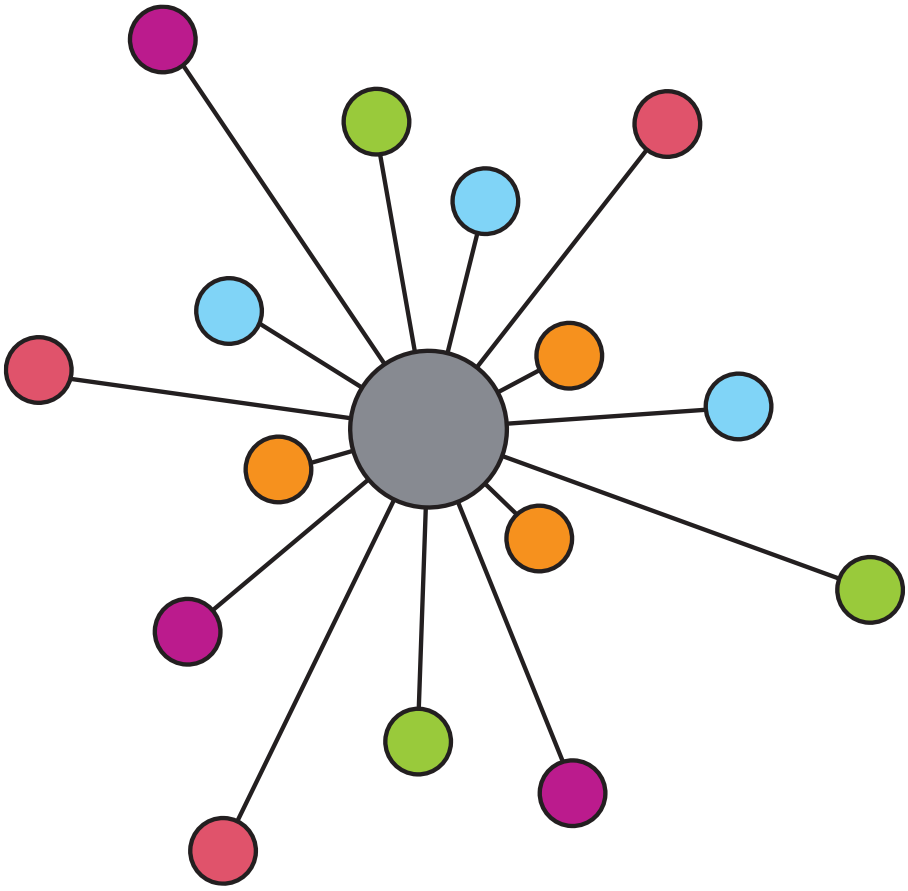
"Tian Dayton masterfully integrates principles of group dynamics and psychodrama therapies with insights into bodily states and feelings gained from contemporary neuroscience."

—***Stephen W. Porges**, creator of the Polyvagal Theory*

Sociometrics

Embodied, Experiential Processes for Healing Trauma and Addiction



TIAN DAYTON, PhD, TEP

CHAPTER ONE

When Words Are Not Enough: Psychodrama as an Embodied, Bottom-Up Form of Therapy

By the group they were wounded, by the group they shall be healed.
—J. L. Moreno

We have to feel the stories of our lives to heal them. But the kinds of mental shutdown and dissociation that are part of trauma can cause us to relegate precious parts of ourselves into a strange and strained silence within us. However, these parts don't go away. If we don't feel them, name them, convert them into language, and reflect on them so they can be fit into the framework of ourselves and our lives, they sit somewhere inside, vibrating with unfelt life, holding pieces of our aliveness. They become part of our "unfelt known." We may recognize that our traumas happened; we can use words to step around them, to describe them just enough so we think we have unearthed and understood them, but we have not felt and comprehended them in the here and now. We can describe what occurred as a sort of story, but we cannot experience the sensations that are trapped inside the memories. Our feelings remain split off, fragmented, lodged in dark crevices of our mind and body. The past, then, still has power over us because of the emotional secrets it holds. The circumstances aren't necessarily unknown, but the feelings that are still caught inside them are. We need to somehow enter the deep inner states that hold the real stories of our lives, and to do that, embodied forms of therapy are important.

A danger then, in any trauma treatment, is that clients may get stuck in a rigid or emotionally detached telling of a trauma story that does not easily incorporate sensation, emotion, healing, and growth. It is what we can tolerate sensing and feeling and what we allow to rise into consciousness that will let that mysterious trapdoor inside us fly open, so that we can see who we are on the inside.

Trauma can make us strangers within our own inner world.

Psychodrama and **sociometrics** can rewrite that story.

Psychodrama is all about bringing the *then* and *there* into the *here* and *now*. Healing—in fact life itself—happens in the present. PTSD leaves us with an emotional and psychic residue. Moments, or relational dynamics, from the past replay their contents over and over again in our present, intruding on our peace of mind and compromising our ability to live in the here and now. By lovingly placing these moments and interactions from the past on the psychodramatic stage, we can re-experience, rework, and reframe them, and in so doing, their power to pull us backward is lessened.

I have witnessed miracles occur when using **role play**—spontaneous slices of life, little human tragedies, moments of joy, and reconnection so vivid that they took my breath away with their authenticity. I have seen my own life flash across my mind and heard the same from others. Embodied role play, it seems, has the power to reproduce moments along our own developmental continuum that literally give ourselves back to ourselves—that let us reunite with forgotten or discarded parts, haul them out of cold storage, and get our hearts pumping again. It is, at times, like the most incredible theater you could ever see, though as a psychologist, I'm probably not supposed to say that. It is raw feeling or longing for action, quivering with unspent energy, unedited emotions, unspoken resentment, withheld love, craven urges, or exalted passions. It is people letting their humanity and vulnerability show, revealing a kind of inner truthfulness that can just knock your socks off. And it happens over and over and over again, these moments of recognition and reconciliation, of loss and redemption—this meeting of ourselves, entering the dark night of the soul, and letting light in.

Genuine trauma healing emerges in layers, and in the body as well as the mind. We do not understand the full meaning of our experience at any magical point in time; rather, that understanding is ever evolving. Clients continue to amend and refine their interpretations of relational dynamics and moments that shaped them as more pieces of the puzzle come into view and they sense themselves more fully as present in the moment. As they learn to shift body states that drive meaning and behavior—from anxious and defensive into more relaxed, engaged, prosocial states—they can revisit these dynamics and moments voluntarily, reframe them through new insight and understanding, and come to see them differently. They can get to know themselves in a new way.

We humans will forever be incomplete. We will continue to grow and change, ever reaching for that bit of new understanding, that new sliver of light. That's the beauty and the artistry of life and of the healing arts. Being able to bring the deeper layers of the self onto the stage in body as well as mind—where they can be experienced, played with, cried for, laughed at, and generally met in all their various forms—is the true work of psychodrama used for the resolution of PTSD.

One of my goals as a therapist is to be a part of facilitating a connection with the self and with others, and sociometrics are designed to do just that. The long-term effects of trauma grow in isolation; just walking in the door of a communal, relational, therapy-oriented space begins healing.

Healing **complex relational trauma** (cPTSD) can be confusing because there is not necessarily a clear event or specific moment in time that we can point to. It feels illusive, so we dismiss its significance and discount its impact. We may search for events that explain our chronic inability to know or accept ourselves and to connect at deep levels with others. We cannot necessarily find ourselves in questions such as "Were you physically abused as a child?" "Was there sexual abuse?" and so we discount our lasting hurt. But the drip, drip, drip of feeling dismissed, unseen, unwanted—of watching those from whom we long for love the most roll their eyes, make comments below their breath, or get irritated with our little attempts to connect—can impact our ability to live comfortably within ourselves and our close relationships. It can lead us to shut down our own feelings of neediness and dependency in an effort to feel safe and whole.

As children, in order to avoid the pain of feeling unseen or unaccepted for who we are, we may develop the habit of disconnecting with parts of ourselves that feel injured and dismissed. We withdraw from deep connection both with those inner parts and intimate connection with others. We learn that needing or even loving hurts, and it's better to go numb, dissociate, or withdraw.

Because we relegate these hurt inner parts to a state of unconsciousness, they can feel far away from our day-to-day lives; we barely know they are there. So later in life when these children, now adults enter therapy, they have a hard time bringing these memories or inner states into view. The sheer intensity of reexperiencing them can feel frightening. Or they fear that they might be grabbing only segments of memories—*Did this really occur?*—or be seen as making things up, as overstating their case.

If we grow up or live with addiction, with all of the denial and rationalization done by family members, our experience is even more confusing. The altering of reality, the gaslighting to make circumstances more palatable or less embarrassing—"Your mother has the flu" (read: She is not hung over), "Your father is outgoing; he just loves people" (read: He is not on his way to getting very drunk), "I have a sniffle" (read: I was not crying . . . again), "You don't really feel that" (read: I cannot bear the truth of your pain)—can make us start to question our version of things. Reality has become blurred and indistinct; we've rewritten it so many times that we cannot find it underneath the many erasures.

Years later, when a therapist sitting comfortably in an upholstered chair says, "Tell me about your trauma," or asks how we felt at the time, we may draw an emotional blank. When asked to re-enter those disparate splinters of personal experience and drag them from their hidden world into comprehensible, well-ordered sentences, we feel anxious and put on the spot. Where do we begin? What are we supposed to say? It was so long ago, and it feels so very far away. We feel tongue-tied at best and stupid at worst. Or, sadder still, we look to someone else to tell us what we're feeling because we can't come up with a version of our own, and to "placate" them. Or we swallow it because we're used to being told who we are or being labeled a problem.

Recalling this kind of imagery, body sensation, and emotion can make us feel a bit crazy or stirred up inside, so we try *not* to recall it. But our pain still evidences itself as depression, anxiety, somatic disturbances, learning issues, or problems with self-medication, so we know something is wrong on the inside; we just don't know what it is. We want to find the right words to fix it. But words don't fix it. The problem is that we're being asked to describe our trauma, when, in fact, the language part of our brain wasn't functioning properly while we were frightened or terrified.

"For a hundred years or more, every textbook of psychology and psychotherapy has advised that some method of talking about distressing feelings can resolve them," as Bessel A. van der Kolk puts it in *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.* "However, as we've seen, the experience of trauma itself gets in the way of being able to do that. No matter how much insight and understanding we develop, the rational brain is basically impotent to talk the emotional brain out of its own reality" (van der Kolk)

When we're feeling terrified, whether from facing a woolly mammoth, an attacker, chronic rejection, or a drunk and raging parent, the thinking mind shuts down as our limbic system revs up (van der Kolk 1985). We become supercharged with extra adrenaline and blood flow to enable us to flee for safety or to stand and fight. Or we freeze; we stand there in body but we disappear on the inside. We seem to be in the situation, but the parts of us that feel the most have absented themselves. We hide in plain sight, like a little fawn in the tall grass. We wait for the danger to pass and for a caring presence to return so we can breathe again.

But even though the thinking mind has gone off-line, the limbic system has revved up to enable the fight / flight / freeze, and it continues vigilantly doing its job of processing emotion and collecting sensorial data. It busily absorbs sense impressions—the smells, sounds, sights, and textures. The thinking mind, however, is too stunned and immobilized to organize these impressions and sensations into a recallable, coherent picture. It's as if a camera came loose while filming and pulled in bits of the ceiling, corners of furniture, and muffled conversation. We have bits and pieces of experiences, but not the complete picture.

Then, occasionally we'll recall a moment with crystal clarity, or from an odd angle almost outside ourselves. The fragments of memory and the feelings attached to them remain floating or numbed within us. When we try to recollect them, they are foggy and indistinct. In this limbic swirl, feelings start to fuse with sensation and imagery—for example, fear with the color of a bright blue sky, the smell of grass with sexual abuse—so when we recall one, others come flooding in with it. A sound or a smell can trigger a cascading set of body/mind "memories" from our past that intrude into our present, but we don't really know how they got there or exactly what they're showing us. These bits and pieces of personal experience and overlapping imagery exist within us without a story line because the part of us that makes this kind of meaning was temporarily off-line. These **frozen moments** remain pulsating with life but are lacking in thought and understanding. They were simply never elevated to a conscious level through language, processed, then filed away into

the overall framework of *us*. Because we do our best to block out traumatic moments, it seems that we recollect them in parts. We catch glimpses of them, but their real and visceral content is locked away and out of reach, so our personal narrative has big blank spots in it. Then the narrative becomes a sort of story, but many of the pages are blank.

Van der Kolk recounts, "I am continually impressed by how difficult it is for people who have gone through the unspeakable to convey the essence of their experience. It is so much easier for them to talk about what has been done to them—to tell a story of victimization and revenge—than to notice, feel, and put into words the reality of their internal experience. Our scans had revealed how their dread persisted and could be triggered by multiple aspects of daily experience. They had not integrated their experience into the ongoing stream of their life. They continued to be 'there' and did not know how to be 'here'—fully alive in the present."

This is why being able to bring the body into the therapeutic milieu is so important: the felt sense, the emotional and sensorial residue of trauma, often arises in the body as sensation before we can describe it in words. We need forms of therapy that allow the body and mind to feel and sense their way along the associative mind-body pathways that will lead us toward these discarded parts of ourselves. Entering those dark rooms within the self—entering the "there" and gathering up and integrating those pieces of our personal experience so that we can be "here"—is the work of therapy. Through psychodrama we can embody and encounter ourselves in concrete form and viscerally experience our various parts and relationships before we're asked to reflect on them. This is what **bottom-up therapy** offers: we aren't asked to talk until we've experienced.

Bottom-Up, Embodied Therapy

"Show us; don't tell us" is the dictum of psychodrama. Psychodrama allows the body to find its footing in space and time, to embody and investigate inner dynamics in concrete form and use the space and stage to make the inner world more explicit, to structure and see "Where am I in relation to this, to you, to the system?" Through simulated role plays, both personal and interpersonal, dynamics emerge spontaneously as the past comes alive in the present moment; the *then and there* is brought into the *here and now*. The process of self-discovery is reversed from that of talk therapy: it begins with the embodiment and **enactment** of a role relationship in space and time and ends with verbal communication or description.

In psychodrama, we talk *to* rather than *about*. We revisit relational dynamics that were either cherished or despised or both, which is particularly useful in treating trauma. Psychodrama allows for natural movement and role interaction to stimulate memories; it lets the body as well as the mind come alive and tell the story. Not only dreams, as Freud felt, but the body, it turns out, is another "royal road to the unconscious"; it holds the emotional and sensorial thumbprint of our experiences.

The client exploring trauma-related issues may come forward tentatively, searching for words to describe feelings that they can barely bring up to a conscious level, frightened of retaliation for even thinking what they may perceive to be disloyal or even subversive thoughts. Feeling what they have never fully felt, or revisiting parts of their inner world that they have assiduously avoided, can feel dangerous to them. These frozen moments live within us, silenced and unavailable. These are inner spaces that we got lost inside of because no one saw us there, and eventually we could not even see ourselves. We need to find those places, feel them, and speak from there, in our real voice, however muffled and indistinct. Simply saying the words that were never spoken without shutting down, acting out, or self-medicating can be deeply healing for the person who carries frozen or denied pain. Soon enough, the feelings come pouring forward; phrases flow from the heart; the body comes to life and speaks; sounds, gestures, and words make the air shake; and one has the sense of watching a perfect moment on stage, searingly real and alive.

Then the group identifies and finds the words to describe what came up for them while witnessing these sacred moments. After **sharing** with moving clarity about something that they have long held in silence, group members often say things like "Did that make any sense?" or "I feel like I'm babbling" or "I know I'm taking up too much time." Quite the contrary; those listening are often riveted, sitting on the edge of their seats as they quiver with identification and emotion. This kind of "aha" moment is healing not only for the one sharing or doing a drama, but for all those watching who suddenly see that they too may have such eloquence and intelligence somewhere inside them.

Do, Undo, Redo

Psychodrama allows us to bring interactions onto the psychodramatic stage where we can unpack and process them. "The psychodramatic method rests upon the hypothesis that, in order to provide patients, singly or in groups, with a new opportunity for a psychodynamic and sociocultural reintegration, 'therapeutic cultures in miniature are required'" (Moreno 2019, 52).

According to J. L. Moreno:

> Because we cannot reach into the mind and see what the individual perceives and feels, psychodrama tries, with the cooperation of the patient, to transfer the mind "outside" of the individual and objectify it within a tangible, controllable universe. It may go the whole way in the process of structuring the world of the patient up to the threshold of tolerance, penetrating and surpassing reality ("surplus" reality), and may insist upon the most minute details of episodes in physical, mental, and social space to be explored. Its aim is to make total behavior directly visible, observable, and measurable. The protagonist is being prepared for an encounter with himself. After this phase of objectification is completed, the second phase begins; it is to

> re-subjectify, reorganize, and reintegrate that which has been objectified. (in practice, however, both phases go hand in hand) (Moreno 2019, 52).

Here Moreno is referring to his shorthand of "do, undo, redo," in the "reobjectifying" or re-embodying of a scene so that the **protagonist** can experience it as he or she wishes it might have been. They can enrole **re-formed auxiliary egos** to represent more ideal versions of those in the scene and "redo" the moment moving those in it into new positioning and more desired constellations of relationships or proxemics.

Do, Undo, Redo as Paths to Greater Co-Regulation

Polyvagal theory (Porges, 1995, 2011) provides a window into understanding how the nervous system recalibrates itself in relational exchanges that don't feel safe and nourishing into a "braced for danger" state. Embodied healing is all about shifting that "braced for danger" state into a more co-regulated, mutually nourishing one. It's a simple, direct, bottom-up path of healing. A problem with a "narrative" is that it is often detached from these body states. It is simply a story, and a story doesn't necessarily have the power to heal, particularly if it is a rigid or fixed interpretation of events. A primary goal of psychodrama is to increase spontaneity and creativity. Moreno observed that there was often a rigidity in thinking, feeling, and behavior that was part of mental illness. He sought to change that through an experiential form of therapy that allowed the body to be a part of the process of healing.

"The undo and redo," as Stephen Porges, PhD, the creator of polyvagal theory states, "are integrated processes of separating the narrative/justification (as a search for meaning) from the feelings. The 'healing' effect is seen in the redo, when the 'visceral' feelings are no longer driving and perpetuating behavior through a narrative driven by physiological state (feelings)" (Porges, personal communication, 2022). There is, as Moreno says, "a new opportunity for a psychodynamic and sociocultural reintegration" (2019). Through a polyvagal lens, the "do, undo, redo" process restores the protagonist to a state of neural regulation.

In the "do" phase, the presenting scene is embodied. When we've been traumatized, we often make meaning based on our physiological state in those moments. If we're feeling "braced for danger," for example, we try to explain to ourselves why we feel anxious and shaky based on that upregulated state; we tell ourselves a story to justify why we feel the way we do.

In the undo and redo phases of a drama, we can rework those relational dynamics that caused us to brace for danger and move toward more comfortable states. Then the feelings that drive the behaviors can grow out of a more regulated and co-regulated physiology.

This is why keeping the process of psychodrama contained, uninterrupted, and safe enough so that they protagonist can shift from an upregulated state to a more prosocial state is so important.

Doubling and **role reversal** are techniques that help to shift states both with the self and in relationship to another. Judiciously applied, they allow the protagonist to get in touch with their own inner states and also gain understanding and empathy both for themselves and the other person. Porges noted, in our work with Helga in Chapter Three "Psychodrama Through a Polyvagal Lens," that the double can feel like a reassuring, witnessing presence. I would add that thoughtful role reversal stimulates co-regulated feelings if it remains within the framework of the protagonist. By this I mean that not all role reversals will be free of stress. For example, if a protagonist is reversing roles with a bullying parent and "showing" us what those interactions looked and felt like, the feelings triggered will be a reflection of the body states we experienced at that moment in time. But if we keep it real and authentic, those feelings will be processed, felt, named, communicated, and seen differently. The scene, or status nascendi, which was seen through the eyes of a frightened, helpless child will now be read through the eyes of a more mature adult. They can see things differently—not, for example, through the frightened or disempowered eyes of a child, but through the mature and empowered eyes of the adult they are today. The meaning shifts as new awareness and information emerge. It almost happens naturally: Protagonists feel so relieved from no longer having to keep their hurt a secret. They feel the support of the double who can say things like "don't you know how this hurt me?" almost as an inner voice, and they can finally be witnessed in their pain and let it dissipate. As role reversal unfolds, a protagonist may also receive doubling while standing in the role of the "other," e.g., their bullying parent. The double may be something like "I feel so lost, so inept, so alone." Slowly, light begins to dawn as the protagonist sees the parent, who once loomed so large, shrink in size, become human and flawed. And meaning continues to shift as the protagonist reverses back to themself—now seeing the parent differently—less triggered into hate and vengeance, and perhaps feeling compassion, and even open to remembering the parts of their parent they loved.

When we have been traumatized and left with physiological state that's "braced for danger" or "upregulated," we all too often move straight from feeling to action once this state is experienced or triggered. We have trouble experiencing, reflecting on, and thinking about what we are feeling and may project our feelings of anxiety, shame, or hurt onto whoever is triggering us. In this way, we recreate past pain in present relationships. We layer yesterday's meaning on today.

This is why bottom-up therapy works. The protagonist isn't asked to come up with a story to explain why they are who they are, rather they enter an experiential journey through which pieces of the puzzle emerge organically. I use floor checks and timelines to help protagonists get enough comfort and information to begin to wrap their minds around pieces of their own lives and to experience themselves in a supportive group, sharing what comes up for them through doing the floor check process. Then I use role play to personalize and re-enter the more particular inner states/dynamics that shaped who they became.

"As you can infer," said Porges about Helga's work, "I believe the narrative is the greatest barrier to optimal function. Of course, this is where psychodrama comes in. Polyvagal theory provides an efficient lens to understand the human experience. It does not change psychodrama's insightful approach, but it provides a different 'layer' to explain. This layer is both intuitive and has a deep scientific basis. The intuitive aspect is functionally within our DNA" (Porges, personal communication, n.d.). According to Porges, "Polyvagal theory articulates three different branches of the autonomic nervous system that evolved from very primitive vertebrates to mammals . . . First, you have a system that is really an ancient one, which is death feigning or immobilization. Then it has a fight or flight system, a mobilization system. Then finally, with mammals, you have what I call a social engagement system, which can detect features of safety and actually communicate them to another. When you trigger feelings of safety, the autonomic nervous system can help health restoration" (Anthony 2019).

When clients get stuck in telling a detached narrative and imagining that it represents trauma resolution, it can act as a defense against entering into the deep states that might allow them to feel and heal. It can be used as the well-known defense of intellectualization. It leaves, as they say on Wall Street, too much "on the table." But in this case, what's left on the table is the untold story that the body might be holding and the deeper layer of truth it knows and can reveal if allowed to have a voice and to enter the therapeutic mileau.

The group in psychodrama provides the necessary role players to encounter the relational network in concrete form, to re-embody role relationships by taking on both sides of the internalized role dynamic, that is, taking on both the role of self and the role of a significant person or people from our lives, or the roles of the self and any part of the self. Then the group can be used as co-investigators, role players, supporters, and witnesses. We reinhabit and process the feeling states that might be driving behavior. And when the role play ends, we can step out of it; auxiliary egos can "**de-role**" from the characters they portrayed, and the protagonist steps off the stage, symbolically leaving the scenes of the past in the past where they belong.

When I was in my twenties, one of my jobs in the therapy program I worked in was to hook people up to a biofeedback machine and take them through soothing guided imageries for deep relaxation. I had a reoccurring experience, one I observed so often that I began to take note. When I was hooking patients up, putting conducting gel on them and attaching electrodes to various points in their body, they'd often complain, squint, wince, and make comments. I often wondered if I irritated them or if I should be doing something differently. But then I would lead them through a thirty-minute deep yogic relaxation, and invariably, they'd open their eyes and smile warmly at me, as if I were a close friend. They'd complement me: "You're pretty; your voice is so nice; I like your blouse; this room is painted a nice color, I didn't notice it before." Eventually, I understood

that they saw me not *as I was* but *as they felt*. They created meaning, as Dr. Porges describes, based on their physiological state.

The Body Tells Its Story

When we connect with deep memory, there is a body state that is triggered, too, as our limbic world becomes activated. It's why the body needs to be a part of therapy: we need to hear from it, to understand what it knows that we may have "forgotten." It's these inner states that we need to allow to rise into consciousness so that we can finally experience what we're carrying on the inside, which may be shaping how we react to people in our lives, how we read situations, and how we see the world. If we can sit through our triggered states as they make their way slowly into consciousness, our defenses loosen and what lies beneath begins to reveal itself. Inviting the protagonist to let the unconscious pain held in parts of the body have an actual voice, shape, and color, Levine (2010), can give the protagonist a felt sense of the "stories" or inner meanings they have lived by that heretofore have felt foggy and indistinct. As these feelings come forward, the thinking that was frozen in place starts to come forward, too. The body moves and the mind and heart follow. A protagonist may evidence body shakes and shivers, trembling legs, or all sorts of somatic reactions as the role play progresses—their heart may race, their throat may go dry, their head may pound. Their body is remembering and releasing trauma as the feelings it is holding wake up. The meaning they have made and lived by shifts from the bottom up as the episodes and imagery of their lives reveal themselves and find expression through their body/mind.

This can be a confusing and disequilibrating process, so learning to read the body's language of subtle expressions, vocal tones, positions, and gestures is part of therapy, the part that allows the body to say what the mind cannot or will not. "The bodies of traumatized people portray 'snapshots' of their unsuccessful attempts to defend themselves in the face of threat and injury," says Peter Levine, PhD, in *Waking the Tiger: Healing Trauma*. "Trauma is a highly activated incomplete biological response to threat, frozen in time. For example, when we prepare to fight or to flee, muscles throughout our entire body are tensed in specific patterns of high energy readiness. When we are unable to complete the appropriate actions, we fail to discharge the tremendous energy generated by our survival preparations. This energy becomes fixed in specific patterns of neuromuscular readiness. The person then stays in a state of acute and then chronic arousal and dysfunction in the central nervous system. Traumatized people are not suffering from a disease in the normal sense of the word- they have become stuck in an aroused state. It is difficult if not impossible to function normally under these circumstances." Moreno referred to these thwarted states as "act hungers" stored in the body and in need of what he calls "act completion."

The techniques within the drama can help protagonists to connect with these act hungers. Doubles can help the protagonist to find the words that will bring their limbic world toward

conscious thought. Identifying that *I want to run, to fight and defend myself*, *to collapse*; *I want to talk, to hug, or to be held* can help individuals reconnect with themselves and others. A protagonist may find themselves wanting to collapse in tears, to rage, or to hide. This body/mind **catharsis** of emotion and action is often part of the healing process and can leave a client feeling vulnerable and exposed, as if they have been on a zero-gravity moon walk. The sharing that occurs after the drama, from role players and group members, will help the protagonist to reintegrate themselves into the group and into their own skin. Hearing how others may have identified with them will help them to feel seen, heard, and understood. It is a strange and freeing experience, as the unfelt known becomes real, accepted, and integrated back into the self and the self-in-relation.

It is the unconscious components of the relational dynamic that have been internalized within the self-system that we, as Carl Jung (1970) puts it, "live out as fate." We choose someone to hold that unconscious pain so that we can see it—or maybe because we don't see it. If we work the pain out, we have a choice: Do I want to marry the part of my parent who felt out of control, who was ashamed? Or, because I have never looked at that, will my unconscious seek that out in a blind attempt to have it finally revealed to me through the gravity of an intimacy that will pull it out of hiding and make it real, make it concrete? Of course, this is why relationships are also such powerful healers—because it's these internalized relational dynamics hidden within us that get projected and transferred into new relationships without our awareness. But intimacy also kicks the door open for healing, a door that is wedged shut or stuck but will give under the pressure of our human longing for love and connection.

Using the Role Relationship to Stimulate Memories

In psychodrama we use the role relationship to stimulate the surfacing of emotions to be felt in the here and now. Many therapists make the mistake of placing too much importance on structuring particular events, or overemphasizing the actual words that are being said. But it's what happens inside us that needs attention and certainly the body states that get stimulated. To look at events rather than what occurred in our inner world as a response to them is to miss the "gold" in treatment. It's what comes forward from deep within a protagonist, whether by talking to inner parts or to outer relationships, that provides grist for the mill: here is where the action is, where the body speaks, and limbic, trauma-related memories come to the surface.

Role play and embodiment are at the core of psychodrama. In psychodrama we can meet and talk to any part of ourselves or any other person, real or imagined, on what Moreno called the "psychodramatic stage," a designated area on the group room floor. The protagonist can embody virtually anything within their inner world—for example, depression, shame, the inner child, or the innocent, lost, or found self. They can talk to that part of self and then reverse roles and talk back to themselves as that part, creating an inner sense of space and perspective. Or they can talk

to another person from their family or social network of relationships or, for that matter, a pet or a whole institution, represented by a role player. They can have seven mother auxiliaries and one-half of a father or the reverse. They can structure the scene not as it was but as it felt. They can talk to a wall. What I'm trying to say is that in psychodrama, you can have it your way!

The scenes that occur to clients may be **model scenes**, encapsulating and combining many of the relational elements and personal meanings that they struggle with today. The people they need to talk to, particularly if they represent close, long-term relationships, may have played a significant role in their development of a sense of self. Protagonists may opt to talk to parts of themselves. By embodying and locating these inner and outer relationships on the stage in present-day space, they can see, experience, and alter the way in which the role relationships live inside them, providing perspective not only on themselves, but on themselves in relation to those who shaped them. These scenes reveal protagonists' sense of who they are vis à vis others and how the past may have influenced the present. They are small scenes that carry large meaning.

The body, as well as the words, tells the story. If I observe a protagonist holding or tightening a body part, I might ask, "What would your jaw like to say?" or "What would your legs like to do right now?" or say, "I notice a shiver just went through you," giving voice or action to parts of their bodies that hold tension or emotion. In a sense, protagonists walk through time, into the past, to gather up the parts of the self that are there and bring them back into the here and now or forward into the future. We can talk to the sad or happy child we once were, or the happier self we wish to become, and let them be and breathe. We can then reintegrate them into our self today, better seen, felt, and understood. We can revisit the past, experience how it lives or re-lives in the present, and rehearse the future.

Moreno saw the restoration of spontaneity and creativity as being at the core of what psychodrama is able to do for human beings. His vision was that his methods be both a way of healing the mind/body and "spontaneity training" to help people learn to live fuller, deeper, and more satisfying lives. There have been many who have applied Moreno's role play techniques to their own work in various fields, such as Fritz Perls in adopting psychodrama's empty chair.

Moreno also included a then rather heretical idea in which he invited participants to "play God," meaning to talk to God and then reverse roles and talk as God back to themselves. Moreno believed in "cocreation," that is, we cocreate our lives with a "God-force." This philosophy gives psychodrama a spiritual dimension; it is also, it seems to me, compatible with the twelve-step notion of a spiritual transformation being a part of recovery.

The Birth of Group Therapy

"Psychodrama," according to Moreno, "represents the chief turning point away from the treatment of the individual in isolation to the treatment of the individual in groups, from the treatment of

the individual by verbal methods to the treatment by action methods"(Moreno 1946, 63). In the United States, group therapy has become increasingly popular, with economic pressures that make it more efficient, along with the growing body of neurobiology research that points to the need for relational, embodied approaches. Psychodrama is the first form of embodied therapy, and Moreno is known to be the father of group psychotherapy.

One of Moreno's early inspirations in developing a role play method, was playing with children in the parks of Vienna. He observed their natural inclination to take on roles as a way of working through their interpersonal conflicts. They took on the roles of authority figures, imagined characters that gave them a sense of empowerment, or they played out roles of the victim and the accuser or bully. They traded or "reversed" roles naturally and spontaneously. He saw that through role play, they were able to creatively resolve complexes that in real life they would likely not have had an opportunity to deal with. They spoke up. They corrected what felt to them like the injustice of their size or the power imbalance they endured, and they played out wished-for roles in which they righted wrongs and fulfilled dreams and fantasies.

Moreno's first attempt at what is now known as group therapy was to gather a group of prostitutes, then considered irredeemable sinners, into groups. Initially the prostitutes shared about their concerns of the day—their children, their pimps and johns. But eventually they began to share deeper layers of themselves, who they were on the inside—not only prostitutes but people. They began to reclaim their integrity from within; they began to feel and heal. In *Psychodrama Volume I* (1946, 49), Moreno gives a rather hilarious account of his first attempt at treating these individuals in a group setting. He describes dragging eight or so couches into one room and inviting those participating to lie down, stare at the ceiling, and freely associate. With only Freud's model to draw from—keep in mind that they were together in the vibrant city of turn-of-the-century Vienna—this was where he understandably began. He soon realized, however, that their fantasies all mingled together, overlapping and becoming somewhat indistinguishable from one another. But he recognized that another dynamic might be at work. So, he made the simple movement that gave birth to an entirely new form of therapy, one that has resonated down through the generations. He abandoned the cumbersome, isolating couches and brought in chairs. Then he invited the ladies to go from a lying position, in which they looked at no one and nothing but the ceiling, to sitting up in chairs and looking at each other. In this simple but profound shift in body, mind, and spirit, *group therapy was born.*

Now another "science" or form of therapy was needed, one that could record and explore the many layers of moment-to-moment connectedness from eye to eye, heart to heart, body to body, person to person, and he called this **sociometry**, a form of therapy that is alive, interpersonal, and entirely in the here and now. While psychodrama "makes the then and there the here and now" through the use of surrogate role players, sociometry is essentially a present-oriented investigation of group dynamics.

The Conundrum: Why I Created Sociometrics

I have found two forces at work for much of my career straddling the addictions and psychodrama fields. On the addictions side, from the beginning of my entering the field in the 1980s, a derivation of psychodrama referred to as experiential therapy was being used very successfully to work with the **family-of-origin** trauma that often drove self-medicating, although there was little awareness that experiential therapy grew out of psychodrama. Doing experiential therapy in an addictions facility helped to facilitate a deep release of pain and anger for clients, so that grief and hence healing could begin. The treatment program itself, often along with the undergird of twelve-step work, gave what was learned and felt from the dramas containment and a continued path toward healing. The problem was that therapists lacked the training to do it well; there was little understanding of the method and theory behind what they were doing, and doubling and role reversal, so core to psychodrama, were rarely used. But their clinical experience was right on, as their work with addictions and trauma was often daily and frontline.

On the psychodrama side, there was full knowledge of the method, and clinicians were trained in doing it with the full range of techniques at their fingertips. However, clinical experience in the addictions treatment field could be lacking. Psychodramatists felt that only fully trained and certified psychodramatists should work with clients, and they of course made a very important argument; but on the other hand, Moreno wanted to see psychodrama "in the streets"; his vision was to heal "all of humanity." And working with addicts and those traumatized by living with addiction or dysfunction certainly fit this description. Psychodrama in the 1980s, was finding its way naturally to where it was effective and needed, and because the addictions field is willing to try anything that works, there was an openness to using what was at that time a more unusual form of therapy. So experiential therapy was alive and well in the addictions field, while it was constantly competing with forms of talk therapy in the mental health field in general. I personally feel that both are needed; group is much more effective when using experiential therapy like sociometrics and psychodrama. And because so much is stirred up and group rarely has time for enough individual processing, one-to-one is important in tandem with it. The addictions field has played a central role in keeping psychodrama alive in the United States, and it's been a daily testimony as to how effective it is in treating trauma and complex post-traumatic stress disorder (c-PTSD).

A takeaway from my PhD work was the adage that "you can't be a true scholar of your method if you can't critique it," so I took a hard look at what was and wasn't working in treating addiction and PTSD using psychodrama. It was the advent of trauma and neurobiology theory in the mid-1980s that brought awareness into the mental health field that talk therapy wasn't all that helpful in treating trauma. The ever-expanding fields of neuropsychology, trauma, and interpersonal neurobiology were opening doors into why embodied forms of therapy like psychodrama and sociometry were so necessary in treating trauma; how to use them safely was another question.

That's why I developed the trauma timeline, feeling floor checks, and experiential letter writing, to make for safe and contained experiential processes that didn't require the kind of training that psychodrama did, and why I went on to adapt the **social atom** and **spectrograms** for targeted and titrated use.

CHAPTER TWO

Sociometrics: Turn on the Social Engagement System

Sociometry without psychodrama is sterile; psychodrama without sociometry is blind.
—J. L. Moreno

Moreno famously and rather surprisingly said, "We get them in the door with psychodrama; we heal them with sociometry." Psychodrama is riveting to watch and cathartic to participate in. But Moreno felt—and I have come on board with this thinking—that the kinds of here-and-now, real time, person-to-person connections that happen in sociometric processes offer a powerful potential for healing relational issues. Sociometry explores the quality of connectedness among individuals through both graphing them on paper and putting them on stage.

Psychodrama is often seen as the whole of Moreno's method, although what he really created was a comprehensive triadic system including psychodrama, sociometry, and group psychotherapy.

Psychodrama is a form of role play. We can cast any person from our past, present, or future, including ourselves, and talk to them directly through surrogates or even an empty chair representing them. We bring the then and there into the here and now.

Sociometry is different. It is here-and-now oriented and deals with real people in real time. It offers experiential techniques like the spectrogram, locogram, and social atom for concretizing and exploring the dynamics within any group.

Sociometrics are different again. They are psychoeducational, experiential processes that bond and engage groups around common issues. They connect group members in low-risk encounters and in small-group breakdowns so that the healing potential within the group is accessed. Commonalities are discovered and issues that can be isolating are normalized. The skills of emotional literacy and regulation are woven into the process. When I use the word *sociometrics* throughout this book, I am

referring to the floor checks, timelines, and experiential letter writing that I have created myself and to Moreno's spectrograms, locograms, and social atoms that I have adapted and turned into a step-by-step, targeted process for treating c-PTSD and addiction issues, e.g., the family of origin or frozen moment social atoms.

Because I do program development, I wanted to create a process that minimizes risk, makes a therapist's job easier, has consistent outcomes, and maximizes the potential for healing within the group. Sociometrics are these processes.

Start with Sociometrics

Sociometrics are designed to take the guesswork out of using **experiential therapy** to heal relational trauma issues and to restore aliveness and resilience. Treatment centers often feel they need to use psychodrama first. I am suggesting we flip this and use sociometrics first. They are safer, more contained, and don't require the kind of training needed to do psychodrama well.

They are psychoeducational, experiential, manageable processes. And if they are the only experiential work you add to your program, they will be more than sufficient. You do not necessarily need to do psychodrama to offer experiential work. If and when you do add role play to sociometrics, such as a floor check (which I see as my strongest and most multifaceted contribution, the trauma timeline being the next), group members are already warmed up. Even a few sentences to the right person (or part of self) at the right moment can feel very memorable. From the trauma perspective, clients being warmed up and knowing just what they want to say and to whom (including parts of the self) they want to say it, means that their emotions are available and their words are on the tip of their tongue. Knowing what work you are ready to do and being in touch with inner states so that the work flows easily are a very significant part of doing trauma work.

See an example on YouTube: https://youtu.be/fcmstI2gXp8

Criterion questions keep the process moving. They are essentially prompts asked by the therapist that allow participants to make their next choice. They move the process forward. In the **symptom floor check**, for example, the therapist might start the process with, "Mill around and choose a symptom that for some reason is drawing you. Stand near it and say a couple of sentences about why you are standing where you're standing." Group members then take their time in choosing a symptom or manifestation that draws them at that moment. They chitchat a little. There may be waves of slightly uncomfortable laughter or real amusement. There is hustling and bustling as they move about. Then something happens: they drop down inside themselves and really look. They start to tune in to what's being warmed up inside them as they walk past hypervigilance, emotional constriction, somatic issues, difficulty imagining a future, and the like. They aren't asked to describe their trauma, which can be daunting. Rather, they can decide which manifestations fit for them—they are choosing for themselves, rather than being told what they

feel. They have the experience of a feeling or symptom getting safely triggered inside them in a controlled environment then becoming aware of what they are feeling.

As group members share a sentence or two about why they are standing where they're standing, they experience and witness their own feelings. They name them, translate them into words, and share them with others. Over and over again, they share what amount to moving little case studies or personal deconstructions of the subject matter as it applies to them. The learning is immediate and relevant, pulled off the dull chalkboard or lifeless PowerPoint and given a shape, face, and sense of realness by the clients themselves. Clients cocreate a psychoeducational healing process with each other, and the more they engage in it, the more engaged they become. They grow curious about their own inner world and the inner worlds of others.

Through the questioning process, group members form ever-evolving dyads and clusters that shift in focus and configuration, providing many of what I like to call "incremental moments of healing." In these sharing circles, it becomes easy to put their fear or anger or anxiety into words because the focus is on the symptom, not on them; all they are being asked to do is say a few words about why they chose the symptom or feeling. They are translating inner states into language, elevating these states to a conscious level where they can be thought about and reflected on, and thus rescuing and resuscitating their disowned parts and giving them a voice. Then they listen as others do the same. They attend to the inner experience of another and learn to listen without imploding, exploding, blaming, or running. Then they let their feelings dissipate, they let them go, and they begin the process again. They make a new choice.

Sociometrics actively teach the skills of emotional literacy, self-regulation and co-regulation while incorporating the education that needs to happen in treatment, for example, in addiction, grief, resilience, post-traumatic growth, and PTSD.

Get On Your Feet!

As I hope you can see by now, I am creating a process that has the elements of resilience- building baked into it. Clients are on their feet, grounded, oriented in the room and in charge of their own movements. All systems—body, mind, and emotions—are engaged in the activity of self-discovery. The limbic system is warmed up through physical walking, and the body is invited to participate in the process. Sociometrics teach participants to employ initiative and creative thinking as they make choices that are right to them. Participants mobilize connections with group members on their own behalf, a quality Wong and Wong (2012) underscore as part of the resilient person's capacity to mobilize the supports available to them to meet the challenges of their lives. People in the group can seek each other out, share their emotions, and listen to others do the same. They can break through defenses, try out new ways of being with themselves and others, come out of

isolation, connect, and normalize their feelings. They are not beholden to a therapist to tell them what is going on with them because the process is designed such that they have access to information they need to explore on their own, either from each other or from teaching materials like floor checks. They become meaningful members of the group and agents in each other's healing. The role of the therapist is significantly reduced, and the roles of participants are enhanced. Because floor checks are a communal process in which the full group is constantly choosing and rechoosing and then sharing and listening, the group members assess their own level of risk. As floor checks are generally low risk and comfortable, they tend toward transforming emotionally inhibited or aggressive behaviors into more prosocial, engagement-type behaviors. Group members connect in easy, genuine, and often playful ways.

Sociometrics such as floor checks are designed to feel safe, engaging, supportive, and even game-like. There is easy onboarding and lots of choice; they're a flexible system. Because floor checks feel welcoming and good, and facilitate many like-minded, supportive encounters among group members, they offer reparative interactions for attachment deficits through a process that is relational and skill-building. When clients can see what the rest of their community is doing—when they are resonating face-to-face in a group—they **mirror** and learn new behaviors from watching each other in action, and they practice those behaviors. They try them on for size and get immediate feedback through action. They are, as Dan Seigel says, "inspired to rewire." These new connections give birth to more connections in the brain, which influence more experiences and more behaviors, and so on. The emergent process actually takes on a life of its own and influences itself: it becomes a feedback loop for change. Clients are able to move from body states in which they may feel like bracing or be defensive into more relaxed, well-regulated and co-regulated states that engender prosocial behaviors.

With sociometrics, the work takes on a flow. A flow state occurs when what is being learned is just enough of a challenge to keep clients engaged, but not so much that they get frustrated and withdraw from it. Mihaly Csikszentmihalyi named this state in his research at the University of Chicago and published it in his book *Flow: The Psychology of Optimal Experience* (2008). From the trauma perspective, there is less emotional wear and tear on the client as the flow state itself is strengthening and integrating. Once clients enter this state, if it is allowed to work its magic without unnecessary interruption, they emerge with a greater sense of wholeness, physiological relaxation, and well-being. The state itself is nourishing.

TURNING ON THE SOCIAL ENGAGEMENT SYSTEM

I find that much trauma resolution can occur without mentioning the word *trauma*. Introducing the word *trauma* can lead group members to shut down or become overly self-conscious. There is no need to put them in this situation if you recognize and mine the potential for healing through

the experiential, relational group processes of sociometrics. Accessing inner states and turning on the social engagement system are key.

The social engagement system was defined and introduced by Stephen Porges in 1998 in his paper "Love: An Emergent Property of the Mammalian Autonomic Nervous System" (Pergamon). It offers a scientific neuroanatomical underpinning that adds a layer of understanding as to the healing effects of engaging with the self to develop and practice self-regulation and with others to develop and practice co-regulation. Sociometrics, particularly floor checks, apply these principles in an experiential process of healing.

The forms of therapy that we create, suggests Dan Siegel, PhD, "need to turn on the social engagement system," and they also need to feel "welcoming and good . . . because once we orient as good or bad, we're already generating bodily responses, heart, breath, and facial expression; we start activating behaviors and emotion" (Siegel 2011).

We need forms of therapy that give us practice in reengaging in new, more comfortable, and satisfying ways. I have designed sociometrics to access inner states and mobilize the resources for healing and connection that exist within the group.

Our social engagement system is the mind/body system that allows us to know, in the blink of an eye, whether we're safe to engage and move forward or we need to pull back and self-protect. It's been evolved over time to help us to stay out of danger, as well as to allow us to seek companionship, cooperation, and support. Porges (2011) describes how the nervous system assesses risk and learns to open up or close down: "To switch effectively from defensive to social engagement strategies, the nervous system must do two things: (1) assess risk, and (2) if the environment looks safe, inhibit the primitive defensive reactions of fight, flee, or freeze. . . . Only in a safe environment is it adaptive and appropriate to simultaneously inhibit defense systems and exhibit positive social engagement behavior" (12–13).

Neuroception: Understanding Our Attachment System

Neuroception, which blunts or optimizes access to the social engagement system, is a word coined by Dr. Stephen Porges to describe the nervous system's ability to read safety or threat in others. We do not develop our skills of self-regulation and co-regulation alone. We need, as Allan Schore describes in his book on affect regulation, an external regulator with whom to absorb and practice our skills of self and co-regulation. Each tiny interaction, says Schore, lays down the neural wiring in a child's body that they use to regulate within themselves and their exchanges with others.

Polyvagal theory describes how the nervous system tunes to others in order to use interactions with, for example, attachment figures, to develop the skills of both self-regulation and relational regulation. When early attachment relationships have felt unsafe and caused us to develop patterns

of withdrawing rather than engaging in deep connection, our ability to regulate both within ourselves and with others is impacted.

Siegel talks about the mind/body as a self-organizing system that is constantly engaged in interpreting and regulating the information flow that is coming from the outside, a self-regulatory system that interfaces with its environment. The self, therefore, is in a constant state of construction and reconstruction. Sociometrics become a "society in miniature" for each group member. Sociometrics act as an outside regulatory resource that helps clients to relearn how to absorb the skills of self-regulation and co-regulation, and the group offers the soothing, regulating presence and practice in healing attachment issues. Floor checks, for example, offer participants a constantly evolving set of relational challenges that involve choosing a feeling or issue that speaks to them and then tuning in on themselves. The feelings that emerge get named, translated into words, and communicated to someone else. Others witness, attend, and listen. They filter through what is being shared to see what may or may not apply to them; they open an inward gate toward two-way communication and co-regulation.

An Embodied, Bottom-Up Trauma Treatment

The trauma narrative is much talked about as a part of trauma healing. But if a narrative is a stringing together of events or relational dynamics that happened *to* us and ignores what happened *in* us, it is not complete nor especially useful in terms of healing trauma. Our narrative needs to be bottom-up to give shape and voice to our inward physiological responses that changed the body and nervous system, out of which subsequent thinking, feeling, and behavior grew.

Floor checks are the reverse of "tell me your trauma story." The story tells itself. Rather than pushing the client to come up with a story that has not yet been formulated, floor checks are a kind of walkabout through the potential manifestations of any issue. The story emerges spontaneously and through the body and the mind, in manageable, titrated doses, measured and administered by the clients themselves.

Floor checks and timelines are alive, relational processes wherein clients learn to observe which "symptom, "developmental age," or "words" are triggering something inside them that draws them. They then deconstruct this in terms of the self and the self in relation to others. They can hit the pause button and feel what's going on in their bodies and let it arise into consciousness so the body can tell them how "it" experienced painful moments, so that it has a voice. Instead of trying to jam their turgid, painful and swollen, or barely perceptible feelings and thoughts into words, however narrow or inadequate, the embodied, bottom-up narrative allows them to uncover and experience those feelings bit by bit. Then role plays, in which they can actually revisit and revise some of the relational material from the past, can be added to further focus and personalize healing.

Warmed Up and Focused: Adding Role Plays to Sociometrics

Because sociometrics warm people up to what is going on inside of them, the role play sort of focuses itself. The material being explored triggers feelings, associations, and memories, and there is a felt sense of who someone feels they have something to say to or a part of themselves they would like to embody and talk to. The role play needs only a simple sentence from the therapist to move it into action: "Who do you want to talk to and who can play this person or part of you and what would you like to say to them?" For the therapist, the art lies in identifying those moments wherein a group member is sufficiently warmed up so that deep work flows freely and is well-contained—in other words, when the protagonist knows whom they want to talk to and enough of what they are inspired and compelled to say to make a beginning easy and worth the risk.

Sometimes these moments emerge through the person's body, facial expressions, and vocal tones (too soft, too loud, tense). Are they unusually still, or even frozen? Do they look like they have an almost stunned expression on their face? Are they trying to find words to articulate an inner experience that is hard to express? Is their face showing emotion that clearly wants to come forward? Is there a shiver, body posture, or motion that's already saying something? Or is the pain being blocked or caught in the body, in which case a slow and careful invitation to explore a bit more might allow the protagonist to experience enough safety to dare the next moment? All of this is what the body is trying to tell us.

The Basic Sociometrics Protocol

Floor Checks, Timelines, Experiential Letter Writing, and Targeted Social Atoms

I created sociometrics to act as a stand-alone, experiential program or to allow for inclusion of role play. They make the work that needs to be done during treatment psychoeducational and experiential. Role plays can be added according to the skill level of the clinician, but role play/psychodrama is not necessary, for you to bring experiential work into your program.

The sociometrics that I developed are **floor checks**, **trauma and resilience timelines**, **experiential letter writing**, and targeted social atoms such as "family of origin" and "frozen moments." You can see examples of these sociometrics on tiandayton.com/sociometrics.

Floor checks are the core of my approach. Timelines provide context and experiential, bottom-up meaning-making. Social atoms are maps that reveal the relational life of the client, and experiential letter writing is one of the most basic and simple forms of role play.

Floor Checks: Floor checks are the psychoeducational, experiential, and relational processes that form the center of programming. They teach the theoretical basics of all of the issue surrounding the treatment of anything from symptoms of PTSD to qualities of resilience and post-traumatic growth. They help clients to shift their body states organically. For example, if they feel slightly triggered and defensive when identifying with something on the floor cards, they can—through

the process of translating those inner states into words, sharing them, and listening to others do the same—become more relaxed, self-regulated, and co-regulated in their interactions. Floor checks can be adapted to any subject matter or population, as you'll see in Chapter 13.

Timelines: Timelines supply the when and where of relational dynamics and moments or periods in time when things occurred. Timelines can be used in two ways: as paper and pen activities, or as **concretized**, embodied processes.

The trauma timeline creates context; it gives clients the opportunity to understand their c-PTSD from a developmental perspective and to explore how relational trauma may have been reenacted and recreated throughout their lives.

The resilience timeline helps clients to identify their strengths, times when good choices changed the tide of their lives, and people who supported them along the way. The timeline can act as a **warm-up** to talking with or writing a letter to the self at any moment throughout development or a letter to others thanking them for their love and help.

Experiential Letter Writing is a contained role play that extends the commonly used intervention of letter writing, a powerful intervention in and of itself. Making it experiential creates a moment in therapy that can be surprisingly powerful. It is an easy process to execute and satisfying to do. People often remember their "letters" for years. They are moving and significant.

Targeted Social Atoms: Targeted social atoms diagram the relational network at any point in time, or as a sort of family or relational map. The social atom begins as a paper-and-pencil exercise, locating the self on a piece of paper and then diagramming the relationships present at any given moment in time. If all you add to your program are targeted social atoms done on paper as maps and then shared, that process is in and of itself a significant intervention.

The social atom can also be used as a map from which to embody a scene, moment in time, or model scene. This experiential process uses floor space—the "stage"—to reveal the proxemics within the group. For example, in embodying a family, position members to reveal the underlying proxemics: who is close, distant, paired, clustered, and so forth. Moving a scene into a sculpture can also be a powerful intervention. It need not move into a psychodrama/role play to be effective. For example, talking to the trapped self inside the embodied/concretized social atom, then reversing roles and talking as that child to the adult self on the outside of it, and reversing roles again and talking as the adult back to the child's self, can have a profound impact.

I have created targeted social atoms for treatment that focus into particular moments in time that are helpful in healing c-PTSD and serve as diagnostic treatment maps. The social atoms that I include in my basic protocol are

- the atom upon entering treatment
- the family of origin atom
- the frozen moment atom

- the future atom upon leaving treatment of desired next steps, including creating a support network

I have broken all of these down into step-by-step processes so that clinicians can work at their level of need and skill.

Over time, clients develop emotional literacy as they elevate the kinds of unconscious pain and anger that drive dysfunction to a conscious level through language. Then it can be shared, heard, and examined in the light of day rather than acted out unconsciously, split off, medicated, or denied. They learn to talk about what they feel. This act of sharing and listening naturally helps to shift the emotional numbness and psychic disconnection and isolation that are so often inherent to trauma; it rebuilds trust in others and bonds group members around common goals of self-exploration and identification.

Role plays can be added. The beauty of adding psychodramatic role plays to sociometrics is that the protagonist has *fully warmed up* to the work *they want to do* and to the person or aspect of the self *they want to talk to* through the floor check or timeline process, so the role plays themselves are focused and often shorter and easier to direct, which reduces possibilities for retraumatization. But again, you do not need to add role play to these sociometric processes to bring an experiential component into your programming. The floor check, timeline, and experiential letter writing processes will do that. Using social atoms as relational maps done on paper and shared is also a complete process.