

## *The use of Psychodrama in Biodynamic Psychotherapy: Case Examples from a Domestic Violence Healing workshop\**

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**Summary.** *Traumatized individuals can suffer from an array of mental and physical conditions. Repeated traumatic memories can result from a chronic effort of the body to complete an action that was interrupted during the original traumatic event(s). Biodynamic psychology theorizes that trauma can result in the repression of painful emotions through muscular tension, and the contraction of muscles which leads to the storage of the effects of trauma within the body. Our research explores the application of Biodynamic methods to eliminate the biochemical, hormonal and emotional effects of trauma, and foster mind-body-spiritual healing for eight women who were receiving domestic violence support services in the West of Ireland. We present case examples and Biodynamically-oriented theoretical analysis of how psychodrama techniques can be beneficial.*

**Key words:** *Biodynamic Psychology, trauma recovery, mind-body medicine*

Violence against women is a pervasive social problem resulting in severe mental health consequences for the victims (De Jong, 2002; Kilpatrick, 2003; Tjaden, & Thoennes, 1998). Traumatized individuals may suffer from an array of mental and physical conditions, including mood and anxiety disorders, substance abuse and dependence disorders, eating disorders, somatoform disorders, and medically unexplained symptoms. From a Biodynamic standpoint, repeated traumatic memories can result from a chronic effort of the body to complete an action that was interrupted

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during the original traumatic event(s). These repetitious memories can result in “kindling” of survival-related neural pathways, making trauma survivors vulnerable to progressively minor triggers (Ogden, Pain & Fisher, 2006; Schore, 2002; van der Kolk, Pelcovitz & Roth, 1996). When the traumatic narratives are retold, bodily processes related to the traumatic memory are also activated, leading to a re-experiencing of the bodily symptoms associated with the event. Autonomic nervous system activation, muscular tension, intrusive sensory experiences, and involuntary movements are debilitating and repetitive cycles of mind-body triggering can keep the past trauma “alive” in the body. Given these poor mental health outcomes, and the pernicious storage of the effects of trauma within the body, our research explores the application of Biodynamic methods to eliminate the biochemical, hormonal and emotional effects of trauma, and foster mind-body-spiritual healing for eight women who were receiving domestic violence support services in the West of Ireland.

Biodynamic Psychology (BP) is a specific form of body psychotherapy that was developed by Norwegian Clinical Psychologist Gerda Boyesen (1922-2005), BP is based on an in-depth awareness of the body, with the goal of balancing sympathetic and parasympathetic functions (Boyesen, 1980; Southwell, 1988).

Biodynamic psychotherapy uses a variety of methods to help the participant to release blocked energy in the mind and body. One technique used in the workshop was psychodrama, including role-playing, role reversal, mirroring and doubling. While this paper will report theories about the impact of psychodrama on healing for trauma, this was a primary, but not the exclusive, method used in the workshops. The specific treatment methods used for any given woman depended on an array of factors which are beyond the scope of this paper. In brief, other methods within the Biodynamic approach may have included biodynamic massage and bodywork, or vegetotherapy on a firm mattress to encourage the emergence of unconscious material and to facilitate safe expression. While other members of the group might become part of the psychodrama, most of the work is done with the therapist in a one-on-one manner, witnessed by the group. The aim of this research was to evaluate the effects of a two and a half day Biodynamic group workshop intervention followed-up three weeks later by an individual biodynamic treatment, and then a second booster workshop in six months. We used pre and six week post-intervention standardized psychological, physical and wellbeing measures for both workshops.

## **Psychodrama within Biodynamic theory and therapy**

The goal in a Biodynamic session is to complete emotional cycles, to facilitate the physiological discharge of nervous tension through the body's healing mechanism known as 'psycho-peristalsis', to release trapped energy for current creative use, and to restore spontaneity. The interventions provided in this study were conducted within a *biodynamic environment* which is defined as a space that affirms the integrity of each person, supports listening to others without interruption, and invites honest self-expression without judgment. The therapist employs a protocol of *holding* the therapeutic space with focused time, support and encouragement for the participant to express feelings or thoughts and to complete interrupted impulses.

Psychodrama group therapy was developed based on the humanistic theoretical and philosophical work of Moreno (Moreno, 1946/1980). Moreno theorized that spontaneity was a primary health indicator and that spontaneous encounters within a therapeutic session were central to therapeutic change. Spontaneity is defined as a readiness of the participant to respond to an emerging moment, and is a kind of cognitive, affective and behavioral flexibility. Spontaneity is inhibited when inner processes are interrupted, and anxiety is the primary interruption (McVea, 2009). While critical to health, the concept is still in the developmental phase. In BP, spontaneity is also a critical outcome. Boyesen hypothesized that emotions are spontaneous bodily processes which may be inhibited by muscular contraction and other factors (Boyesen, 1980). Muscular contraction may be triggered as a result of prolonged stress or traumatic excitement of the autonomic and central nervous system. Repressed processes trigger these imbalances, which prevent the flow of physical and emotional feelings in order to limit emotional pain. This repression prevents spontaneity and disturbs normal physical, mental and spiritual homeostasis, causing a person to short-circuit thoughts or expressions and to repeat non-productive patterns in an effort to meet needs, thereby decreasing a person's capacity to live spontaneously.

A second healing mechanism of psychodrama is the theory that confrontation with the original painful material, which is primarily interpersonal in nature, is reparative (McVea, 2009). The mechanism that allows this repair involves the restoration of a healthy sense of self (referred to as social atom repair). A healthy self has been described as progressively-oriented, and is characterized by engagement in roles that enhance the fulfillment of the individual's purpose, as well as having

congruent thoughts, feelings and actions (Clayton & Carter, 2004). McVea et al found that re-experiencing significant events with insight and social atom repair with emotional release were key healing mechanisms of psychodrama (McVea, Gow & Lowe, 2011). BP theorizes that by completing the reaction or response that was already activated *but not expressed* in the original situation (referred to as *therapeutic ab-reaction*), the autonomy, dignity, strength and spontaneity of the ‘primary personality’ is restored. The person is enabled to return whole to home, community and work.

### **Vignettes**

Prior to each biodynamic psychodrama encounter, it was clarified that the therapist was working ‘here and now’ in a contained therapeutic environment with the *energetic and emotional expression* of feelings and reactions that it was not safe to express ‘there and then’. The emphasis was upon ‘*going into*’ the original painful situation, not avoiding it, for the precise purpose of ‘*getting it out*’. In other words, this expression, or getting it out, means that the affects and effects of the original situation are discharged once and for all.

Caitlin was married to her abuser for over 25 years. She met her soon to be husband at a dance when she was 16, and that encounter resulted in a rape and pregnancy. Raised in rural Ireland by a strict catholic family, her propriety was paramount, so her family insisted that Caitlin marry him. They had three living children and she lost one as the result of his violence and abuse. She finally left him after he tried to strangle her. She presented as an intense, hypervocal and angry woman who would speak at great lengths about her abuser. She described in the intake interview that she ‘had always wondered if he raped her’ that first night, and described struggling with guilt that she was responsible for that sexual encounter, the subsequent marriage and the pain he inflicted upon her and her children over all those years. Before the session, Caitlin’s survey scores were: depression: 56 (a score over 16 indicates probable depression), 11 physical symptoms and 22 emotional symptoms. In her psychodrama encounter, the therapist became the judge and the rest of the group was the jury. Caitlin was invited to recount the crimes and atrocities she had suffered. This became a long and clear statement of claims: rape, assault; attempted murder, and murder (of the baby she lost). After this recounting, Caitlin, the judge and jury agreed that the punishment for these crimes was death, and Caitlin became the

agent who dispensed this punishment. She did this by outstretching her arm with a pretend gun, pointing it at her abuser (a cushion), and saying 'the punishment is death' and 'shooting' him, making a sound representing the shot (s). This enactment can serve to liberate the energy in the throat and restore the voice. Caitlin was visibly relieved, and after group sharing, was supported to lie down and rest in the group with a blanket and pillows in order to establish her psycho-peristalsis. The next day, Caitlin appeared calm, engaged, energetic and buoyant. She described insight into the rape, as well as relief that she could stop feeling the immense guilt that had plagued and paralyzed her. At the six week survey after the session, Caitlin's scores were: depression 29, 7 physical symptoms and 8 emotional symptoms. In her diary after the group session, Caitlin wrote:

I got rid of a lot of my guilt especially where the kids are concerned.

Now that I know it was rape, I have a lot of mixed feelings but the exercise about the trial and conviction had a big impact on me as I never had seen (these events) as rape, murder and manslaughter. I was afraid to feel the real feelings as I was frozen in time... now I know I must move forward and get on with my life.

Aileen was married with 2 children and a happy home. She came to the group having suffered domestic violence as a child. Before the session, Aileen's survey scores were: depression 33, physical symptoms 10, and emotional symptoms 22. She began by telling the therapist briefly about her father's attacks on her mother, and within a minute or two, she was describing her experience of the event as if she was there, without being in a regression. The therapist helped her to describe fully where she was, what she was doing and what she was seeing. Aileen became pale and stiff, as if frozen in fear, with her voice lowered to a whisper. She looked away from the therapist continuously. The therapist repeatedly invited Aileen to bring her eyes back to hers, and to take her time. Within this focus and space, Aileen became still, with her eyes unfocused, fluttering and a little crossed.

This went on for about three minutes, and suddenly she focused her eyes on the therapist and she began to discuss her rage with her father.

Aileen wanted to 'kill' (or get rid of) the *effects* of her father's violence within her, and she enacted this through a symbolic 'killing' of her father, using a pretend knife to 'stab' a pillow, and making sounds. After this, Aileen was alert and resolute, and described with some amazement that «her eyes had been spinning in her head».

She rested in the group to allow for integration and normalization and she slept for about 45 minutes. At the six week survey, Aileen's scores were: depression 4, physical symptoms 2, and emotional symptoms 0. In her diary after the workshop, Aileen wrote:

I have been thinking about the others in the group and hope they are happy. I am really glad I had the opportunity to take part and feel this could be a turning point in my life which will help me 'live' rather than 'do'.

## **Discussion**

Rest and integration are critical after such deep work from the biodynamic perspective. This rest allows the body's natural parasympathetic nervous system to dissolve the toxic residue from the trapped emotions, and eliminate it via psycho-peristalsis.

As in other psychodrama work, it is critical that the participant or protagonist become the active agent in their own resolution of trauma. In the biodynamic approach, this resolution must be enacted physically, engaging the body as well as the voice. Both Caitlin and Aileen became the agent who dispensed justice. Their action was not directed towards the real person in their lives, but to a *representation* of that person. This action releases the energetic charge that had been trapped. In Caitlin's case, her charge was released when she stood up to her abuser and charged him with his crimes, recognized that she had been a victim of those crimes, and that she was innocent. For Aileen, the freeze response was activated by the original trauma, when she could not «believe her eyes». The engagement of the therapist created the container or the holding necessary to facilitate that discharge. The importance of eye movement and eye contact has been explored from a neurobiological perspective (Porges, 2001; Schore and Schore, 2008), as well as in Eye Movement Desensitization and Reprocessing research (Kutz, Resnik and Dekel, 2008; Servan-Schreiber, 2000; Shapiro, 2009).

## Conclusion

While psychodrama techniques might be used in a variety of treatment approaches, the theoretical understanding of how they work will depend on the system of healing employed. In the biodynamic approach, psychodrama is one method to facilitate the movement of energy from the armoured, repressed and embodied trauma toward the aim of discharge, physiological dissolution and conscious insight.

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