

## Introduction

# Action Methods in the Treatment of Trauma Survivors

M. KATHERINE HUDGINS  
DAVID A. KIPPER

The seed for this special edition on the treatment of trauma for *The International Journal of Action Methods* was Bessel van der Kolk's keynote address delivered to the American Society of Group Psychotherapy and Psychodrama in New York in 1997. Basing his conclusion on research on the biochemical impact of trauma on the brain, he proposed that experiential treatment is a treatment of choice. The idea of creating the present theme issue developed from discussions with clinicians and researchers who have practiced experiential psychotherapy and were concerned about how best to utilize action methods while maximizing their safety for use with trauma survivors.

### Trauma Theory and Self-Organization

Diagnosing persons who present with a history of severe trauma and overwhelming catastrophes as children or adults has not been an easy task. In the past, different classifications were proposed including thought disorders, mood disorders, and personality disorders in an effort to diagnose the nature of damage done to the personality. Until the last 10 years, many trauma survivors were misdiagnosed as having schizophrenia, psychotic depression, agoraphobia, borderline personality disorder (BPD), multiple personality disorder (MPD), or dissociative identity disorders (DID) and labeled untreatable because of the myriad symptoms they displayed. A more accurate diagnosis appeared in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; American Psychiatric Association, 1994), in which such people were diagnosed with a complex posttraumatic stress disorder (PTSD). With such a diagnosis, the disorder became more amenable to treatment both medically and psychologically. Recently, Greenberg, Lietaer, and Watson (1998) sug-

gested using “process-diagnosis” that details the interruptions in how a person experiences the world based on traumatic learning from the past and proposed that that perspective provides the most accurate diagnosis and thus facilitates effective therapeutic intervention.

The traumatic stress formulation of psychological problems differs from traditional thinking based on psychoanalytic theory (McFarlane & van der Kolk, 1994). Accordingly, people who have experienced overwhelming childhood or adult catastrophes have resulting developmental delays in many areas of healthy adult functioning. Specifically, when one is exposed to terrifying, life-threatening experience, normal biochemical, physical, perceptual, cognitive, emotional, psychological, behavioral, and spiritual processes are frozen in time, operating at a maintenance and survival level. Traumatic experiences result in deficits in neurotransmitters, disrupted brain pathways, dissociated intense affect, primitive defenses, and uncontrolled reexperiencing behaviors. Primitive, maladaptive defenses, such as denial, dissociation, multiple states of consciousness, projective identification, and identification with the aggressor, are overused, even when the present does not contain life-threatening stress. Emotional experiencing and expression vacillate between psychic numbing and intense explosions of affect. Interpersonal relationships are fraught with projections, transference, and repetition compulsions. These are some of the effects that trauma has on the development of personality structure and self-organization as seen from the traumatic stress model.

For structural change to occur in self-organization, the trauma survivor must have new and positive experiences in order to support new development of the self through positive roles. It is not enough to be able to analyze, and even manage, disrupted self-organization over time. Management leaves the person with a history of trauma still in a survivor-learning state, using the old patterns, albeit in a better way. For true healing to occur, the developmental delays must be brought into conscious awareness so they can be changed with new developmentally relevant experiences that present unique life-giving options. Only then is the person able to function in new and healthier ways in all areas of life. Traumatic experience can create developmental impairment for which experiential methods of psychotherapy are a treatment of choice.

*difficulties in  
healthy life or  
non-healthy*

### **Emergence of Experiential Psychotherapy as a Treatment Approach**

Because change-process research has documented its effectiveness, experiential psychotherapy has been increasingly recognized as an important therapeutic approach. Recent reports in change-process psychotherapy research support the conclusion that when done competently, experiential methods can effect profound therapeutic change in general clinical populations (Bergin & Garfield, 1994; Greenberg et al., 1998). Experiential psychotherapy encom-

passes a variety of humanistic approaches that emphasize the promotion of deeper in-session experience as a means of facilitating therapeutic change. In such approaches, people are viewed as experiencing agents who, by symbolizing and reflecting on their experience, construct new meaning and choose courses of action. Research pertaining to the change process during psychotherapy demonstrates that effective treatment involves a change in experiencing the self in the world. This holds true regardless of the theoretical orientation of the practitioner or his or her techniques of intervention.

Of all the currently used psychotherapies, psychodrama and gestalt therapy are the most comprehensive and intensive experiential interventions. Although psychodrama is the seminal action method, other experiential modalities have received more research focus. Currently, psychodrama is experiencing a period of growth and change that calls for new paradigms for action methods procedures that fit the salient characteristics of specific clinical populations (Blatner, 1996; Haworth, 1998; Kipper, 1986). Gestalt therapy, client-centered therapy, and other experiential methods are being tested and are being found effective in treatment of depression, PTSD, and other clinical problems (Greenberg et al., 1998).

At first glance, the use of experiential methods with trauma survivors may appear rather surprising to many readers. Given the great concern psychotherapists always have had about the danger of retraumatizing trauma survivors, a psychodramatic revisit or action exploration of traumatic experiences may seem counterindicated. However, grassroots accolades from 12-step recovery programs and clients' personal reports of success have dovetailed with the recent advances in psychotherapy research, demonstrating the effectiveness of experiential methods across a wide range of psychological difficulties.

It should be emphasized that until now there has been little specific research on the effectiveness of experiential therapy with the symptoms of trauma, either through psychodrama or other experiential modalities. However, the foundation for future research has been properly laid. Recent studies support the effectiveness of treating PTSD with "process experiential" treatment (Elliott, Davis, & Statick, 1998) and of treating sexual abuse with the clinically modified therapeutic spiral model of psychodrama (Hudgins, 1998). It appears that when an experiential intervention draws from sound theoretical foundations and the application is detailed so that it is amenable to standardized training and comparative research, experiential treatment can serve as an effective clinical tool even for disorders considered difficult to treat. In this theme issue, we have included articles by practicing experiential clinicians and researchers that document new experiential models of treating trauma that incorporate protective clinical measures to ascertain that retraumatization does not occur when using action methods.

In the case of trauma patients, experiential methods promote direct access

to the disrupted processes of living and the stored, unprocessed trauma material and its affects, so that they can be changed in the here and now of the therapeutic session. Although it is true that action methods can produce emotionally intensive experiences, the authors of the articles in this theme issue explain and demonstrate how to prevent the client from being emotionally overwhelmed or triggered into uncontrolled regression when working directly with trauma material.

In their article, Greenberg and Paivio present a theoretical understanding of the necessity of using affect in a productive manner when treating trauma. They show how long, dissociated emotions can be accepted and allowed into conscious experiencing and worked through to new meaning in the therapeutic relationships. Hudgins and Drucker demonstrate an effective model for using the *containing double*, a technique to prevent uncontrolled regression when using psychodrama with trauma survivors. The last article is a qualitative research project by Naar and his colleagues, who demonstrate how a time-limited psychodrama provides a safe medium for the maximum exploration of past trauma memories.

#### REFERENCES

- Bergin, A. L., & Garfield, S. L. (Eds.). (1994). *The handbook of psychotherapy and behavior change* (4th ed.). New York: Wiley.
- Blatner, A. (1996). *Acting-in* (3rd ed.). New York: Springer.
- Elliott, R., Davis, K. L., & Slatick, E. (1998). Process-experiential therapy for post-traumatic stress difficulties. In L. S. Greenberg, J. C. Watson, & G. Lietaer (Eds.), *Handbook of experiential psychotherapy* (pp. 249–271). New York: Guilford.
- Greenberg, L. S., Lietaer, G., & Watson, J. C. (1998). Experiential therapy: Identity and challenges. In L. S. Greenberg, J. C. Watson, & G. Lietaer (Eds.), *Handbook of experiential psychotherapy* (pp. 451–467). New York: Guilford.
- Greenberg, L. S., Watson, J. C., & Lietaer, G. (1998). (Eds.). *Handbook of experiential psychotherapy*. New York: Guilford.
- Haworth, P. (1998). The historical background of psychodrama. In M. Karp, P. Holmes, & K. B. Tauvon (Eds.), *The handbook of psychodrama* (pp. 15–27). London: Routledge.
- Hudgins, M. K. (1998). Experiential psychodrama with sexual trauma. In L. S. Greenberg, J. C. Watson, & G. Lietaer (Eds.), *Handbook of experiential psychotherapy* (pp. 328–348). New York: Guilford.
- Kipper, D. A. (1986). *Psychotherapy through clinical role-playing*. New York: Brunner/Mazel.
- McFarlane, A. C., & van der Kolk, B. A. (1996). Trauma and its challenge to society. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 214–241). New York: Guilford.
- van der Kolk, B. (1997, February). *Keynote address*. Presented at the annual conference of the American Society of Group Psychotherapy and Psychodrama, New York.