

Relationship Trauma Repair: An Experiential, Multisensory Model for Working with PTSD

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RELATIONSHIP TRAUMA REPAIR

The following exercises are taken from *Relationship Trauma Repair*. RTR is a multisensory, experiential, and relational model for treating PTSD that was designed by the author. RTR offers a cohesive progression for treating PTSD and relationship trauma issues within the context of a treatment center, outpatient clinic, or private practice. The exercises are based on an integration of sociometry and current research on subject areas being explored in each unit. They may be used with or without psychodrama, depending on the level of training of the clinician using the model. Exercises are a hybrid developed by Dr. Dayton in response to a need within the addiction field for user-friendly approaches to experiential work that are both safe and effective, and that honor the field's longtime tradition of a psychoeducational approach to treatment. The model is composed of four parts: two books, a DVD, and a CD.

The Therapist's Guide contains step-by-step, experiential group exercises designed to teach clients about the impact of PTSD and relationship trauma, and offers a therapeutic, reparative experience. The exercises also offer many structured moments for group members to connect in meaningful and supportive ways that develop group cohesion and teach relationship skills.

The Personal Journal: Each experiential group exercise has journaling exercises that teach skills of emotional literacy, the processing of emotion, and integrating the thinking mind with the limbic mind. Journaling, because it accesses both the left and right brain, helps with bilateral synchronization.

Guided Imageries: The guided imageries in this model teach clients the skills of processing and understanding emotion. They are accompanied by specially composed, relaxing music so that lessons of emotional literacy, self-soothing, and self-regulation can be absorbed and remembered by the limbic system.

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DVDs: Each of the 8 units has a DVD of a group actually doing this model. The DVD includes touching, moving, and educational group processes and role plays that introduce concepts related to PTSD and encourage open discussion of issues within treatment settings. The DVDs also serve as training for therapists using this model.

FEELING FLOOR CHECK: EXAMINING AND EXPANDING MY FEELING PALETTE

Goals:

1. To expand a restricted range of affect that can result from 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, and to 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.

Notes to Therapist: Learning the skills of self-regulation, and regulation of basic emotions, thoughts, and behaviors, are core to trauma treatment and relapse prevention. The feeling floor check is designed to facilitate this learning process. Those who have experienced relationship trauma may have trouble tolerating their intense feelings without acting out, imploding, exploding, or self-medicating. The feeling floor check allows clients to get in touch both with what they are feeling and how much they are feeling – that is, emotional intensity. They learn to share emotions and listen to others do the same. Trauma shuts emotions down; the feeling floor check reawakens and categorizes emotion. One of the main tasks of recovery from trauma is to learn how to feel strong emotions and translate them into words so that the thinking mind can bring order and balance to the limbic brain/body (meaning, emotions and sense impressions) through insight and understanding. As with all parts of this model, keep interpretation and advice to a minimum. The idea is for clients to take hold of their own inner world and learn to manage it without the use of substances or compulsive behaviors. As much as possible, allow the healing group to work its magic through mutual

sharing, identifying, and support. The more that clients come to their own "ahas" and learn to get in touch with their own internal "healer" and "teacher," the more they will be able to bring themselves into balance when triggered once they leave treatment. This experiential model is designed to create an experience that has teaching and therapy inherent within it so that clients can feel that they are learning organically and coming to know and manage themselves on their own.

Steps

1. On 8" x 10" pieces of paper write "feeling" words such as "angry," "sad," "anxious," "content," "hopeful," "frustrated," "desperate," "happy," etc., always leaving a few pieces of paper blank for the group members to write in their own feeling words. Have one paper marked "other" so that clients may write in their own emotion.
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 at the moment.
4. Say, "Whenever you are warmed up, share in a sentence or two why you are standing where you're standing."
5. Once 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.") Share as before.
6. At this point you may vary the next criterion questions by asking, "Which feeling do you avoid feeling?"
7. If the group still has energy to continue exploring more questions, you may further vary criterion questions by asking, "Which feeling do you have trouble tolerating in someone else?" Alternatively, if you want to build resilience you might ask, "Which feeling would you like to experience more of in your recovery?"
8. Next invite the group members to "Place your hand on the shoulder of someone who shared something with which you identified." Group members may share directly with the person why they chose him or her. The entire group can do this at once.
9. Psychodramas may emerge out of the sociometry at any point in this process.
10. Next sit down and share about the entire process and what came up throughout.

Variations: For each question asked, group members may share so that the entire group can hear them. If the group is large, they may instead share with those who are standing on the same word that they chose. In the latter case, they are

sociometrically aligned and sharing with those who are feeling the same as they are, which helps train clients to "take in sharing and support" while also reducing isolation. The word-choosing may go on as long as it is useful, depending on the needs of the group. Generally the group is saturated by the third or fourth choice and needs to move into the sociometric-choosing phase.

Talk to the characteristics: The client may also enrole several of the characteristics that they feel most troubled by, talking to each of them one at a time and incorporating role reversal, doubling, and any other psychodramatic techniques that the director wishes to use (see Dayton 2004). *The Living Stage: A Step by Step Guide to Psychodrama, Sociometry and Experiential Group Therapy*).

SYMPTOM FLOOR CHECK: LEARNING ABOUT AND ASSESSING PTSD ISSUES AND EMOTIONS

Goals:

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

Emotional Constriction
Cultivation of a False Self
Problems with Self-Regulation
Hyper-reactivity/Easily Triggered
Learned Helplessness/Collapse
Relationship Issues

Somatic Disturbances: Body Aches and Pains

Learning Issues

Loss of Trust and Faith in Relationships and in an Orderly World

Hypervigilance/Anxiety: Waiting for the Other Shoe to Drop

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

Notes to Therapist: This is a cornerstone exercise. It will help to educate clients about the pathological characteristics that are a part of the PTSD syndrome so that they can develop a language through which to understand and work with them. The idea here is to "normalize" symptoms by making them conscious, translating them into words and sharing them with others, bringing them out into the open, hearing others share, and accepting identification and support. This process helps to break down isolation, and makes feeling emotions that are intense, split off, or repressed less threatening. What we don't know *can* hurt us. As long as these symptoms remain unconscious, they can exert significant power over the lives and relationships of clients.

2. Place the words a couple of feet apart from each other, 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. Once group members are standing on the characteristic with which they identify, invite them to share a sentence or two about why they are standing there.

5. Next invite group members to stand on or near a trait or symptom that they feel was present in their family of origin (either in a particular individual or in the family unit as a whole) that created problems.
6. Once group members are standing on the characteristic they identify with, invite them to share a sentence or two about why they are standing there. A resilience-building question might be, "Which characteristic do you feel used to be a problem for you, but that you have worked your way through?"
7. After group members have shared about one to three characteristics, instruct them to "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 take place in dyads and subgroups that naturally and spontaneously form as a result of this question.)
8. At this point the group may be ready to 1) sit down and share about the experience so far, or 2) move into psychodramas.

Variations: During step #7, group members may share so that the entire group can hear them. Alternatively, if the group is large they can share with those who are standing on the same characteristic they chose. When they share "around their characteristic or symptom," they will be sociometrically aligned by symptom. In other words, all those experiencing a particular symptom will be sharing with others experiencing that same symptom. This sub-grouping can make sharing feel safer and allow clients to feel seen, supported, and more open. The symptom-choosing can go on as long as it is useful, depending on the needs of the group. Generally, the group is saturated by the third choice and needs to move into sharing, journaling, or psychodrama.

Variations on the questions may be asked. For example, the therapist may ask, "Which symptom do you have the toughest time dealing with in other people?", "Which symptom seemed to be the most present in your family or origin?", or "Which symptom do you feel that you recreate the most in your present-day life?" A resilience-building variation is to instruct group members to "Walk over to someone from whom you feel you could learn something, and ask them for help."

Talk to the characteristics: The client can enrole several of the characteristics that they feel most troubled by and talk to each of them one at a time, incorporating role reversal, doubling, and any other psychodramatic techniques the director wishes to use (see *The Living Stage: A Step by Step Guide to Psychodrama, Sociometry and Experiential Group Therapy* for in-depth information on these techniques).

Silver Linings and Upgrades: There are always silver linings present in adverse circumstances – qualities of strength and resilience that we develop in going through them. Invite clients to share what qualities they feel they have developed through adversity, or what the silver linings are for them in having gone through a particular circumstance. You may additionally or alternatively invite group members to “upgrade” their symptoms, trading in one trait for another that they would like their symptom to “morph” into, such as, “learned helplessness” for “a chosen position of surrender,” “hypervigilance,” for “awareness,” or “loss of trust and faith” for “renewed faith in Higher Power,” and so on. As they do this, let them write their new “upgrade” on a sheet of paper and place it on or next to the symptom. Allow them to do this for any symptoms with which they identify.

JOURNALING

1. **Letting the Child Speak.** “Mentally reverse roles with yourself while in the throes 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. What positive lessons did you learn about relationship repair from it that you might still be living out today?” Journaling in this way helps to build new neural wiring for repair, which can help to ameliorate and regulate the painful experience. It also builds resilience, strength, and new learning about how to operate in close relationships. For example, “I was completely ashamed and felt like withdrawing or running away or screaming at someone, and then someone _____ and that helped me to _____.”

REFERENCES

- Dayton, T. (2004). *The Living Stage: A Step by Step Guide to Psychodrama, Sociometry and Experiential Group Therapy*, Deerfield Beach, FL: Health Communications.