Section 1: Theory and Research

Emotional and Developmental Repair through Psychodrama:

Floortime for Grown-Ups

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The use of dramatic forms to communicate, teach, and heal is as old as history; our natural urge to act out the contents of our inner world is inborn. Ancient Greeks used drama to illuminate issues close to the human heart. Through role-play, the stage became a safe arena in which to explore and explain psychological and emotional themes. Audience identification with the characters portrayed (Bentley, 1986) was one of our earliest forms of therapy. Today, psychodrama, sociometry, and experiential group therapy provide a controlled acting out in service of healing; they are a modern adaptation of an ancient form.

Psychodrama, sociometry, and group psychotherapy is the three-tiered healing system developed by J. L. Moreno, who believed that what was learned in action must be unlearned in action and what was learned in relationship must be unlearned in relationship. Hence, the birth of healing through role-play. Achieving the goals of undoing problematic patterns of thinking, feeling, and behaving through the vehicles of action and role-play and then relearning new, more adequate ways of experiencing and expressing the self in a relational context is the work of psychodrama, sociometry, and experiential group therapy.

Being able to attach words to feeling states is a cornerstone of developing emotional literacy and consciously regulating behavior. We need to think about what we are feeling to understand what is occurring in our inner and outer worlds and to use that understanding to aid in regulating our thinking, feeling, and behavior. According to Stanley Greenspan, clinical professor of psychiatry and pediatrics at George Washington University Medical School and author of *Building Healthy Minds* (1999), physical gestures and actions for young children become double coded with emotional meaning. Emotional learning is a mind–body phenomenon. The limbic system—that is, the brain–body system that is associated with the regulation of our psychological and emotional states—can become deregulated in individuals who grow up in less than optimal

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environments. Emotional deregulation can contribute to moodiness, depression, and even acting out behaviors, such as violence and addiction. The limbic system is associated with our emotions, and the neocortex is associated with critical thinking. Both of these systems are operative in processing emotions. While the neocortex can collect facts quickly, the limbic brain does not. Physical mechanisms and sense impressions are what produce our experience of the world, and we need new sets of physical impressions to change or alter those impressions (Lewis et al., 2001).

In light of the neurological research that has given depth and meaning to the mind–body movement, an increasingly significant aspect of the experiential therapies is the ability to allow the body to be a part of the therapeutic process so that new sense impressions can be more easily created. Children who have not grown up having their emotions decoded for them by caring adults may lack emotional literacy. Later, as adults, they may have trouble describing, decoding, and understanding their inner world. Psychodrama allows clients to enter their limbic world actively in a less restrained way than occurs either in normal life or in talk therapy alone.

HOW BEHAVIOR BECOMES INFUSED WITH EMOTIONAL INTENTION AND MEANING: WHY EXPERIENTIAL METHODS HAVE THE ABILITY TO REACH INTO THE PSYCHE AND HEAL

Gesture, Our First Language

Gesturing or action is our first language (Greenspan, 1999). It is the mind–body communication upon which all subsequent language is built. Before language formally enters the picture, we humans learn a rich tapestry of gestures and actions to communicate our needs and desires. The gesturing includes a nonverbal communication capability that informs our ability to express ourselves and understand others throughout our lives. The expression of concern or alarm on a mother's face, for example, causes the child to feel "held" or alerted to danger. The child's screech, accompanied by an arm motion, may signal a wish to be picked up, cuddled, or command the mother to hand over a favorite toy. All this body language is part and parcel of an action-oriented, gestural communication and contains important connotations. Each tiny gesture is double coded with emotion (Greenspan, 1999) and stored by the brain and body with emotional purpose and meaning attached. Through this interactive process of communicating our needs and desires, we build emotional intelligence and literacy as surely as we learn math in a classroom.

Because gesturing is our first form of communication, much of this language becomes part of our unconscious and surfaces in the form of "automatic emotion." In his research on affect regulation, Alan Schore (1991) describes that "automatic emotion" operates in infancy and into even adulthood at nonconscious levels (Hansen where it shapes subsequent conscious emotional processing. Our emotional unconscious, so to speak—this web of gesture, meaning, and word—is formed through our interactions in our

environment with our family and caregivers (our first social atom), forms a foundation for later emotional growth and language development.

What occurs between people as subtle exchanges of emotionally laden signals happens so quickly that we hardly know it is happening. Evolution has made the processing of emotions and their communication to others very rapid. Amazingly, the transmission of facially expressed emotion occurs in as little as two milliseconds, far beneath levels of awareness (Niedenthal, 1990). Nature has favored this speed sync for obvious reasons. The mother who could "feel fast," sense danger, and communicate that to her child to get him out of harm's way was naturally selected to be the DNA strain that led to us. Because the unconscious processing of emotional information is so rapid, the very subtle relational dynamics that are involved in the "transmission of nonconscious affect" (Murphy et al., 1995, p. 600) and the spontaneous communication of "automatic emotion" cannot necessarily be consciously perceived (Schore, in press-a), one might liken this form of instantaneous communication between people to the hot sync between computers. Significant information gets transferred from one system to another, but it happens in what feels like an invisible realm.

All these unconscious processes help us to walk, digest, self-regulate, and remain grounded within the self, in relationships, and our environment. They allow us to operate on automatic. This automatic operating process also has meaning, intention, and emotion already woven into it. Many people—particularly if they have had a lack of this gestural form of communication or grown up in environments in which feelings were not talked about—have a hard time identifying some of their emotions and their intentions when trying to self-reflect. They have a lack of awareness about why they do what they do or why they feel what they feel. They may be all action with little awareness of what is driving their behavior or going on underneath. They may withdraw into their own disconnected world, or perhaps they experience something in their body, such as chronic muscle stiffness or pain in their stomach, back, or head. However, they are unable to make any connections between their emotional feelings that may be being somatized rather than being felt. Further, they may misread or not pick up subtle signals from others that are a part of nonverbal communication (Dayton, 2005). Students bring these responses into the educational system, affecting their ability to have successful relationships and their ability to regulate themselves within the learning environment. These responses also follow us into our intimate relationships as adults and our parenting when we have our own children.

The family is our first and probably most significant classroom on relationships, and the day care and school systems run a close second. The obvious emphasis on intellectual learning that is a natural part of the school system blurs the extent to which emotions inform and drive our ability to attend, learn, and have healthy relationships within our school environment. Emotional development is not only our foundation for important relational abilities, such as intimacy, trust, and attunement, it is also the foundation of our intelligence and a wide variety of cognitive skills. At each stage of our

development, our emotions lead the way, and learning facts and skills follow (Greenspan, 1999).

If the family has caused emotional and psychological damage through creation of an environment that either does not support healthy emotional growth or contains problems that actually traumatize children—undermining, interrupting, or interfering with sound emotional development—repair needs to occur after the fact. If a child has repeatedly mobilized the trauma defenses of numbing and dissociation, his or her genuine feelings surrounding a situation may remain out of reach, and those symptoms may lie dormant for many years. For example, by the time the traumatized child is even aware that problems from the past are interfering with the present, he or she may be well into adulthood. That makes all the more necessary a therapeutic approach that allows the child within the adult to reemerge. The child inside the adult will need to revisit the emotional and psychological milieu in which the early learning took place in order to resolve blocks and learn new emotional and psychological skills.

The Fear Factor: How Trauma Deregulates the Limbic System, Contributes to a Lack of Psychological and Emotional Integration, and Affects Healthy Emotional Development

Neurobiological research provides a much-needed window into working with those whose neurological systems have become deregulated through less than optimal relational experiences, such as relational trauma that comes from familial neglect, abuse, or living with addiction.

Children do not have a fully developed capacity to understand what is happening around them and regulate their intense emotional responses accordingly. That is why children can get so excited when seeing a clown at the circus or so scared watching the trapeze artist. They depend on adults around them to help them contain their excitement or calm and soothe their intense fear. This limited brain development can put children at risk if they are living in a chaotic environment, especially if the adults to whom they would normally go for comfort or containment are the source of the stress. The amygdala, our fight–flight–freeze part of the brain, is fully formed at birth. This means that infants and children are capable of a full-blown stress response from birth on. When frightened, their bodies will go into fight–flight–freeze mode (Uram, 2004). However, the hippocampus—the part of the brain that interprets sensory input about whether a person or event is a threat—is not fully functional until between 4 and 5 years of age. So, children have no way of assessing whether or not they need to be scared or how scared they need to be. To make matters even more complicated, the prefrontal cortex, which is where we have the ability to think and reason, is not fully developed until around age 11 (Seifert, 1990). Therefore, when small children get frightened and go into fight–flight–freeze mode, they have no way of interpreting the level of threat or using reason to understand what is happening. Their limbic system becomes frozen in a sensory fear response—and can remain so, without intervention from a caring adult. Because of the child's natural egocentricity, the threat feels personal; it goes to their core self (Uram,

2004). Children are likely to interpret whatever is going on as being about them; they may feel they are either the cause or should be able to solve the problem. Because they lack the developmental equipment to modulate this experience themselves, their only way out of this state is through an external modulator—that is, the parent—who can hold, reassure, and restore them to a state of equilibrium. If this modulating takes place at the time painful circumstances are occurring, children are unlikely to become symptomatic because the parent is wooing them back toward balance and a sense of safety. If, however, the parent or family environment is the primary stressor and unavailable for reassurance, children live through repeated ruptures to their developing sense of self, fundamental learning processes, and relational world. They are left with little ability to make sense of what is happening, interpret the level of threat, or use reasoning to regulate and understand what is going on. Later in life, when that feeling of vulnerability or fear is triggered, their response is an unmodulated sensory memory that was locked down in their childhood (Dayton, 2005).

The body cannot tell the difference between an emotional emergency and physical danger. When triggered by either crisis type, the body responds by pumping out stress chemicals designed to impel someone to quick safety or enable him or her to stand and fight. In the case of childhood problems in which the family itself is the stressor, there may be no opportunity to fight or flee. Children in those systems may find escape impossible, so they do what they can: They freeze. They shut down their inner responses by numbing or fleeing on the inside through dissociating. Though this strategy may help them get through a painful situation, it may also teach them, slowly over time, to foreclose on their emotional system, to deny and reject their authentic emotions. In so doing, they lose access to valuable information that can help them navigate their relational world, accurately evaluate social cues, and regulate their own responses.

The ability to "escape" or take oneself out of harm's way is central to whether or not one develops long-term trauma symptoms or PTSD (van der Kolk, 2004). If escape can be possible, the person experiencing trauma is less likely to become symptomatic because he or she is actually able to act on the biological urge to flee. If escape is *not* possible, the intense energy that has been revved up in one's body to enable fight or flight becomes thwarted or frozen (Levine, 1997). Because the urge to flee is thwarted, it lives within the self-system as a thwarted intention, and symptoms may manifest after the fact, even well into adulthood, as a posttraumatic stress reaction. The contents of this unconscious memory can fuel problematic behaviors throughout life. Traumatized people live, in part, as though the stressor were ever present, as though a repeated rupture to their sense of self and their world lurks potentially around the corner—that is, they become hypervigilant.

Adolescents may enter the school system and adults may enter their later lives without having developed the skills needed for sound emotional regulation; they are unconsciously living according to the meaning they made of early painful experiences, such as "I am bad . . . I cause trouble . . . I am at fault" (Uram, 2004). Because these emotions are painful to recall, people may develop defensive walls, rather like a hard shell designed to keep pain (which might be overwhelming to

experience) from emerging within themselves. Consequently, they keep themselves from ever receiving the understanding and support they so desperately need and crave. Moreover, they further distance themselves from the kind of closeness that can lead to healing. This is one of the reasons that therapy can initially feel threatening to those who have grown up fearful in their intimate relationships.

Nuts and Bolts of Developing Emotional Intelligence and Literacy

Dr. Stanley Greenspan (1999) has developed a set of activities that he calls "floortime" that occur between a child and an adult to consciously nurture, developing emotional intelligence and the six levels of mind as he outlines them. Greenspan describes how a developing child translates the raw data that he or she gathers from his or her senses and inner feelings into images. The child uses these images to create personal meaning and communicate with others. We can think of the data as the mind's deepest structural components, the foundations of emotional development and its later support. Floortime is designed to access and strengthen these levels of mind to facilitate sound emotional development. Floortime need not be only on the floor: Once the basic principles are understood, they can be incorporated into most activities and used throughout maturation.

It is this author's experience that there is a natural interface between psychodrama's ability to revisit and revitalize the six levels of mind and the natural developmental progression followed by the developing child. In this way, psychodrama has the ability to repair the self at profound levels. Psychodrama and floortime have a lot in common.

How Trauma Undermines Emotional Literacy and Affects the Six Levels of Mind

Comfortable engagement with a primary caretaker is core to sound emotional development. When children become traumatized by living with parents who are addicts, have untreated psychological disorders, or are physically, emotionally, or sexually abusive, the six levels of the mind (hence, the child's emotional development) can be negatively affected. Children need those they depend on to be, in fact, dependable and reasonably well regulated so the children can internalize those skills and qualities.

Because the part of the brain that would normally organize sensory input—namely the pre-frontal cortex—gets overridden during traumatic moments in favor of the survival response, children (or adults) have painful experiences, and those experiences may not come to an adequate psychological and emotional closure. They do not get thought about, categorized, and made sense of before being tucked away and integrated with memories of other experiences on which to build clear-sighted learning. The contents of the traumatic moment or the pain and stress-filled experience does not get processed normally and thus may live instead as a sense memory within the body and psyche that remains jumbled and disorganized. Consequently, thought, feeling, and action may become detached from each other, which can contribute to a lack of emotional and psychological integration.

When people recall memories of what has been experienced normally, they have an understanding attached to them. When traumatic memories get triggered or recalled, they have not been processed and understood in the same way. We might say that they have been nonexperienced and that the person was relying on trauma defenses of shut down (freeze) and dissociation (flight) or fight at the time the experience took place. In other words, the person was strongly blocking being present to what was happening. At the time of the painful experience, one's survival defenses were strongly urging disengagement. A traumatized child consequently gets caught in an emotional and psychological bind. In the same emotional moment, the child has an urge to engage to meet deep needs for emotional connection and disengage to avoid emotional pain. That can become the source of a lifelong conflict that gets played out over and over again throughout life. It is an emotional conundrum that naturally effects engagement and intentionality because the child has powerful urges to bond with and rely on the very people who are generating painful, stressful experiences. After all, the child cannot really disengage from his or her own parent—where would he or she go?

The child's ability to distinguish between safety and danger may also become negatively affected when those causing intense stress and pain are the parents or primary caretakers. Naturally, the child's clear sense of purpose and interaction is influenced by the child's fear of the primary caretakers. When one is in a state of intense fear, the part of the survival brain that scans for danger is still fully operative (van der Kolk, 2005). In dysfunctional homes, a child learns to constantly scan parents' faces and the emotional environment for signs that the mood may turn sour or blow up. The child starts "people pleasing" and learns quickly that things will be easier if the child can anticipate a parent's displeasure and head it off at the pass with solicitous behavior or perhaps humor. However, that works only for a while and certainly not perfectly. Again, the child's sense of self becomes oriented outside of the child, and his or her inner world suffers. Along with highly honed people-pleasing skills, the child may internalize an unconscious feeling that he or she needs to deny his or her own authentic emotions in close relationships in favor of another person, or the child may feel unconsciously helpless to affect and manage an unmanageable family environment. Another pattern sears itself into place: The child learns the lesson, "I need to get it right outside of me first in order to let myself relax and be comfortable on the inside." That reaction is codependency in the making.

As I noted earlier, sensation, emotion, and thinking can be split apart from each other when, as children, we activate survival defenses such as numbing and dissociation. When we lose access to our natural and authentic emotional responses, our ability to form symbolic thought becomes affected. If we cannot experience our genuine emotions, we cannot name or label them. Consequently, we cannot use words to accurately describe our feeling states. Without the capability to label emotions accurately, we are not able to think emotionally, talk about our feeling states, or listen to the responses of others in a grounded, meaningful way. We cannot, in other words, use words to represent feelings symbolically, which is fundamental to emotional literacy. We lose track of our

Six Developmental Levels of the Mind

1. **Self-regulation.** Self-regulation is a primary developmental task that allows the child to regulate him or herself *emotionally* and *physically*. Regulating the self involves learning to *organize sensations and the body's responses*. From the jumble of sounds, sights, smells, and tactile feelings, patterns begin to emerge: Sounds become rhythms, sights become recognizable images. The child's growing ability to control body movements make it possible to cuddle, to follow an object, or stand up in a mother's lap. *Physical and emotional self-regulation are at the core of healthy functioning on all levels*.
2. **Engagement.** Engagement represents the beginning of building the capacity for relationships. It begins with the child's emotional registering awareness of a fellow being's presence. Through using the capacity for calm attention, the baby now notices the tones, expressions, and actions of the people close to her. Before long, she reacts to them with pleasure and starts building intimate relationships with those who love her. Without some degree of adoring wooing by at least one adult who cares, according to Greenspan, a child may never know the powerful intoxication of human closeness, never see other people as full human beings like him or herself, capable of feeling what he or she feels. This is the reason that, in studies of why some children develop the resilience that allows them to thrive in adverse circumstances that often sink others, the single most important buffering and sustaining factor in that child's life is at least one bonded relationship.
3. **Intentionality**. The ability to connect with at least one other person leads to intentionality—a willed exchange of signals and responses. Children who have successfully completed the passage into deep engagement gradually come to perceive that the actions passing between them and others are part of a two-way exchange. There is such a thing as *intent* in the world—a smile leads to a smile, outstretched arms lead to being picked up, and so on.
4. **Purpose and interaction**. Once a child connects sensation and emotion to intentional action, more complex, presymbolic communication equips him or her to find a way in the world of social interaction. The child can now distinguish facial expressions and body gestures, and discriminate among basic emotions to distinguish safety and comfort from emotions meaning danger. Life's most essential, emotional themes are identified, and patterns of dealing with them formed.
5. **Images, ideas, and symbols**. This is the stage of true symbolic expression. The child begins to deal not only with behavior but with ideas. He or she begins to understand that one thing can stand for another, that an image of something can represent the thing itself. This realization allows her to create an inner picture of her world. Moreover,

these symbols (i.e., mental pictures, gestures, feeling states, or words) can represent not only her own intentions, wishes, and feelings but those of other people as well.

6. **Emotional thinking**. Experience now can be linked into sequences of inner images that allow a child to consider actions before carrying them out. *Words* and then *ideas* can link up to *emotions*: "I am sad because it's raining and I want to play outside." Time becomes more comprehensible, separated into past, present, and future. Together, these abilities make up basic personality or ego functions: They include reality testing, impulse control, and the ability to see connections among many different feeling and ideas.

Through practicing these principals, *nature and nurture can interact toward sound emotional development*. Without this structure, the mind cannot function coherently but only in a fragmented, jumbled fashion. "When you are playing eye-to-eye with your child, you will generate a sense of equality that encourages him to engage with you," says Greenspan (Year, p. XX). Children emerge from this kind of play with greater self-confidence and self-awareness. This one-to-one, intentional time with a caring, relaxed, and attuned adult is worth its weight in gold to a child. It is an investment in their inner world from which they will draw interest throughout their lives (Greenspan & Wieder, 2005).

emotional compass. We become emotionally colorblind, unable to distinguish between subtle shades of hue, depth, and intensity. We are not good at thinking about what we are feeling because we have not made a strong enough connection between the feeling and the accurate word to describe it. Later, as adults, we feel lost and confused when asked to describe our inner world and our subtle motivations. Levels four through six in the six developmental levels of mind become seriously thrown off track through living with trauma. Our abilities to extrapolate organized, helpful meaning, think symbolically, and have coherent emotional thinking are all affected.

The following is a brief description of Stanley Greenspan's floortime and how he, through meaningful interaction with the child, nourishes and fosters sound emotional growth. My thesis in this article is that psychodrama can offer a therapeutic milieu that can allow the adult to have an emotionally reparative experience by simulating the dynamics present in floortime through role-play.

HOW PSYCHODRAMA RECREATES ADULT "FLOORTIME"

When children who have grown up in traumatizing homes become spouses and parents, they can feel that they lack the right emotional equipment to form long-term, intimate attachments. Their "emotional thinking" may be foggy or ineffectual in getting them to understand what is going on in an emotional exchange. Their ability to remain engaged on a deep level or balanced during

Basic Ideas Involved in Greenspan's "Floortime" for Children

Observation As we listen to and watch our child, we are observing. Facial expressions, tone of voice, gestures, body posture, and words (or lack of words) are all-important clues that help us determine how to approach our child. Is his behavior relaxed or outgoing? Is he or she withdrawn or uncommunicative, or content and interactive? ***In psychodrama:*** The director observes the protagonist, in all of the ways listed above, to determine how to approach her.

Approach-Open Circles of Communication As we tune into "where our child is," we can open the circle of communication by acknowledging our child's emotional tone, then elaborating and building on whatever interests her or him at the moment. ***In psychodrama:*** The director tunes in on the protagonist where she is opening a circle of communication that they can elaborate and build upon together in the therapeutic moment.

Follow the Child's Lead Following a child's lead simply means being a supportive play partner who is an "assistant" to the child and allows the child to set the tone, direct the action, and create personal dramas. This enhances the child's self-esteem and ability to be assertive, giving the child a feeling that "*I can have an impact on the world.*" As you support your child's play, he benefits from experiencing a sense of warmth, connectedness, and being understood.

As you follow your child's lead, extending and expanding your child's play themes, he will feel your interest and be strengthened and emboldened by it (Greenspan, 1999). This involves making supportive comments about your child's play without being intrusive. This helps your child express his own ideas and defines the direction of the drama or interactive play. Next, ask questions to stimulate creative thinking to keep the drama evolving while helping the child clarify the emotional themes involved. For example, suppose your child is playing out superhero themes: Rather than ask critically, "Why are those people so awful?" you may respond empathetically, "What does that person want? What are they doing now?" ***In psychodrama:*** The director assists the protagonist in extending and elaborating upon the themes that define and drive their emotional world, allowing the protagonist to lead the way. This helps the adult relearn how to be assertive, allowing them to set the tone and steer the action, giving the disempowered child within the adult the feeling that they can, in fact, have an impact on their world. The learned helplessness that is the direct result of trauma and the feeling that nothing they could do would make a bad situation better is greatly healed by this reparative approach. The protagonist feels warm and connected to the director, experiencing her as an ally. The activity of role-play with doubling (speaking the inner, less than conscious, inner voice of the protagonist) and role reversal (actually reversing roles with others and standing in their shoes) helps the

protagonist to understand the psychological dynamics beneath the situation that caused them pain and see it in a new light.

The Child Closes the Circles of Communications We open the circle of communication when you approach your child, then your child closes the circle when she builds on our comments and gestures with comments and gestures of her own. One circle flows into another, and many circles may be opened and closed in quick succession as we interact. By building on each other's ideas and gestures, our child begins to appreciate and understand the value of two-way communication. ***In psychodrama:*** The themes in the protagonist's world are opened and closed throughout the drama, building on the gestural and ideational world of the protagonist (Greenspan, 1999).

emotionally laden encounters may be compromised. When they become threatened, they may rely too much on the defenses they used as children, such as numbing, disengaging, blocking, or exploding. They may find themselves in the emotional bind that was set up when they were children—simultaneously having powerful urges to connect and disconnect in the same emotional moment. Some learn to override their urge or fear of disengaging by becoming what family therapists refer to as "over close" or "overfunctioning." Others become emotionally aloof or avoid the type of deep connection that they may find threatening, and they may underfunction. As a result, relationships may have either an over intensity to them or have a somewhat phony quality.

These adults need to find a therapeutic approach that can mimic a body–mind engagement that is crucial to sound emotional development. Psychodrama allows the traumatizing circumstance to be, in a sense, relived in the here and now so that new sense and meaning can be made of it. Psychodrama can recreate a sort of adult floortime through which to revisit, heal, and facilitate emotional balance and regulation. During the psychodrama, Greenspan's six levels of mind are constantly being accessed and worked.

Psychodrama uses the stage as the defined space in which emotional repair can occur. It invites the adult to reenter his or her intrapsychic and interpersonal world through role-play. Throughout the enactment, the director *observes* the protagonist as he or she enters his or her own internalized reality. It is the director's job to listen and follow the lead of the protagonist, entering and recreating the reality as he or she experienced it, constantly facilitating the protagonist's ability to open and close circles of communication with the role-players who represent either people from the protagonist's life or aspects of his or her inner world. The director is constantly aiding the protagonist in elaborating and extending the personal dramas in service of exploration and healing. Here, we might consider that part of what creates lasting conflict and tension within the psyche of the adult are circles of communication that have never been brought to adequate closure. Painful or stress-filled relationships can and often do leave children in the difficult, if not impossible, position of having to make child like

and immature meaning of circumstances. Psychodrama allows the adult to revisit the world of the child he or she once was to repair what psychodrama refers to as "act hungers" (hungers for action), create act completion (bring closure to unresolved act hangers), and bring closure to open tensions (unfinished business that lives in the psyche as an unclosed circle of communication).

How Does Psychodrama Heal the Breach Between the Survival Parts of the Brain and the Cortical Brain? How Do We Turn a Frozen Sense Memory into a Part of Us that We Can Feel, Understand, and Integrate?

Memory is state dependent. For example, the smell of lilacs may lead us to recall the lilac bush in the yard of our childhood homes. The smell acts as a trigger that results in our recollection of the fuller memory. When an adult who has grown up in a home where he or she has been traumatized enters the arena of intimate relationships with partners and children, the feelings of closeness and vulnerability that are a part of intimacy naturally trigger emotions and recollections surrounding one's childhood intimate relationships. But if intimacy has been paired with danger, what is triggered may be a confused jumble of images, numbed emotion, and body sensations that struggle to find their way to the surface but cannot travel by known routes. When we lose this much access to our authentic mind–body selves, therapeutic approaches that use words alone often cannot reach us. Forms of therapies that are nonlinear—such as poetry, art, music, drama therapy, and psychodrama—allow memories to emerge in their jumbled state and be sorted through after the fact. Psychodrama does not ask us to reflect until after we have experienced. Psychodrama has the advantage of simultaneously integrating emotion, thought, and behavior.

Psychodrama offers a full opportunity for a concretized encounter with the self in all of its various forms. It allows for the child who lives within the adolescent or adult to emerge not only in words but also in action and in concrete form. The adult answers the question, "Who can play the child within you?" before being required to reflect with words. In this manner, words used to describe emotional states grow out of meaningful experience rather than coming before the experience. Allowing the child within to speak and act gives the child who may be living in frozen silence within the adult the chance to struggle towards more full and integrated self expression.

Another advantage of psychodrama is that the natural regression that occurs when we contact these parts of self is well held and contained by the psychodramatic form so that a client can emerge from it and then leave it behind, so to speak. The protagonist can bring closure to the drama and then return to his or her adult ego state, looking back on who he or she was in that moment in the drama that represents another time and place. Clients can then, with the help of the therapist and other group members, use words to cross the natural psychic cleavage that any person faces in maturation. Words and the ability to conceptualize symbolically become the bridge that any child walks in order to carry the child self safely into adulthood. In a home that is not interrupted by trauma, this process occurs quite naturally; that is, aspects of the child self are

naturally remembered and carried along within a coherent framework of self toward adulthood. But when the self has been traumatized, significant parts of the self may become split off and decontexualized, with access to the feeling self compromised. Significant pieces of self may become frozen in sense memories from the past that remain locked in fearful, voiceless silence. It is difficult, if not impossible, to reflect on these parts of self through words alone. These aspects of self need to be recovered and reworked through a form of therapy that allows them to these various "selves" to emerge into the here and now to be met and reworked and then translated from sensory to intellectual memory. Once they have been reunderstood in the light of today and new meaning is made out of old events and circumstances, they can be reincorporated into the unconscious and conscious self as memories that can be recalled at will rather than split off. They can be integrated into the self system with adult reasoning and understanding attached to them. They have been made sense of with the part of the brain that makes meaning, the cortical brain. The bridge between the reptilian–limbic and the cortical brain has been traversed successfully. The process is one of doing, undoing, and redoing.

What Part of Us Shuts Down When We Are Traumatized and What Part Keeps Operating?

If we could simply leave significant parts of self behind in frozen silence and forget about them, life would indeed be much simpler. Unfortunately, in the case of trauma, out of sight is not necessarily out of mind. What we do not know *can* hurt us. We need to make sense of the events of our lives in order to grow, develop, and mature properly. Losing access to some parts of self is a natural part of growing up. No one can recall everything, but trauma has the problematic effect of locking us into sense memories that become frozen and to which we lose access. When we are terrified, we rely on the survival defenses of fight, flight, and freeze to get us through a stressful situation. These early defenses are a part of what is known as the "reptilian brain." At moments of high stress, the cortical part of the brain becomes overwhelmed, and we live in or work from the survival parts of the brain. Consequently, we are unable to use the pre-frontal cortex to make sense and meaning of the events occurring because that part of the brain is temporarily out of service. As a result, the sense memory gets locked into place with little meaning and understanding attached to it. Because children are fundamentally egocentric and lack the developmental capacity to understand what is going on in traumatic moments, the meaning they do make is often that they are somehow responsible for what is going wrong. They may carry into later life the unresolved shame at not being good enough to manage the unmanageable. When those unprocessed sense memories are triggered by something in adult life—that is, when they enter circumstances similar to those that caused them pain to begin with—they reinhabit the body that got frozen and are scared all over again. Their hearts may pound; their knees, hands, or toes may lock; they shiver and shake; their stomachs get queasy; and their backs and necks freeze. Their feelings about the self and relationships, which have been seared in place, arise all over again. They stand, inarticulate, frozen in place, helpless, or filled with rage. In psychodrama, all

participants follow the lead of the protagonist into a forgotten world. They work with those states as they emerge toward an adequate, rather than anxious, closure.

How Emotion Travels Through the Body or Why a Mind–Body Approach to Therapy Is Important

The body is the three-dimensional reflection of the unconscious mind (Pert, 1997). Repressed traumas caused by overwhelming emotion can be stored in a body part. This can affect our ability to feel, move, or consciously experience that part of our body. There are an infinite number of pathways for the conscious mind to access—and modify—the unconscious mind and the body.

Until recently, emotions have been considered to be associated with specific locations or centers in the brain, such as the amygdala, hippocampus, and hypothalamus. While these are emotional centers, other types of centers are strewn throughout our bodies. Emotions travel through our bodies and bind to small receptors on the outside of cells, much like tiny satellite dishes. Throughout the body, there are many locations where high concentrations of almost every neuropeptide receptor exist. It is nuclei that serve as the source of brain-to-body and body-to-brain hookups. Nuclei are peptide-containing groups of neuronal cell bodies within the brain (Pert, 1997).

Emotional information travels on neuropeptides and is able to bind to its receptor cells through the binding substance of ligands. The information is sorted through the differentiation of receptors. That is, certain information binds to certain receptors. Our emotions are constantly being processed by our bodies, painting a dynamic rather than static picture of development; it is not nature *versus* nurture, but nature *and* nurture. The brain and body are exquisitely intertwined systems that are constantly interacting with the environment. All five senses are connected to this system and feed information that determines our unique response to anything from petting a soft rabbit to being slapped. The more senses involved in an experience, the more the brain remembers it. The smell and taste of Grandma's cooking—as well as her gentle touch, familiar voice, and the sight of her standing at the stove—engrave themselves onto our memory systems, along with the feelings associated with them because every sense is involved. The same is true in the case of trauma. The emotional system is more or less like the endocrine system and moves throughout our mind and body. Psychodrama, sociometry, and experiential group therapy have a unique ability to work with that system through the spontaneity of role-play, with its full use of people in the act of being themselves.

Darwin (1969) felt this emotional system was highly conserved throughout evolution because emotions are so critical to survival. The cavewoman who got scared when threatened by the proverbial saber-toothed tiger grabbed her children and ran for safety was likely the one naturally selected to become the DNA strain that led to modern humans.

Role of the Limbic System

Limbic bonds imprint themselves onto our emotional systems. The limbic system actually creates emotional coloring. It sets the mind's emotional tone, tags events as

internally important, stores highly charged emotional memories, modulates motivation, controls appetite and sleep cycles, promotes bonding, directly processes the sense of smell, and modulates libido (Amen 2010). Our neural networks are not easily altered. Our early emotional experiences create long-lasting patterns within the complex web of the brain's neural networks. Our emotional life is physical; it imprints itself on our bodies. When we have problems in our deep limbic system, they can manifest as moodiness, irritability, increased negative thinking, negative perceptions of events, decreased motivation, clinical depression, appetite and sleep problems, decreased or increased sexual responsiveness, or social isolation (Amen, 2010). Our neural system carries with it our emotional sense memories from childhood. Familiar smells, sounds, or places can send a cascade of memories flooding through us that either wrap us up in their warmth or challenge us to maintain our composure. Along with the memories comes the cognitive sense that we made of what happened at the time (Dayton, 2003).

The body is part of the therapeutic process. One of therapy's ultimate goals is to restore our ability to care and be cared for in reasonably functional ways, to learn to love and be loved. It is relationship that heals. Most research done on the efficacy of therapy arrives at the same point: Ultimately, it is the quality of the relationship between client and therapist, or between group members, that is core to the healing process. Insight is helpful in understanding and cognitive restructuring, but the relational patterns encoded into the limbic system do not necessarily respond to insight alone; they respond to the slow repatterning or recoding of the complex brain and body systems that hold the story of us, the sum total of our experiences written on them.

DOING, UNDOING, AND REDOING

We know much about people without exchanging a word. We get a sense about them, what their essence is, and how we relate to them and they us. It is a reciprocal process. In psychodrama and sociometry, we call it "tele," the connection between people that is nonverbal but says everything, what we "get" about another person and they about us.

The experience of being seen, of feeling understood and "gotten" by another person or people can be fundamentally altering and healing. These processes are also fundamental to bonding. Children need secure bonds to feel seen and understood.

But people do not acquire the skills of limbic regulation through insight or reading a book. They must spend the needed amount of time in the presence of adequate external regulators, or what we might call "healing relationships." These skills of limbic regulation are a part of the limbic resonance that occurs between mammals and humans, part of the comfort and security we feel in the presence of each other.

As a client depends, she or he internalizes this regulation, and it becomes a part of her or him. Gradually, the person feels more whole, capable, and confident until eventually he or she is ready for independence and self-regulation.

When a limbic connection has established a neural pattern within us, it takes a limbic connection to revise it (Lewis 2001). In child development, each tiny

interaction between parent and child actually lays down the hardwiring that becomes knit into the fabric of the growing child's neural network. Healing or therapeutic relationships mirror this same process. Through successful and growing intimacy and connection, new neural patterns may be established. Gradually, over time, they can give the client a new body to live in. A newly ordered self. The client changes not only from insight but also from a new experience of being in the close presence of another person in a regulated, balanced way. This gradually teaches the limbic system new sets of skills of regulation. The patient encodes new neural patterns that are the result of their regular and regulated healing interactions.

ADDING SOCIOMETRY TO THE MIX

If psychodrama is the *intra*personal, sociometry is the *inter*personal aspect of the three-tiered method. Part of therapy is to rework the inner world of the client. But that inner world has been developed in a relational context and requires relationships to modify itself. This is why an important goal of anyone who works with adolescents and adults is to offer an opportunity to teach them how to connect in positive ways with adults and their peers in the here and now and to minimize painful interactions and maximize positive ones. In this way, their experience of healthy connection, over time, can have a reparative effect. Sociometry provides experience, opportunity, and training in connecting with others in constructive rather than destructive ways. The adolescent's urge to connect, for example, requires no explanation. They search out group experiences as though they were heat-seeking missiles. Providing positive and healing ways to connect that can lead to other constructive forms of connection through projects and activities, creates new foundations on which to build a healthy sense of self. One of Moreno's basic tenets is that, in a group, each person becomes a therapeutic agent for the others. This vision of community healing gives hope in a world in which resources are scarce and energy is limited. The more people who find healing, the more potential for healing there is.

Experiential therapeutic approaches can allow people, young and old, to mobilize strengths and qualities that will enhance their own resilience by helping them experience and express themselves more coherently, allowing them to connect with others in constructive rather than destructive ways. Role-play can allow clients to enter the therapeutic milieu through meaningful, intentional action first, and then words can follow. They first experience themselves in action and then decode their impressions with words. A thoughtful integration of the dramatic therapies can also allow people to express and process emotional and psychological pain symbolically and creatively. The physical, emotional, and psychological benefits of this are numerous. The dramatic and the creative arts therapies:

- Enhance resilience by strengthening qualities associated with resilience such as independence, creativity, ingenuity, humor (Wolin & Wolin, 1993);
- Offer an arena in which the nuts and bolts of developing emotional intelligence and literacy can be revisited and reworked;

- Regulate the limbic system through experiencing the self in relationship within a healing context Lewis (2001);
- Expand and train the ability to attend and focus around specific goals and activities;
- Allow for a creative, symbolic expression of thinking, feeling, and behavior that can lead to enhanced creativity and spontaneity in the individual and increased ability to perceive and take action toward desirable life choices;
- Allow for a controlled "acting out" of pain and anger in service of healing so that acting out can lead to "talking out" and greater understanding and awareness rather than continual life conflicts;
- Provide practice in connecting with others in meaningful, purposeful and healthy ways;
- Lift the spirit and instill a sense of hope and beauty in life and a positive or possible future;
- Offer a healthy way to attain "feel good" states and a sense of oneness and intimacy with others;
- Offer alternative ways to elevate the immune system through sharing and writing to resolve inner conflicts (Pennebaker, 1990).

While psychodrama focuses on the *intra*personal, sociometry focuses on the *inter*personal or the psychodynamic. Psychodrama offers methods that synthesize the progression of developing emotional intelligence, regulation, and literacy. Then sociometry offers concrete techniques for clients to learn new and more adequate ways of connecting with others in the here and now. Significant emotional repair can occur when therapeutic methods allow for a full and integrated mind–body engagement that accesses and incorporates Greenspan's six levels of mind. The protagonist's intrapsychic process of creating personal meaning surfaces on the stage and becomes restored to a new level of understanding. The emotional thinking that has become embedded gets altered as inner complexes, conflicts, and drives emerge within the drama. The past becomes the present, the buried emerges from the protagonist's subterranean home to take concrete form in the here and now. Old meanings that the protagonist may have accepted as unalterable truth emerge, are concretized, re-experienced in clinical safety, reworked through the dynamics of psychodramatic role-play, and are reinterpreted through the eyes of the adult with the support of the director and the aid and caring presence of other group members. Psychodrama is an approach that can facilitate emotional repair in adults affected by less than optimal early relational experiences.

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