt highly stressful, painful or traumatizing to you.

_____	80 years	_____
_____	75 years	_____
_____	70 years	_____
_____	65 years	_____
_____	60 years	_____
_____	55 years	_____
_____	50 years	_____
_____	45 years	_____
_____	40 years	_____
_____	35 years	_____
_____	30 years	_____
_____	25 years	_____
_____	20 years	_____
_____	15 years	_____
_____	10 years	_____
_____	5 years	_____
_____	0 years	_____

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Writing the Timeline on Paper



Goals:

1. To provide a visual context through which to identify the developmental progression of trauma.
2. To see where traumas may have clustered in life or where there was little to no trauma.
3. To allow clients and therapists to identify where development may have been arrested or gone off track.
4. To bring to consciousness how trauma breeds trauma, connecting related traumas so that one can see the full impact not just of one traumatic event, but of a string of relational trauma.
5. To put life experience back into a context and place traumatic experience into real rather than imagined time.

Steps:

1. Ask participants to create a trauma timeline.
2. Ask group members to recall events, moments, painful relational dynamics, circumstances, or behaviors from their lives that have felt traumatic to them and that hurt them, frightened them very much, or caused them to shut down or disconnect.
3. Have them locate these in their appropriate places along the timeline.
4. Share the timelines and invite clients to make observations as to what they see in their own timelines.
5. This can be the entire timeline experience and can be done in one-to-one or in group. Writing and sharing a trauma timeline is a deep, evocative experience in and of itself. Sharing can happen in dyads or clusters or in the large group.

Group Process Timeline:

If You Want to Bring the Full Group into the Timeline

1. If you want to take the next step of making the timeline experiential for the full group, lay out large note cards on the floor in a timeline progression at five-year intervals to match the trauma timeline.
2. Invite group members to go to a place along the timeline on the floor where they feel they have unresolved issues (they can just choose that place that they are presently most “aware” of and feeling the most intensely, as there may well be several). This will naturally align people and allow the ones who are emotionally tender around the same developmental stage to stand near each other.
3. Invite them to share with those nearest to them on the trauma timeline, thus allowing them to 1) begin to talk from that age and emotional and psychological space in time, 2) give that part of themselves a voice, and 3) receive identification and support. This will help to break the pain of isolation and is itself a full exercise. You can do this for more than one stage, until the group reaches a saturation point.
4. If the group wants to continue a timeline process any of these questions can be asked:
 - What age do you recall someone else’s problems started to become yours?
 - What age did something happen that you feel you are still stuck in?
 - What age did you have an “aha” or make a good decision that led to other good decisions? (Note: This is a way to blend resilience questions with the trauma timeline).
 - What age would you never return to?
 - What age would you like to return to?

Walking the Timeline:

If You Want to Make the Timeline Experiential for One Person

1. If one person or several people in a group want to take turns walking the timelines on their own, simply invite someone to start at the beginning and narrate their walk through the various ages of their own life (see an example on tiandayton.com). As they walk, they can simply say things like “I am two and here I was told that I was . . .”; “Here I’m about four and I remember . . .”; “When I was ten my nanny who I adored left, and I came home to an empty house. I remember sitting in the dark, watching TV and eating ice cream. I gained weight and that hurt me in sports”; “I am twelve now and I discovered beer”; “Here I’m around fifteen and I got into pot and soon after into heavier stuff.” In this way participants can begin to see how trauma in their lives may have led to self-medicating behaviors. They begin to make the connection between trauma and addiction.
-

2. Depending on the time and situation, sharing can happen after each person's walk or after more than one person has walked; then the group can share about ways in which they identify and what was brought up for them while watching and witnessing.

Adding Role Plays

If you want to add role plays to either timeline, simply follow the protagonist's warm-up. If the protagonist passes an age where it looks like further investigation might be good, simply ask them, "Would you like to pick someone to play yourself at this age or would you like to talk to that person you just mentioned?" Then have the protagonist choose a role player and bring the role player onstage at this point on the timeline alongside the protagonist. Then proceed for a short role play, let the role play come to closure and then let the protagonist continue to walk along the timeline.

Variations:

"Dialoguing," whether on paper or in role play, is designed to teach clients to 1) learn the difference between a "child" or "adolescent" state of mind and an "adult" state of mind, 2) teach the child self to translate his or her powerful emotions into words and talk about them rather than simply act them out, 3) develop the habit of listening to the feelings your child self is trying to articulate, 4) develop a relationship between the child self and the adult self so that the adult self can help the child self to feel seen and understood, and 5) help the child self to "right-size" their emotional responses so they can communicate them more effectively and with more maturity to others.

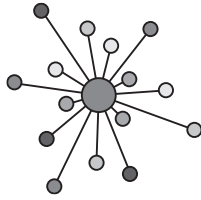
THE RESILIENCE TIMELINE

Jot down times in your life when you felt good about yourself, made a good choice that led to other good choices, developed strengths from facing challenges, had “ahas,” or valued the love or support someone gave you.

_____	80 years	_____
_____	75 years	_____
_____	70 years	_____
_____	65 years	_____
_____	60 years	_____
_____	55 years	_____
_____	50 years	_____
_____	45 years	_____
_____	40 years	_____
_____	35 years	_____
_____	30 years	_____
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_____	10 years	_____
_____	5 years	_____
_____	0 years	_____

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Resilience Timeline



This same process can be followed for the resilience timeline. The goals in this case are to identify points of strength and resilience, to provide visual context of how good decisions and attitudes bred more good decisions and attitudes and to integrate a stronger sense of self.

Goals:

1. To consolidate strengths and gains developed from struggling successfully.
2. To identify innate strengths or inner strength that helped one thrive.
3. To identify relationships that were helpful and supportive.
4. To see where good actions were taken, good decisions made and good attitudes adopted, that helped to move one's life in a positive direction.

Steps:

1. Use the time line blank and give clients some of the following instructions.
 2. "Enter those times in your life when you rose to a challenge, made good choices that led to more good choices, reached out for or received help or support from someone, felt great about something you did or thought or accomplished, showed your good qualities of kindness, and strength, and so on. Enter times in your life when you felt you drew on the kinds of qualities inside you that not only helped you get through but built strength, decency, perseverance, and grit. Identify relational moments along the way or key relationships where you felt loved, seen, and supported and you were helped to move forward in positive ways. Enter these on your timeline."
 3. After clients do this, follow the same process as for the trauma timeline, inviting group members to share their timelines in group or clusters. This can be the complete process.
-

Making the Timeline Experiential for the Group

1. If making the resilience timeline experiential for the group, give any of the following instructions or come up with your own.
 - “Walk over to an age in your life when you made a good choice, stand there and share about it with those close to you or with the group.”
 - “Walk over to age when something wonderful occurred, stand there, and share about it with those close to you or with the group.”
 - “Walk over to an age when you learned to mobilize your own supports, stand there, and share about it with those close to you or with the group.”
 - “Walk over to a time when you felt that you were developing qualities of resilience and strength, stand there, and share about it with those close to you or with the group.”
 - “Walk over to an age when you felt supported or seen, stand there, and share about it with those close to you or with the group.”
 - “Walk over to an age when someone helped you who you feel grateful to or would like to thank, stand there, and share about it with those close to you or with the group.”
 - “Walk over to an age when you struggled well and that helped you become who you are today, stand there, and share about it with those close to you or with the group.”
 - “Walk over to an age where you need to draw strength from that you once feel you had but worry that you have lost, stand there, and share about it with those close to you or with the group.”

Making the Timeline Experiential One Person at a Time in Group

1. Another variation of the timeline that can be done over several groups, is to let clients walk it one at a time. If this is done, simply lay papers with the numbers on the floor that represent five-year intervals and invite clients to, one at a time, “walk their resilience timeline.”
 2. As clients move along their timeline, they identify moments of resilience, strengths they brought with them or developed through facing challenges, “ahas,” good choices, times when they felt good about themselves, and people they got help from or found sustaining.
 3. As individuals walk their timelines, they can do several small role plays acknowledging, seeing, or thanking themselves or someone else at any age along the timeline. The idea is to gather up moments of strength, good judgement, resilience, “ahas,” and or an awareness of people who lent a helping hand. The purpose is to acknowledge
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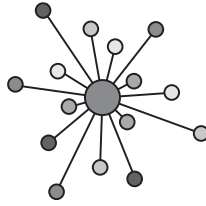
and incorporate those persona strengths and positive relational feelings. Role plays expressing gratitude to a part of self or another person can emerge from this process. Or group members may wish to talk to their self that struggled and built strength, that worked hard to get where they have gotten or that showed initiative and mobilized to make their life better.

4. The person walking can return to their seats and the group can share what came up for them while witnessing or playing a role in their timeline. Or another person can walk their timeline and sharing can happen after both or several people have worked.

Variations:

This is an ideal way to do meaningful role plays both with the self and others, that are contained and focused. Experiential letter writing can also be a great extension of this exercise as clients write letters to parts of self or others and read them to an empty chair or role player.

Doing a Social Atom on Paper



Goals:

1. To graph relational conflicts, complexes, or wished-for scenes on paper.
2. To examine significant moments or model scenes that have had long-term impact.
3. To bring the then and there into the here and now and feel feelings that went unfelt, say words that went unsaid, and move the body/mind out of its frozenness into expression.
4. To clarify the seeds of possible relational reenactments.
5. To focus a simple role play or provide a map for sculpturing.

Steps:

1. Have participants get a pencil and paper.
2. Say, “Do a social atom of any time in your life. It can be a moment or model scene when you felt great, misunderstood, hurt, frozen, or empowered. It can be a model scene of your family of origin, your network of relationships, or a life you’d like to create going forward. It can be an atom of your life right now or at any point in time.”
3. Say, “Using circles to represent females, triangles to represent males, and squares to represent institutions or groups, first locate yourself on the paper anywhere that feels right to you.”
4. Say, “Now locate your important relationships or institutions as close to or distant from yourself as you feel them to be, and in the size or proportion that feels right. You may include pets, in-laws, grandparents, nannies, friends, and so on. Use a broken line to represent anyone who is deceased. Write the name of each person next to his or her symbol.”
5. Once all the symbols are on paper and the atoms feel finished, clients or group members can begin to share them, either in the large group, in a pair with a partner, in small groupings, or with the therapist in one-to-one. Remind clients that these

atoms are only a current reflection; they are always subject to change, and can be done for as many moments in time as one can imagine.

Variations:

The social atom can be shared without any movement toward action. Drawing and sharing a social atom is, in itself, more than powerful enough to create inner movement and awareness, and has the advantage of being easier to do than getting the whole system up and running through sculpturing and role play. If the social atom is done only as a journaling activity, it can be shared as described in step 5, which constitutes a complete process.

A Social Atom of a Frozen Moment: “Do a social atom of a time in your life when you felt frozen in place, hurt, or as though you didn’t get a chance to say what you wanted to say or do what you wanted to do. It can be a moment, a relational dynamic, or a sort of snapshot or model scene of a period in your life.” Doing a social atom of a frozen moment on paper and sharing it, is a more than sufficient way of making these moments conscious. Or the social atom on paper can be a warm-up to talking to the frozen self, or anyone on the atom. In other words, it can be a warm-up for a small role play or experiential letter writing.

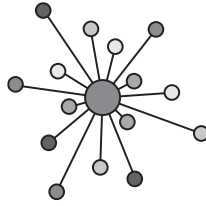
Social atoms can be done for virtually any moment in time, past, present or future. During COVID-19, for example, we had teens doing social atoms almost every week and sharing them, as their lives felt different each week.

Clients can do a social atom of a feared or wished-for scene in the future. They can do social atoms of their work or their families. They can do an atom of a moment in time where they felt triggered in the present, then they can do another atom as they recall the “status nascendi” or the moment from their past that might be fueling their overreaction today. They can do their parent’s social atom at the time they were born into their family or their parent’s childhood atom.

If a parent is struggling with their child at some particular age, the parent can do a social atom of themselves at that age to see if anything from their own childhood is getting triggered and transferred onto their child in the present as an age correspondence reaction.

In couples work you can invite each member of a couple to do and share their own social atom so that they can “show” their spouse, for example, how they experienced their own family of origin. Or couples can do each other’s family-of-origin social atom to see how much they really know about each other in this way.

Moving the Social Atom into a Drama or Sculpture



Steps:

1. Create a social atom on paper. Using the social atom as a map, allow the protagonist to choose role players to represent themselves and then all the people, parts of the self, states of mind, animals, and so on that the protagonist wishes to have as part of their sculpture. *Note: They need not enrol every aspect of their atom, but should be encouraged to fully represent whatever they wish to work with or even have as “part of the picture.” Setting up the scene is part of the protagonist’s warm-up to the material they are exploring and should be done, as much as possible, by the protagonist themselves: “Sculpt it as you see it; the stage is yours.”*
2. Ask the protagonist to place the auxiliary representing themselves and each role player onto the stage, taking care to encourage them to locate themselves and the role players in whatever posture, shape, distance, or closeness that feels appropriate and like an accurate representation of that moment or snapshot of a period of time. The protagonist can have all necessary license in embodying this scene as it felt to them on the inside; for example, someone may have felt huge and looming or small and erased, and that can be portrayed in the shape or distance represented by the role players and their relative proximity to each other. In other words, the proxemics or the unspoken but very impactful relational dynamics that shaped the situation may make themselves evident by how and where they are represented on the stage. *Directing Note: As they are embodying their scene, the protagonist can be free to reverse roles with each role to show the size, shape, and relative distance from themselves represented in this moment, although this is not a necessary step. In this way, the protagonist demonstrates each role from their point of view. This allows the protagonist to give the role players some insight and “training” as to the role they are portraying. It also lets the protagonist use fewer words and explanations to get the character’s essence across. I generally do not ask protagonists to give any one-liners to characters, as I feel that it is too reductive. Trauma (read: life) is not that simple, and people are complicated and say many conflicting things.*

3. Once the embodiment is up and the protagonist has chosen someone to represent themselves, invite them to stand outside their scene with you, look at themselves in this situation, and share about how it feels to see the whole system or moment at once.
4. The protagonist can talk from their adult selves to their child's self inside of the sculpture. They can then reverse roles into the scene and talk back to their adult self from inside the scene. They can talk to themselves outside the sculpture—for example, “What would you like to say to your adult or observing/witnessing self?”—and they can reverse in and out of that dialogue if it seems indicated. *Note: In healing from trauma, we want to help clients to create a dialogue between their child self and their adult self, so the adult can translate feelings and messages from the child self into mature words and communicate with the adult world from a more grown-up place. In this way they have a better chance of being listened to and of achieving healthy relating. Moving in and out of the scene, embodying a dialogue between the adult and child self, helps to solidify this connection.*
5. The protagonist can continue to reverse in and out of the scene as they need to or they can talk to anyone in their scene one at a time using doubling and role reversal as in all role plays.
6. End the scene from the role of the adult talking to the self in the scene, e.g.: “What do you want to tell yourself in this scene from your more mature self of today?” The idea here is to begin a running dialogue between the adult and child self.
7. Repair/redo: Next, the protagonist can reconstruct the scene, moment, or period of time as they wish it had been. This reconstructed scene or moment of repair often brings up a lot of feelings for the protagonist. They feel what never got a chance to happen. They may want to end the scene by sharing how it feels to feel this moment inside the scene, then they can reverse roles and end the scene by talking to the self from of outside it and observing what it feels like to look at the scene in its reconstructed state from the outside.

Variations:

1. At some point in treatment, attention can also be paid to what the adult self needs to understand and do in order to take care of themselves so that they can take care of these “younger” parts of the self. This can be incorporated into the drama, for example: “Younger self inside the moment, tell your witnessing/observing self or self of today what you want or need from them going forward.” Then reverse roles and respond to that.
-

2. Another embodiment that can be done in treatment is one of **resilient** or **golden moments**. A client can be invited to “do a social atom of a moment or time in your life when you felt good, when something terrific happened or you just felt strong, successful, content, happy, or joyful with yourself and/or a relationship dynamic.”
3. A Sculpture of a Frozen Moment: The safest way to sculpt a frozen moment is to stand outside of it with the therapist as the protagonist talks about the feelings it brings up. Then they can, through role reversal, go back and forth talking to their “self” inside the sculpture and to their “self” outside of the sculpture.

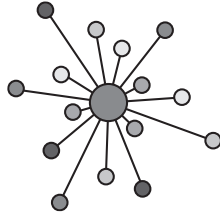
It is very important for therapists and group members alike to understand that everyone in the group is always working. There can be an emphasis on doing “your piece of work.” Please don’t get stuck here; the group will take its cues from you. This emphasis puts pressure on the therapist to grind out psychodramas and on group members to be “up for” their piece of work, because it’s seen as their only chance to work. This thinking is all wrong for psychodramatic/sociometric group work. As I’ve said throughout the book, in a good psychodrama group, everyone is working all the time.

I always try to create many points of entry so that group members see this work as theirs to share, so that they stay engaged and active through jumping in and doubling, playing a role, sharing deeply during the sharing phase of the drama, and so forth. The knowledge and healing in a well-run group don’t emanate from the therapist alone. The therapist’s job is to bring the group forward, to give them maximum opportunity to share, engage, and experience. Everything I have designed from floor checks on is for this purpose.

Trauma is, in a way, painful circumstances that never got repaired, or painful circumstances in which one felt alone, misunderstood, or invisible. Repair is life’s way of renewing itself, and it can be done after the fact if it was not done in the traumatic moment. Life is full of such moments; it is when they go unrepaired, when they remain frozen and unconscious, that they stay locked within us in a way that creates an emotional quicksand that we can’t find our way out of. The repair or “redo” can also be a form of action reframing that allows for action insight and a new understanding or meaning which can lead to greater acceptance.



From Page to Stage: Experiential Letter Writing Full Process



Goals:

1. To process feelings toward someone or a part of the self in a therapeutic way.
2. To provide a contained form of role play.

Steps:

1. Invite participants to make themselves comfortable, either in their chairs or somewhere in the room. If you wish, you can play soft, ambient sound or instrumental music while letters are being written. Ask participants to write their letters by beginning with “Dear So and So” and ending with an appropriate closing and signing their name. *Note: I would do this when clients are warmed up either by a sociometric process or sharing that has taken place.*
2. Encourage group members to write anything that comes to mind. This letter is not meant to be sent but to release feelings. It works best to write quickly, not thinking about how it sounds or imagining that anyone will read it. *Note: these letters are not to be sent to the person they are written to or to anyone; they are for therapeutic use only.*
3. Check in to see if anyone needs extra time. Seven minutes or so is generally sufficient.
4. Letters can be read out loud in the group, in dyads, in small groupings, or you can make them experiential. If used on Zoom, letters can be read in the open meeting or in breakout groups.