

## The Trauma Time Line

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Working with trauma is a process of bringing split emotional material to the level of consciousness and placing it into both the framework of the client's personality and the context of his or her life. Trauma-related memories may be indistinct, vague, confused, and fragmented. Relational trauma often has an ongoing aspect to it, as it is laced into relational dynamics that wax and wane over time. This makes it difficult to have a sense of a beginning, middle, or endpoint; thus clients may carry a feeling of having suffered year after year without breaks. The Trauma Time Line allows clients to get a basic sense of how trauma may have clustered in their lives and which parts of their lives may have been relatively free of trauma. The Trauma Time Line can also reveal how early trauma patterns may have affected further psychological and emotional development and how they may have continued to be recreated throughout clients' lives. The Trauma Time Line may be done as a paper-and-pencil activity, put into sociometrically aligned group processes, or serve as a warm-up for focused vignettes and psychodramas. I developed the Trauma Time Line in the 1980s and first published it in *The Living Stage*.

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I developed the Trauma Time Line in order to give clients an opportunity to place their traumas within the context of their lives. Because the thinking mind is not making here-and-now sense of circumstances that are experienced as traumatic, people who have been traumatized can be left with a fragmented sense of their experience and lose track of what happened and when and where it occurred. This is part of the constant reliving of unprocessed pain; a person who has been traumatized can never really leave her unprocessed experience behind, because much of it is still relegated to a less-than-conscious state. The Trauma Time Line offers a visual picture that allows clients to place their pain into the context of their lives.

Oftentimes clients spontaneously observe that their traumas, though they feel like they spanned their whole lives, were actually confined to a period in their lives. They often gain insight into what they may have been importing from their past into their present that is fueling reenactment dynamics. Clients who are further on

in recovery also observe that once they developed more conscious coping skills, they actually repeated less, thus they created less pain for themselves.

### 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 and 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 identify points of strength and resilience.
5. To bring to consciousness how trauma breeds trauma, connecting related traumas so that one can see the full impact of not just one traumatic event but a string of related traumas.
6. To put life experience back into a context and place traumatic experience into real rather than imagined time.
7. To identify and observe how reenactment dynamics got set up and lived out over time.

### STEPS

1. On a piece of paper, draw a line the length of the longest side of the paper and divide the line into five-year intervals.
2. Ask group members to recall events, situations, or behaviors from their families that have felt traumatic to them, that hurt or frightened them very much or caused them to shut down.
3. Have them locate these events at 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. This sharing can be done in the large group, in clusters, or in dyads. One person at a time holds his or her timeline up and shares it.
5. Next, lay out large note cards along the floor in a timeline progression at five-year intervals to match the Trauma Time Line. (See [www.tiandayton.com](http://www.tiandayton.com) or YouTube for a streaming video of the Trauma Time Line.)
6. Invite group members to go to a place along the timeline on the floor where they feel they have unresolved issues or feel stuck. (Note: They can just choose that place that they are presently most “aware” of and are feeling the most intensely, as there may well be several.) This will naturally sociometrically align those who are emotionally tender around the same developmental stage, to stand near each other.
7. Invite group members to share with those nearest to them on the Trauma Time Line, thus allowing them to (a) begin to talk “from that age and emotional and psychological space in time,” (b) give that part of themselves a voice, and (c) give and receive identification, understanding, and support with those in a similar place.

8. This exercise will serve to focus and warm up protagonists to further psychodramatic work. Clients may be very warmed up and require little more than a simple role play in order to complete their scene or fulfill their act hunger. In trauma work, engagement is key; dramas may be small and quiet and still very effective. Much of the work is in the warm-up, as we're often dealing with split-off affect when it comes to giving voice to frozenness. So in this work, less can be more.
9. More than one group member may be warmed up to doing a short role play; if the group is comfortable with doing more than one role play, that is fine. Role plays do not have to be long to be effective. In fact, breaking protagonists out of the timeline and doing too much scene setting or psychodrama can break the flow of the process. It is up to the therapist and the group how to handle the role plays.
10. After timeline work is finished, go back to seats and share with any protagonists who may have emerged and about the process as a whole.

### **VARIATION #1: DIALOGUING— MOVING INTO PSYCHODRAMATIC VIGNETTES**

1. Another way to use the Trauma Time Line is to do it in the group and then set up two chairs and offer the stage to anyone who is warmed up to do an empty-chair role play or a vignette.
2. Set up two chairs facing each other, one representing the client at the age on his or her timeline that he or she wishes to embody and talk to, and the other his or her adult self.
3. Invite the client to talk from the age on the timeline that he or she wishes to embody to his or her adult self in the other chair.
4. When the client is finished talking, invite him or her to reverse roles: sit in the "adult self" chair and respond to the "child self." Or, if you know how to do role plays, reverse roles continually and have a dialogue between the child self and the adult self. The idea here is to develop this link from the child to the adult self so that in the future, when the child self is feeling strong feelings, he or she will look to the adult self to help manage and regulate those feelings through holding, insight, and understanding rather than having the child self move straight into talking and action from a frustrated, "young," and immature place without mature reflection and understanding. Here we're developing new, more mature ego functions.

Notes: Strengthening the inner dialogue between the thinking, rational adult and the child mind is critical so that the adult mind can help the child mind to right-size emotions. Remember, the prefrontal cortex shuts down when we're feeling threatened and the feeling/sensing/limbic mind takes over. In the case of childhood trauma in the home, when the adults were causing the stress, that means that often times childhood pain may never have been talked through and right-sized. Rather, it lives flash-frozen, wordless and unexamined within the mind-body, and gets triggered in this state. We become all feeling with no thinking. Part of healing trauma is simply making this wordless pain conscious

and translating it into language so that we can use our thinking mind to understand it. Our mature, adult mind can make new sense out of unprocessed childhood experience. It helps clients to self-regulate. “Dialoguing” is designed to teach clients to (a) learn the difference between a “child” or “adolescent” state of mind and an “adult” state of mind; (b) teach the child self to translate his or her powerful emotions into words and talk about them rather than simply act them out; and (c) develop the habit of listening to the feelings the child self is trying to articulate, and place them within an adult framework before blurting them out in their triggered or un-thought-through state.

### **VARIATION #2: WHEN DID I START SELF-MEDICATING?**

Another variation is to allow group members to walk the timeline one person at a time. If this is done in a treatment setting, it can be used to understand the *statu nascendi* or the onset of self-medication. As a client walks through the various stages, invite him or her to share about when he or she began to discover that candy, junk food, beer, or drugs offered relief from emotions that were overwhelming or felt to be frightening to face. Invite the client to share what was going on in his or her home or environment that contributed to feelings of disempowerment, sadness, or anxiety. Establishing this link between trauma and addiction can help clients to become aware of their triggers and help prevent relapse. It also builds resilience to be able to build the skills of translating split-off affect into words and processing it with others.