

TRAUMA REPAIR THROUGH THERAPEUTIC ENACTMENT:

A PROTAGONIST'S PERSPECTIVE

by

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A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF

THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

GRADUATE COUNSELLING PSYCHOLOGY PROGRAM

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MARCH, 2000

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Abstract

This multiple case study was designed to answer the research question, “What is the lived experience of trauma repair through therapeutic enactment?”. Two co-researchers were interviewed in depth about their experience of trauma repair through therapeutic enactment. The interviews were then analyzed with twenty-seven themes emerging. The themes were then considered in light of both trauma theory and therapeutic enactment theory.

The results of the study add detail, and a deeper understanding to trauma theory and therapeutic enactment theory. The study also has practical application for therapeutic enactment directors working with traumatized people.

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Acknowledgments

I would like to thank Dr. Marv Westwood for the wisdom, inspiration, and personal encouragement he offered as my research supervisor. Dr. Westwood's experience and great skill as a therapeutic enactment director inspired my interest in this field of study.

I would also like to thank Dr. Patricia Wilensky for serving as my external examiner. It is indeed a rare honor to have a professional therapeutic enactment director of Dr. Wilensky's caliber provide feedback on this research.

This study would not have been possible without the two co-researchers who chose to share their very personal and sacred experience. I honor their courage, trust and honesty in sharing, and dedicate this document to them.

Chapter I

Introduction

Newspaper and television news reports relentlessly fill our lives with reports of tragedies, atrocities, and profound human suffering. Just as disasters such as the famines in Somalia and the civil war in Rwanda ease out of the headlines, the world is confronted with the horrors of ethnic cleansing in Albania and the NATO bombings of Serbia. Closer to home and in recent weeks, both American and Canadian high school students have randomly executed their peers and teachers - at the very place designed to provide them with an education and, ideally, a hope and a future. The full color and graphic images of these gory events which are broadcast into our homes are insufficient to capture the depth of loss, grief, and trauma experienced by those involved.

Tragedies of significant magnitude to warrant international media attention are sadly too common. What may be even more unsettling is the countless horrors suffered in silence at the hands of violent intimate partners, abusive family members, and corrupt persons who abuse their power to terrorize others. Fires, floods, earthquakes, and transportation accidents are also common traumatic occurrences in our own communities and around the world.

The claws of trauma grip deeply into communities and into people's lives. Not only are those directly involved in the incident wrenched but so too are the emergency responders, care-givers, and families of both the deceased and the survivors. Society itself is victimized when random and senseless tragedies are experienced by those among us who are no more vulnerable than we are. In a random sample of women from

the United States, lifetime exposure to traumatic events was 69%, with exposure to crimes including sexual or aggravated assault or homicide of a close friend or relative at 36% (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). Considering the commonness of trauma, and the fact it transcends time and borders, it is essential for therapists to have an understanding of the psychological, emotional, and spiritual impact trauma inflicts on people, and treatment methods for repairing the damage (M.J. Westwood, personal communication, June 1999). In modern North America's managed care society it is also essential for therapists to have time and cost efficient methods for conducting trauma repair therapy.

Research Question

This study will examine a multi-modal brief therapy approach to effect trauma repair. The lived experience of trauma survivors who self-identify as having experienced significant change (trauma repair) through therapeutic enactment will be examined. To place this study and the related literature in context Judith Herman's (1992) model for trauma recovery will be used as framework for understanding trauma and trauma repair. Hollander's (1978) model for therapeutic enactments will serve as a model to understand the therapeutic enactment process and the research relating to therapeutic enactments. The available research literature contains substantial information on trauma, and limited information of therapeutic enactments or psychodrama, yet there exists no research studies specifically examining the role of therapeutic enactments in trauma repair

This study is designed to answer the question; What is the lived experience of

the trauma repair process through therapeutic enactment? . To most suitably answer this research question a case study research methodology, as documented by Yin (1994), will be employed. Yin has noted that the case study design allows an investigation to retain the holistic and meaningful characteristics of real life events. Yin also states case studies are used when the researcher wants to deliberately cover contextual conditions when they pertinent to the phenomenon of the study. In this study the trauma repair process will be examined in the context of therapeutic enactment.

Chapter II

Literature Review

Trauma: What is it?

Post Traumatic Stress Disorder (PTSD) has received substantial attention in the research literature, examining the effect of traumatic events on the body (Vanderkolk, 1996), the mind (Briere, 1996), and on society as whole (Herman, 1992). Many research studies have focused on war veterans (Sutker, Vasterling, Brailey, & Allain, 1995, Holman & Silver, 1998, Karon & Widener, 1997), and on survivors of childhood sexual abuse (Loftus, Garry & Feldman, 1993). Research has examined the etiology of PTSD, the symptomatology, and prevalence of PTSD in society.

For the purpose of this current study Herman's (1992) model for trauma and recovery will serve as a template upon which to understand trauma, its effects, and therapeutic strategies for recovery. Once explained, Herman's model will be viewed through the lens of the psychodrama process with the goal of exploring the role of therapeutic enactments in trauma repair. Judith Herman, an Associate Clinical Professor of Psychiatry at Harvard Medical School, wrote a definitive work on the effects of trauma on survivors, and on trauma therapy (Herman, 1992). Herman's book brought together the body of trauma research, and presented a model for trauma therapy that is widely accepted today as a standard. Other key trauma theorists, such as Bessel Vanderkolk and John Briere, are consistent with Judith Herman and her theory, and specific aspects of their research and theories will also be considered throughout this study.

Herman suggests three stages for trauma recovery; (1) establishing safety, (2) reconstructing the trauma story, and (3) restoring the connection between survivors and their community. These stages are universal and apply equally to a male prisoner of war as they do to a female survivor of childhood sexual abuse. The universality of the repair process is not a surprise considering the predictable psychological harm trauma inflicts. The three main trauma symptoms noted by Herman are hyperarousal, intrusion, and constriction. Before scrutinizing the recovery process a thorough understanding of the main trauma symptoms is essential.

Trauma Symptoms

According to Herman the first symptom of trauma is hyperarousal, which reveals itself in the persistent expectation of danger. After a traumatizing event a survivor's system of self-preservation may continue into a state of unrelenting physiological arousal. This may result in an exaggerated startle response, sleep disturbances, nightmares, flashbacks and psychosomatic complaints. Trauma can effect physiological alterations in the sympathetic nervous system, even to the degree traumatic events appear to recondition the human nervous system. Herman is not alone in her focus on the psychophysiological response to trauma. Vanderkolk and McFarlane (1996), Shalev (1996), and Vanderkolk (1996) are among the researchers who have documented the impact traumatic events have on the body, the nervous system, and the brain. Vanderkolk(1996) has suggested that traumatic memories are in fact stored in the body differently than other memories. The body's storage of traumatic memories, and the impact traumatic memories have on the body are essential features of trauma, and need

to be addressed in trauma repair. This current study will include analysis of the role the body plays in repairing trauma through therapeutic enactment, and the effect enactments have on the body's ability to stimulate traumatic memories. Traumatic memories may be stored differently in the body - enactments help the body recall memories differently. For trauma repair to be complete symptom of hyperarousal must be alleviated

Herman second trauma symptom intrusion, reflects the indelible imprint of the traumatic moment. Trauma survivors may continue to be interrupted by memories of the traumatic event. Traumatic memories may break through in flashbacks or in nightmares. The cues that trigger such responses may be subtle or unnoticeable, resulting in the survivor experiencing anxiety over when a traumatic memory may surface. The repetitive intrusion of traumatic memories into a survivor's life can block normal development, and leave the survivor fixated on the incident. Intrusion is also connected to the phenomenon of traumatic memories being encoded unlike normal memories. Whereas normal memories are stored in a verbal, linear narrative, traumatic memories are frozen and wordless according to Herman. Herman states traumatic memories are encoded as vivid sensations and images. These sensations are fragmentary as they are not experienced in context, as a passage in an unfolding life story.

Herman states the absence of a verbal narrative accompanying traumatic memories resembles memories of young children. While young children may not be able to articulate traumatic experiences through the use of language, they are able to enact behavior similar to the trauma in their play. Here we can see how play therapy bypasses linguistic expression with children, just as therapeutic enactment is super-

linguistic for its adult actors.

At the unconscious level, Herman also speaks of Freud's concept of repetition compulsion and provides examples of survivors who find unique and maladaptive venues to re-enact their traumas. Freud suggested the repetition compulsion was an attempt to master the traumatic event, most often without success. As we will see, therapeutic enactments offer survivors the opportunity to re-enact the trauma in a safe, controlled, environment, and to in fact master the trauma and even re-write the traumatic script that will play itself out in the future. Herman suggests spontaneous re-enactments compelled by the repetition compulsion are attempts to integrate the traumatic event into the inner schema. Trauma fragments the inner schema which often leaves the trauma unassimilated. Intrusive memories and the spontaneous re-enacting of traumatic events are often very painful and are logically dreaded and avoided. Again, therapeutic enactments will be seen as a therapeutic technique designed to give the survivor a safe and controlled environment in which to re-enact the trauma and to facilitate the survivor regaining their sense of control over the trauma through providing them with direct and unconscious opportunities to integrate the trauma into their own experience through memory recall, emotional catharsis, and group discussion.

The third main trauma symptom identified by Herman is constriction; the numbing response of surrender. When under attack helpless animals, and people, sometimes freeze. While events continue to register these events can become disconnected from their ordinary meanings resulting in numbed feelings, or altered perceptions. Perception of time may be altered and a state of emotional detachment may

occur. Herman suggests this altered state of consciousness may be seen as a small mercy that protects survivors against unbearable pain. Unfortunately this small mercy is maladaptive once the traumatic event is over as the altered state retards the traumatic experience from entering consciousness, thereby preventing the integration necessary for healing and repair.

Stages of Trauma Recovery

While certainly not doing justice to the comprehensiveness of Judith Herman's work, it is necessary to move to an examination of Herman's stages of trauma recovery. This current study will examine the role therapeutic enactments play in the trauma repair process. At first glance it appears the process of therapeutic enactment is a microcosm of Herman's trauma repair process. Before considering this concept further, it is essential to understand Herman's stages of trauma recovery; establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community. Herman states her stages of recovery are a convenient attempt at simplicity when in reality the recovery process is turbulent and complex.

Herman states establishing the survivor's safety is the first task of recovery, as recovery cannot proceed without safety. Establishing safety is no easy task, taking from hours to months to establish depending on the degree of trauma. Traumatized people often feel unsafe in their bodies, with their emotions and thoughts feeling out of control. Survivors may also not feel safe in relationship. To create safety Herman suggests several methods including the use of medications to reduce anxiety, relaxation techniques, charting and identifying symptoms, making concrete plans for safety, and

developing a trusting therapeutic relationship. Establishing safety begins with focusing on the body and gradually moves toward the external environment.

Herman states the traumatized person needs a safe refuge. Before being able to engage in the world a place of shelter and safety is essential. Eventually the survivor is encouraged to reach out to trustworthy others for support, while avoiding dangerous, threatening, or harmful relationships. Safety also entails making plans for future safety and empowering the survivor to decide what action to take against an attacker. Before therapy can proceed, survivors must arrive at a safe place physically and psychologically, and form a safe and trusting therapeutic alliance with a therapist.

The second stage of recovery according to Herman is that of reconstructing the trauma story, or more aptly named by her, remembering and mourning. In this stage of recovery the survivor tells the story of the trauma. Herman refers to F. Snider who “describes traumatic memory as a series of still snapshots or a silent movie; the role of therapy is to provide music and words.” (p.175) According to Herman, “the therapist plays the role of witness and ally, in whose presence the survivor can speak of the unspeakable.”(p.175) As the survivor recalls memories of the trauma their safety must not be compromised. A therapeutic balance must be struck between intrusion and constriction, between avoiding the traumatic memories and recalling them to the point of once again being overwhelmed and re-traumatized. John Briere (1996) has written on this subject, in his book he goes into detail about techniques for keeping clients in what he calls the therapeutic window.

In remembering and telling the trauma story the survivor articulates the facts of

the events and works with the therapist to move toward an organized, detailed and verbal account of the trauma, oriented in time and historical context. Herman suggests that at points where the story may become unbearable the survivor may find it more difficult to use words, and may switch to non-verbal forms of expressions such as drawing or painting. As the story is told the survivor is encouraged to share their sensual experiences or memories surrounding the trauma. A trauma story told without the accompanying sensations is barren and incomplete, with little therapeutic effect.

Herman also suggests at this stage survivors are also confronted with not only attaching meaning to the event but also asking the question of why. Often, “she stands mute before the emptiness of evil, feeling the insufficiency of any known system of explanation”. (p. 178) While the answers to the why questions do not come easy, the survivor must be empowered to decide what is to be done to remedy the injustice they have suffered. As this process unfolds Herman suggests it easy to look for a magic transformation or a purging of evil when in fact therapy does not get rid of the trauma. “The goal of recounting the trauma story is integration, not exorcism”.(p. 181) The act of telling the trauma story, in speaking truth, has restorative power. Herman suggests the physioneurosis induced by terror can actually be reversed by the use of words.

It is also in this stage that Herman addresses amnesia in survivors. She suggests that therapy is usually sufficient for most survivors to recall memories. In cases where therapy alone is insufficient to address major amnesic gaps, techniques like hypnosis, intensive group therapy, and psychodrama may be utilized. Of course this current study will examine the role of psychodrama in trauma repair and will also examine the role of

psychodrama in the recovery of traumatic memories.

The final issue Herman covers in this stage is mourning. Herman states trauma inevitably brings loss, and telling of the trauma story plunges the survivor into profound grief. This process may result in the survivor having revenge fantasies. Herman states that revenge ultimately only brings further torment and does not in fact bring the desired relief. Herman states that through the mourning process revenge will ultimately be turned into something more helpful; righteous indignation. Letting go of the revenge fantasy does not mean giving up the quest for justice but it prevents the survivor from feeling like a criminal herself and moves her toward joining with others to hold the perpetrator accountable for his crimes . Mourning is indeed a slow and painful process, but necessary to move ahead in recovery.

Herman's third stage of recovery is focused on reconnecting the survivor with their community. This stage involves creating a new future and developing new relationships. By venturing back out into the world the survivor is aware of their vulnerability to threats, and reminders of the trauma. Survivors may choose to engage their fears not as a pathological re-enactment of the trauma, but in a conscious, methodical, and planned act to master the traumatic experience. For some women mastering their experience may take the form of learning self-defense where they are forced to test themselves to their limits, in a controlled environment, where they can discover that their personal reservoir runs deeper than they thought. By tasting the fear brought on by a simulated attack and overcoming, survivors rebuild actions systems that were fragmented by the trauma.

Survivors may also choose to examine and change aspects of themselves that may foster vulnerability, while affirming the perpetrator alone is still responsible for their actions. In abusive families, where secrecy and silence are maintained, the survivor may choose to strategically speak the truth and declare the rule of silence irrevocably broken. The survivor does not do this looking for confirmation or in fear of consequences, in fact the families response is immaterial. The confrontation is more about the survivor breaking disabling and abusive patterns of relating thereby reclaiming their power and reducing their risk for future trauma.

Trauma survivors must also reconcile with themselves at this point in the process. As the victim identity is shed, the survivor recreates themselves with imagination and fantasy. As new goals form, concrete action plans will follow as will a time of testing through trial and error. As survivors experience compassion and respect for their traumatized self, they also learn a renewed sense of pride in their survivor self. From here survivors can now reach out to others and form healthy, trusting relationships while avoiding unhealthy relationships. Intimacy skills begin to develop and the goal of reconnection becomes realized.

Role of Group in Trauma Repair

A final essential contribution made by Judith Herman, that applies to this current study, is the role of groups in trauma recovery. Trauma fragments people and their ability to connect with others. Recovering from trauma includes reconnecting with others, as we have seen. Herman captures the essence of the groups when she says, “The solidarity of the group provides the strongest protection against terror and despair,

and the strongest antidote to traumatic experience. Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatizes; the group bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma dehumanizes the victim; the group restores her humanity”. (p. 214) The group serves the purpose of restoring social bonds and facilitating the discovery that one is not alone. Groups offer support, understanding, and encouragement to survivors in addition to alleviating feelings of isolation. Herman suggests groups facilitate the experience of collective empowerment and allow the group to integrate traumatic experiences that may be greater than that of any individual member. Extensive research on group process documents the value of groups in furthering therapeutic gain (Bion, 1961, Yalom, 1985, McRoberts, Burlingame & Hoag, 1998). Therapeutic enactments are one group based therapy, used specifically to further the trauma repair process.

Therapeutic Enactment Literature

Therapeutic enactment is a psychotherapeutic method which has been developed distinct from its earlier form of psychodrama (Brooks, 1998). Psychodrama has been practiced since the 1920's, when Jacob Moreno formalized the technique for use in therapy. Accurately defining psychodrama is not easy due to the diversity of approaches within the field and the array of techniques utilized in the various types of psychodramas. Kellerman (1987) has offered a comprehensive definition of psychodrama; “ Psychodrama is a method of psychotherapy in which clients are encouraged to continue and complete their actions through dramatization, role playing, and dramatic self-presentation. Both verbal and non-verbal communications are

utilized. A number of scenes are enacted, depicting, for example, memories of specific happening in the past, unfinished situations, inner dramas, fantasies, dreams, preparations for future risk taking situations, or simply unrehearsed expressions of mental states in the here and now. These scenes approximate real-life situations or are externalizations of mental processes from within. If required, other parts may be taken by group members or by inanimate objects. Many techniques are employed, such as role reversal, doubling, mirroring, concretizing, maximizing, and soliloquy. Usually, the phases of warm up, action, working through, closure, and sharing can be identified.” Therapeutic enactment differs from classic psychodrama in that therapeutic enactments are more carefully planned and scripted. Often there is little reliance on spontaneity, especially in enactments conducted to repair trauma.

Therapeutic Enactment Process

As noted by Kellerman, therapeutic enactments generally proceed through three or four phases. Hollander (1978) has developed a “Psychodrama Curve” which defines psychodrama in three stages; warm-up, action, and integration. Hollander’s stages are consistent with Kellerman’s, Moreno’s and other researchers in the field. To better understand the therapeutic enactment process each stage of the process will be examined here in detail. Hollander’s stages also bear a resemblance to Herman’s stages of trauma repair, as will become evident.

As with most group activities, enactments begin with a warm-up phase. This phase is intended to create an atmosphere of safety and trust (Martens,1991, Baum,1994), while building group cohesion (Corey, 1995). An atmosphere of safety is

essential for spontaneity to flow, and for catharsis to occur in the absence of fear of judgement. Often the director will begin by facilitating introductions or a time of brief group sharing. Information may be provided about the therapeutic enactment process and norms for the group are also established. The intent of this phase is to create an atmosphere conducive to participation, spontaneity, and support.

The action phase occurs when a protagonist has been chosen and scenes are enacted. Both spontaneity and emotion increase as the enactment often moves to a point of catharsis. Moreno, as cited in Brooks (1998), identifies two types of catharsis, action catharsis and catharsis of integration. Action catharsis refers to the emotional and physical release of energy that occurs as protagonist act out specific scenes. Catharsis of integration occurs as new roles are taken on and the protagonist understands the reality of others, or their own reality from a different perspective. Blatner (1985) breaks catharsis down more precisely with four categories of catharsis; abreaction, integration, inclusion, and spiritual. For Blatner abreaction includes not just the release of emotion but also the awareness of experiencing new or dissociated feelings. Blatner's catharsis of integration is similar to Moreno's. Blatner's catharsis of inclusion entails experiencing the release of positive feelings when experiencing acceptance and validation from the group. Blatner's suggests spiritual catharsis occurs when one experiences a sense of integration with the cosmos. Blatner (1991) has also advanced the concept of role dynamics in psychodrama. Roles are experiential patterns of behaviour, which are concretized in the action stage of a therapeutic enactment. Blatner suggests the language of role dynamics is neutral, as opposed to pathologizing,

suggesting revealed themes in enactments may normalize and destigmatize active responses to trauma, and thereby facilitate healing. Blatner also encourages the use of role distance which afford opportunity to reflect on and redefine the roles one plays in life. The concept of role dynamics has implications for traumatized persons as they move through the recovery process and transform from the victim role to the survivor role.

The concretization of roles through therapeutic enactment entails the protagonist having a mental script of the psychosocial interactions which may or may not be enacted in a given situation (Tomkins, 1962). Tomkins (1991) has developed a theory of affect that sees affect as an analogic amplifier. Memories or thoughts may stimulate affect responses which in turn become amplified by the affective response. This pattern results in scripts, for managing affective experience. He suggests that affect is typically expressed by breathing and voice. Therapeutic enactment is a venue to release and express repressed emotion. Therapeutic enactment then may serve as a corrective emotional experience in trauma repair therapy where new analogs are created. Therapeutic enactment facilitates the creation of new analogs which are more objective, and differentiated than the often fused and damaging analogs created by trauma.

The third phase of enactment involves the group sharing their experiences during phase two with the protagonist and one another in the group. The purpose of this focused sharing is to integrate the experience in the enactment while consolidating feelings, cognitions and meanings around the enactment. Validation is given to the protagonist by the group. Closure for the group also occurs in this final stage.

Hofrichter's (1973) research examined the integration stage of enactment, interviewing both the protagonist and audience members. Amongst the themes identified by Hofrichter from this stage were unconditional acceptance and an absence of judgement from the audience. The value of communal contact was heightened. Baum (1994) found protagonist experienced a need to return to the group for reconnection, support, and sharing during this stage.

Therapeutic Enactment Research Findings

In addition to the previously referenced studies, findings from several researchers impact this current study. Buell (1995) studied the lived experience of audience members identifying and describing several themes including the sense of being fully present and experiencing highly intense all-encompassing feelings. Traumatized persons involved in therapeutic enactments, even as audience members, may risk experiencing a sense of being overwhelmed by the experience of witnessing an enactment. I have myself witnessed enactments where audience members became overwhelmed and had to leave the room. Baum's (1994) research on protagonists indicates the protagonist experiences a feeling of actually reliving the experience. Once again I have witnessed enactments where I observed protagonists expressing intense physiological reactions that appeared congruent with a person actually experiencing trauma. Where trauma may result in some degree of amnesia for some survivors, the physical movement in therapeutic enactments has been shown to trigger memories of further thoughts, images and feelings which can increase the accuracy of reliving (Brooks, 1998). Gilbert (1992) has found that in the reliving process there are four

crucial common factors that therapists considered necessary for the process to be effective; the qualifications of therapists, the qualities of the therapists, trust and rapport within the therapeutic relationship, and therapist provided emotional safety. Gilbert's findings serve to emphasize the necessity for only highly skilled and specifically qualified therapists to serve as a director in a therapeutic enactment. In this present study the co-researchers will have done their therapeutic enactment with a qualified and highly experienced therapeutic enactment director.

Del Nuovo, Spielberg, and Gillis (1978) conducted a phenomenological study into lived experience of spontaneity in psychodrama protagonists. These researchers found one theme to be a heightened awareness of the link between mind and body for the protagonists. The research also revealed their co-researchers experienced a new sense of integration, and a greater sense of clarity. Another theme identified in this study was a sense of discovery - involving powerful new levels of self-awareness.

Hofrichter (1973) conducted a research study which examined the experience of community during the integration stage of a psychodrama. This phenomenological study found themes including an experience of liberation that occurred as participants found their isolation was capable of being entered and cohabitated by others. Other themes included participants experiencing unconditional acceptance, as well as finding a oneness within individuality - all share the same thing in a different way. The theme of existential giving, of gaining greater knowledge and feeling for others through the act of giving of themselves, was also identified.

A substantial contribution to the body of research in therapeutic enactments was

recently completed by Dale Brooks (1998), who conducted his doctoral research into the meaning of change through therapeutic enactment in psychodrama. Brooks identified 59 themes from his research, and identified ten core multi-modal change processes. These ten change processes have direct application to this present study which examines the change process of trauma repair through therapeutic enactment.

The first core multi-modal change process Brooks found was the ability of therapeutic enactment to disregard reality for therapeutic ends, and to generate hope. Trauma often results in hopelessness and despair (Herman, 1992). Brooks found hope resulted in an increase in desire to return to interaction. Returning to interaction with others is central to Herman's third phase of trauma recovery.

Brooks's second change process suggests "Positive attachment to and exploration with the director in a collaborative spirit supports the protagonist's sense of agency, control and commitment throughout the process. This working alliance needs to be attended to" (p. 392). The role of the therapeutic or working alliance with the director will be examined in this present study as the therapeutic relationship is also discussed at length by Herman.

Brook's third process suggests reflection and historical review creates movement toward the centre of an issue and emotion increases and builds towards catharsis. Habitual defences engage and need to be identified and respectfully tested.

Then fourth process Brooks identifies is the externalization of internal representations being witnessed by the group. Brooks states, " Physical movement and remembering through action access additional scenes/feelings while giving conviction to

experience and change because it is backed by the body (lifelike therapy) and socially witnessed” (p. 392). As identified by Herman, trauma can result in the loss or distortion of memory. Therapeutic enactments facilitate remembering through action. The role of the group in trauma recovery has also been discussed previously and is accented by this finding of Brooks - that social witnessing is core to the change process.

Brooks fifth process suggests new interactions with externalized representations leads to hope, and new structures from the corrective emotional experience. This process involves experiencing a differentiation of feelings and meanings through interaction with others, and the experience of new boundary formations between self and others, between conscious and unconscious, and between beliefs and reality. Emotional catharsis and rescripting leads to the amplification of new affect/meaning patterns. New analogs are developed and practiced. This comprehensive process has direct relation to trauma repair as trauma repair often requires differentiation of feelings and meanings, as well as new boundaries to be formed at multiple levels. New patterns (analogs) must be created to minimize the risk of being re-victimized.

Brooks sixth change process is “The constancy of group knowing (containing, witnessing) as a transgredient of self-awareness supports and validates the desire and right to change, the reality of change, the value of both self and other at an existential level (attunement, belonging, self and object constancy); and the experiential reality of interactional ethics”(p. 392). This process ties in to his seventh process which is the role of the group debrief in integrating differentiated feelings and meanings along with new boundary awareness. This process encourages change outside the group. Brooks eighth

process is the internalization of new interactions that are validated by the group and taken away from the enactment. This process suggests change tends to be additive at first, the old is not immediately eliminated.

Brooks ninth and tenth change processes involve the representational basis of change. These processes suggest added experiential analogs anchor, support, and guide new options in thinking and feeling in new and enhanced roles. The derivatives of the representational basis of change evidence progressive integration (conscious and unconscious) of old and new analogs and scripts. These last processes also have direct relation to trauma repair in that they involve new roles and move one toward integration.

Brooks research is foundational to this present study as it articulates the change process through therapeutic enactment.

Research Question

This study examines the change process through therapeutic enactment in cases of trauma. Specifically, this study is designed to answer the question; What is the lived experience of the trauma repair process through therapeutic enactment? This is an important question as the answer will not only provide insight into the trauma repair process through therapeutic enactment, but it will also allow greater understanding of the repair process as it relates to trauma theory and therapeutic enactment theory. The answer to this research question will also have provide direct and tangible information for therapeutic enactment directors working with traumatized protagonists.

Chapter III

Methodology

To most suitably answer this research question a case study research methodology, as documented by Yin (1994), will be employed. Yin has noted that the case study design allows an investigation to retain the holistic and meaningful characteristics of real life events. Yin also states case studies are used when the researcher wants to deliberately cover contextual conditions when they may be pertinent to the phenomenon of the study. In this study the trauma repair process will be examined in the context of therapeutic enactment.

This research project involves two co-researchers who were traumatized through either violent physical or sexual assault, and who have participated as the protagonist in a therapeutic enactment intended to repair the trauma. Both co-researchers have experienced and report some significant degree of trauma repair. Both co-researchers had to be able to articulate their experience. For the purpose of this study, the operational definition of a traumatized person is a person who has experienced a violent, overwhelming event that resulted in experiencing most or all of the trauma symptoms outlined by Herman (hyper-arousal, intrusion, constriction). Trauma repair will be operationally defined as the alleviation of trauma symptoms, as well as regaining of an integrated sense of self.

Two co-researchers participated in this study. Two co-researchers were involved as both were steeped in the phenomenon being studied. More co-researchers were not interviewed as, at the time, it was not possible to identify further potential participants

who were steeped in the phenomenon being studied. Having two co-researchers does not provide a sample of two from which to generalize the results to a population. The goal of this study is not to test variables or determine a cause and effect. The data obtained from the co-researchers is rather intended to paint a rich, thematic portrait of the lived experience of trauma repair through therapeutic enactment. According to Polkinghorne (1989) “The reader should come away with the feeling that I understand better what it is like for someone to experience that”(p. 46). The reader of this study can be the judge of whether the goal is met. Considering the subject material of this study, it is no easy goal. Case study methodology is not intended to follow sampling logic so that the findings can be generalized to a population. Case study methodology is designed to generalize the results to pre-existing theory. In this study the results will be generalized to both trauma and psychodrama theory.

Semi-structured, open-ended interviews were conducted with each co-researcher. The interviews were analyzed using an existential-phenomenological analysis. The analysis of the interviews was then considered using the case study methodology of pattern analysis(Yin, 1994). This study is both exploratory and descriptive in nature. Having two co-researchers who were both steeped in the phenomenon and very capable of articulating their experience, allowed for the phenomenon to be richly and deeply documented herein.

Reliability

Reliability demands that if a later researcher followed the exact same procedure, and conducted exactly the same study, they would elicit the same results as the current

study. The research methodology for this study then requires a consistent and objective classification and analysis of the interview data. The reliability of this study is strengthened by my consistency as the interviewer for both interviews. The data analysis process laid out below was also rigorously followed, strengthening the study's reliability.

Validity

In qualitative research validity essentially speaks to the believability of the findings. It asks if the findings are a true reflection of the co-researcher's experience. Are the findings accurate? Do the findings capture the essence of the co-researcher's experience and articulate the phenomenon being studied? This study has strong validity for several reasons. First, the identified themes were provided to the co-researchers to ensure they accurately reflected their true experience. The co-researchers have validated each theme. Second, the themes are consistent with previous findings in the research literature, as will be seen in the discussion chapter. Third, the themes were validated by an independent reviewer who was familiar with the subject matter. Finally, the co-researcher bracketed his own experience to minimize researcher bias and avoid tainting the data (Creswell, 1998).

Bracketing

Prior to conducting both interviews with the co-researchers the researcher's experience with therapeutic enactments included witnessing several enactments, as well as playing roles in various enactments. Prior to conducting the interviews I had never been the protagonist in an enactment, although subsequent to the interviews I did

participate in a therapeutic enactment as the protagonist. My enactment was not around trauma, and I consider myself to have never experienced a severe trauma, to the degree where I have suffered the traumatic symptoms outlined by Herman. I witnessed both co-researcher's enactments, and played a support role in B's enactment. I believe my experience with therapeutic enactments and trauma provides me with some insight into the process without skewing the data obtained from the co-researchers. Throughout the research process I have been vigilant in bracketing my experience and purposed to remain open and inquisitive to whatever data, themes, patterns, and interpretations presented themselves.

Data Collection

The data for this study consists of semi-structured, open-ended interviews relating to the co-researcher's experience of trauma repair through the therapeutic enactment process. The interviews focused on the change process experienced before, during, and after therapeutic enactment. Appendix A illustrates the types of questions asked the co-researchers. The co-researchers offered rich, detailed and exhaustive descriptions of their lived-experience. The interviews were audio taped and transcribed. As the interviewer and researcher my relationship with the co-researchers was based on the principles of professional counselling relationship. These principles included creating a climate of safety, respect, trust, and collaboration. The co-researchers were fully aware of the purpose of the study and their participation in the study and interviews was completely informed and voluntary. The consent form used is attached as Appendix B.

The interviews with the co-researchers were open ended in nature as suggested by Yin (1994). I asked the co-researchers about their experience surrounding their trauma repair process, and specifically about their experience with therapeutic enactment, moving through the entire process. Active listening skills were employed as the co-researchers spoke of their experience. When the co-researchers appeared to have exhausted their account I asked follow up questions to either clarify their comments or to elicit further details. The questions focused on what the co-researchers were thinking and feeling during their process and on what the co-researchers were physically experiencing. As outlined by Yin (1994), co-researchers were also asked about their own insights into their experience. The interviews were intended to be, and were, exhaustive, rich, and detailed resulting in a substantial amount of data.

Data Analysis

Yin(1994) states both data collection and analysis benefit from the prior development of theoretical propositions. In this study the interview data was considered using existential phenomenological analysis. The data was then considered using case study pattern analysis, comparing the analyzed data to the theories of Herman and Hollander. Yin calls this process analytic generalization, where a previously developed theory is used as a template to compare the empirical results of the case study. In this study both interviews were analyzed separately, then themes were developed based on both interviews. In some cases themes were true for only one of the co-researchers. Where this occurred it is explicitly stated in the text. All themes were validated by the co-researchers, an independent reviewer with experience in the field, and the

researcher's supervisor.

Data collection and analysis followed the following steps;

1. Identified co-researchers
2. Provided consent form to co-researchers and discussed details of the research
3. Conducted interviews with co-researchers
4. Transcribed interviews
5. Completely reviewed tapes and transcripts several times for accuracy
6. Had co-researchers validate original transcripts of interviews and took notes on new information
7. Extracted meaning units from the transcripts
8. Created individual meaning clusters from the transcripts for each co-researcher, these clusters were validated by the co-researchers
9. Identification of individual themes
10. Meaning clusters and themes were validated by an independent reviewer, the research supervisor, and by the co-researchers
11. Themes were compared to theory patterns for trauma and therapeutic enactment

Summary

Both case study methodology and phenomenological analysis are robust and proven research methodologies. The research design flows from the nature of the research question; What is the lived experience of trauma repair through therapeutic enactment? The chosen methodology is consistent with exploratory and descriptive research.

Chapter IV

Findings

Introduction

At a recent enactment workshop, just as the group was beginning, one of the directors reminded the group of the story of Moses coming upon the burning bush. God spoke to Moses and told him to remove his sandals, as he was standing on sacred ground. Indeed, the experiences of the co-researchers who shared their stories for this research are deeply personal, and deserve to be treated as sacred. In considering the findings presented here the reader must move ahead aware of the sacredness of the co-researcher's experience. Both co-researchers, of course, voluntarily chose to participate in this study, however not without contemplating the consequences to themselves of sharing their story with the researcher. Thankfully both co-researchers have indicated sharing their experiences for the purpose of this study, was a positive experience for them for different reasons.

After analyzing the transcripts of the interviews, twenty-seven themes, related to the experience of trauma repair through therapeutic enactment, were identified. These themes have been confirmed with the co-researchers as accurately reflecting their experience. All identified themes have been examined by an independent reviewer, with experience in therapeutic enactment, for accuracy and consistency with the transcripts of the interviews. The independent reviewer agreed with all twenty-seven themes, and their groupings. The themes were reviewed by the author's research supervisor, an experienced enactment director, who validated these findings.

The themes are naturally grouped together into categories; themes prior to the enactment (Precipitating Conditions), themes during the enactment (Enactment Stage), and themes following the actual enactment (Post Enactment). Each theme represents a prominent aspect of the co-researcher's experience of trauma repair through therapeutic enactment. Most themes were experienced by both co-researchers. A few themes were experienced by only one of the co-researchers. In these instances this will be clearly stated in the text. A statement by Brooks (1999) is also true for this study, "While presented as individual elements it is important to keep in mind that each theme is contextually connected to the others and dependent on a wider and subtler web of experience than may be obvious in the denoted theme." The themes cannot be looked at in isolation, although each theme is distinct. In some cases several themes are grouped together to form a higher order theme. The higher order themes are necessary as they are distinct, and constitute a thematic whole that is not the same as the sum of its parts. An example of a higher order theme follows with the trust building process

A THEMES PRIOR TO THE ENACTMENT: PRECIPITATING CONDITIONS

The themes associated with this stage center around the dominant construct of trust building and safety.

1. The therapeutic enactment experience was precipitated by a trust building process with the director.

Both co-researchers experienced a series of events with the director over time, which led to the formation of a high level of trust with the director. The trust building

process resulted in a feeling of safety for the co-researchers. Co-researcher 1 “A” stated, “I was actually able to trust Marv more after the weekend, when I saw him there it was like he was a different person, it was like he was just more real, and I trusted him. I felt totally safe, and I never felt safe in his class, but there I believed I would be okay.” Co-researcher 2 “B” stated, “I don’t think I trusted him initially, like as much as I say I do now, it’s been sort of like a process but there were certain instances where I was sort of testing the waters...trust formation was a key factor for me...he was able to make it safe for me.” Both co-researchers cited specific experiences that led to the formation of trust. These experiences constitute themes in their own right, and are detailed below in themes 2 through 9.

2. Positive prior exposure to therapeutic enactments contributed to the formation of trust with director.

Prior to doing their own enactment around their trauma, both co-researchers had witnessed other people do therapeutic enactments. Co-researcher B had actually done a previous enactment, which involved issues not directly related to his traumatic experience. The enactments the co-researchers were exposed to prior to their own enactments were directed by the same director who would later direct their enactments. After B had conducted his earlier enactment he stated, “that basically sold me on the process of enactments and I knew it was real, I knew it worked...I felt that I could pretty much do anything in an enactment space and just the things that I had seen other people do in other enactments, and the profound changes I saw in other people... that probably had more to do with it than anything else.” Co-researcher A actually witnessed co-

researcher B's enactment. When asked what led her to do her enactment A stated, "I saw B's enactment, it was partially B's and partially just psychodrama period, and the other psychodramas...it was a good experience"

3. Intense observation of the director during previous enactments led to the formation of trust.

While being exposed to prior enactments both co-researchers specifically attended to observing the director in action. In talking about how the director made it safe for her to do her enactment A refers to watching him direct others, "It's very common with trauma survivors just watching diligently and waiting, observing, taking notes, checking it out, checking, checking, checking, checking all the time, checking, so that's what I was doing." Prior to B conducting his enactment he had occasion to watch the director work with others, and to be witness to the enactment planning process. B stated, "I was able to watch them (the directors) and through watching them, even the nature of their discussions, it was never a matter of like oh God I don't know what to do here, I, we're really going to screw this up, whatever, it was never like that, it was always...never a sense of doubt as to whether or not they could do it." Both co-researchers specifically analyzed the director, which resulted in furthering the trust formation process.

4. Witnessing the director successfully handle critical incidents in previous enactments led to trust formation.

While witnessing the director leading previous enactments, both co-researchers witnessed the director successfully handle critical situations in the group. A stated,

“One of the participants who did a psychodrama, this man would go on and on and get really riled up, and Marv walked right over to him and put his hands on his shoulder and looked right in his face , and spoke right to his face, right in his face...and this guy just came back in his body, right, cause he was just flying out somewhere else and like he just took charge.” A provided this example in response to a question querying what the director did to make her feel safe. B stated, “It made me feel confident, in the enactment context, safe...even if the proverbial shit hit the fan during it well that was just all a part of it and they’d deal with that when it happened.” He continued, “ I remember specific instances in the group when the group members were either highly resistant or highly reactive, challenging directly or indirectly to either Marv or Patricia, even engaging in subversive kinds of things ...and it was just the way Marv and Patricia were able to react in a way that well this was all part of it.” These volatile and challenging situations in the group were handled in a way by the director(s) that led the co-researchers to move ahead in the trust building process.

5. The director “planted a seed”, to move co-researchers in direction of considering doing a therapeutic enactment around the trauma.

While both co-researchers were aware of the therapeutic enactment process for a period of time prior to conducting their own enactment, the director specifically suggested to both co-researchers that they may wish to do an enactment around the trauma they suffered. This suggestion by the director was simply that, a suggestion. According to B, “Marv had said, you know, there may be sometime when you might want to actually do an enactment around that, and it’s like ya, but not now kinda thing.”

For A, “I just spoke to Marv briefly about something and he said to me that he could help me with that through a psychodrama.” As a result of the director’s comment to A she attended a psychodrama as a witness. Both co-researchers were further moved ahead in the direction of doing an enactment as a result of comments from the director.

6. The director was experienced as operating from an altruistic position rather than a competence based position, sincerely wanting to facilitate repair through therapeutic enactment.

This theme is difficult to accurately define in a short sentence. Both co-researchers experienced the director as having their best interests at heart. The co-researcher experienced the director as affirming the potential for repair in them. The director did not focus on his ability to facilitate repair but rather the co-researchers experienced the director as sincere and genuine as a person. The co-researchers also experienced the director as affirming the potential for repair in them. Again, quotes from the co-researchers best capture the thought. B: “Marv was always keeping my best interests at heart...as well as the openness, sort of a goodness...he was the kind of person who wanted people to get better based on what their concepts of better were...that’s what I saw with me, it was always linked back to what did I want, what were my best interests, how did I see things going.” For A, “I felt really a very sincere openness to really helping me be potentially who I could be, like he saw potential in me and he really wanted to help me, I felt he sincerely wanted to help me get whatever was in the way, out of the way.”

7. An intimate personal experience with the director precipitated the enactment,

deepening the relationship with the director, and further building trust.

Prior to conducting their therapeutic enactment both co-researchers had at least one specific, meaningful, personal experience with the director. For A, “We had, like it was this brief ten minute moment right, but it was very important for me, I probably can’t remember, in that moment he, I felt he heard what I was saying, and he heard me being stuck where I was, and he was grateful that I survived, like sincerely grateful, I don’t think he was putting that on at all, I really felt his heart, his love, and he embraced me physically, he hugged me and I felt okay with him.” A identifies this moment as being very important for her. This moment also relates to the previous theme where she experienced the director as sincere. Stating that she felt his love, and the director embraced her physically, defines this moment as intimate and personal.

B’s intimate experience with the director was quite involved. In B’s case, prior to his enactment, the director actually went with him back to the place where B was traumatized. This was no small endeavour, as it entailed a bus ride in to an inner-city neighbourhood. The director’s interest in seeing the place where B was traumatized was significant to B, “He was the only one that I trusted and the only one that I had sort of any close relationship to that showed any interest in finding stuff out about that. Like none of my family members have, even to this day, seen where it happened, nor do they really want to, none of my friends, like nobody, right? Nobody ever asks, nobody ever says anything. It was like he (the director) wanted to go back and see where this thing had happened...so that was really key for me, was the fact he would even go with me to something like that. It said something to me about what kind of person he was.” Later

B again commented about his experience, “ That he would get on that shitty, stinking, fucking bus, ride it through the shittiest section, one of the shittiest sections in North America arguably, as far as drugs and stuff goes, ride it all the way to Y and walk through my personal hell at that point, was huge, and nobody else had ever offered to do that, nobody else would want to do it, and yet he wanted to do it and he did it . So it was a gift.” B’s experience here with the director attending the scene of the traumatic event will again become significant during the enactment, as this act by the director not only contributed to the trust building process prior to the enactment but also served to facilitate the re-scripting of the traumatic memory of the event for B in the enactment.

8. The enactment planning process was tentative, inclusive, and very client-centered.

One of the key qualities that distinguishes therapeutic enactments from their predecessor psychodrama, is the scripted nature of enactments. Enactments are not exploratory but rather planned and focused on addressing a specific issue or event. Both co-researchers experienced the planning process as tentative, which means ideas were put forward in the planning process for consideration of how they fit with the client. Right up until close to the actual enactments both co-researchers were not exactly sure how the enactment would unfold although they were both very clear about what they needed to do. This tentativeness and checking defined the process as client-centered. The planning process was inclusive which means both the co-researchers and the directors were involved in the planning process. The planning process was not the sole responsibility of one person. The co-researchers could have stopped or change the

process at any point along the way.

For A, she prepared her props well ahead of time but stated she did not actually meet with the director to plan her enactment until five minutes beforehand. A had a couple quick meetings with the directors beforehand, mostly to clarify roles and expectations. A actual has little recall of the meetings before the enactment as, “I was pretty dissociated, part of me knew what was coming.” A did say about her meetings beforehand with the directors, “It was just to clarify, first to clarify, what exactly the sequence of events was so that X (the person playing the perpetrator) could be clear about what his role was, what he was expected to do.” In planning the enactment A also stated, “I remember Patricia writing down, and I remember Patricia saying, “Good for you, good for you” and that was probably the most grounding thing that I heard, it was like okay, I guess I’m not in this by myself completely, there is somebody else there.”

In commenting on the planning process B states, “there was also specific checking beforehand, like, “What do you think we need to do here?” Checking out, like always checking out, “Does that fit for you? Is that what you need to do?” so specific questioning like, “Is this really where you want to do it? Is this the scene you want to do? How would you want to set this up? Who was there?” This quote from B reflects the director’s tentative tone, his including B in the planning process, and his focus on working with B in a way that fits for B (being client-centered).

9. Prior to the enactment specific safety plans were put in place.

This theme was only experienced by B, however it’s importance to the enactment experience warrants its designation as a significant finding. This theme is linked to

theme eight of the next stage, however it is documented at this point as this theme was experienced prior to the enactment. Part of the trust building process for B was to have plans in place with the director to ensure the enactment was safe for B. B comments, “We had it set up by saying that if I disappear, or whatever, then Marv will stop it...the other thing we talked about was getting you in there, right, the fact that you’re a big guy, I know you’re strong, I know you work with the RCMP, I thought for sure if anyone is gonna be there to sort of pull me off, or whatever you would be the likely choice. And it’s funny how it all worked out because if anybody else, like if you hadn’t been there, right, there was no other person, there was no other man in that room that I would have felt confident that could’ve stopped me. So if you hadn’t been there...I don’t know if I would have felt confident going into that.” So for B there were two specific safety plans in place ahead of time, having the director stop the process, and having the researcher, who was witnessing the enactment, closely involved with B to ensure he did not injure any other enactment participants. This theme will become clearer when considered in context of theme eight of the enactment stage. A stated she did not have specific safety plans in place prior to the enactment.

10. A sudden awareness of the trauma’s continued impact on the co-researcher precipitated the enactment.

This theme was only true for B. B experienced a point in time where he unexpectedly became aware of the impact their trauma was still having in his life. B states one thing that pushed him towards doing an enactment was, “I started working with the Peacekeepers in Victoria and during one of our sessions one of the guys started

talking about when he was attacked and he was attacked by a guy with a rifle and a bayonet and had been stabbed in the arm, and so as a facilitator at that point I guess I kind of tuned out...I was just sort of gone...that for me made me realize I had some work to do around that.” B identified this experiences very early on in their interview with the researcher. This sudden awareness appeared unexpected, yet moved B toward doing his enactment.

11. Therapeutic enactment became an option for the co-researchers only after trying other techniques to deal with their trauma.

Prior to considering a therapeutic enactment to deal with their trauma both co-researchers had experienced other forms of therapy. For A, “Let’s try it, I’ve tried everything else, I’ll try this.” B captures the theme in more detail, “ I think there was something for me about going back there that it was like this attraction, repulsion, attraction. Like I didn’t want to ever have to go through that again, obviously. Yet there was this draw for me to go back there, different, or something like that. So that was the only way I knew that I could actually go back there. Nothing like talking, sitting and talking about it, remembering, journaling or whatever, none of that stuff really could do it for me the way that I thought I wanted to because it was all just in my head...because I’m very kind of head strong intellectually I need something else, otherwise the intellectual stuff just takes over., so I needed sort of the full body sensory kind of thing to get me out of my head.” Both co-researchers came to experience a therapeutic enactment after experiencing other forms of therapy.

B THEMES ASSOCIATED WITH THE THERAPEUTIC ENACTMENT

As with the higher order theme of trust building, associated with the pre-enactment stage, a higher order theme exists in the enactive stage; dissociation. The higher -order theme of dissociation is central to this stage. Balancing the central theme of dissociation is another higher order theme; reconnection. Where dissociation involves a withdraw from the self, reconnecting involves a return to the self. The dance between dissociation and reconnection typifies this stage.

1. Prior to a critical point in the enactment, both co-researchers experienced significant dissociation.

Both co-researchers experienced little memory of their enactment, the memory they have is largely tactile and physical. Both co-researchers were basically largely of the group. These three experiences are themes in themselves, however when combined they constitute a unique state of dissociation. For A feeling dissociated began even in the planning meetings leading up to her enactment. When asked by the researcher what she was aware of in herself during the planning meetings just prior to her enactment stated, “I was pretty dissociated, part of me knew what was coming.” A’s memories around the meetings prior to her enactment are vague, and when questioned further she stated, “I don’t know Jeff I was really out of it...it was just a blur.” A’s recall of event contains gaps between these meetings and the enactment. These memory gaps and her self-identifying as being dissociated typify this more general theme of dissociation.

For B the experience of dissociation during the enactment is described as being “gone” or “disappearing”. When asked what he was aware of emotionally during his

enactment B stated, “I was really just kind of discombobulated. I was just gone. Nothing at that point.” So for B, as with A, a state of general dissociation was experienced. For both co-researchers their dissociative experience also had specific, similar, and unique qualities which are documented in the next three themes.

2. Co-researchers experienced an inability to recall specific details of their enactment, immediately following the enactment.

As a sub-theme of dissociation, this theme is straightforward. Both co-researcher simply have little memory of the actual enactment. This experience is a facet of dissociation. When asked what followed her planning meeting A stated, “Well I remember sitting in the room, I must have set things out on the floor, and I think I sat down, and then the next thing I know I was standing up with C, and there was smoke in the room.” For A, not only did she have memory gaps between the meetings just prior to the enactment and the enactment itself, but even after the actual enactment, during the debriefing A stated, “I don’t remember any of it. I just remember everybody.”

For B, the enactment experience included memory gaps at various points in throughout the process. This was illustrated in his comments, “And there was a point when, I can’t remember, this is where it gets a bit fuzzy for me...” Later , when asked what he remembers about the director during the enactment, B stated, “It’s funny , because, you know, no I don’t. I remember the first one, Marv talking to me. I remember the second one, me telling Marv telling him to stop. And after that I have zippo words for the director.” Considering the significance the director plays in the enactment, and in the lives of the protagonists, it is noteworthy that the co-researchers

have very limited memory recall of the directors words or actions during the enactment.

3. The co-researchers main memories of the enactment are physical memories.

While both co-researchers experienced dissociation during their enactment, and had limited memory of the enactment experience, the memories they do have are largely physical. For B, “I had him down on the ground, face down. And I had my hand right at his throat...I was within centimetres of his throat. And that was the time in the real occurrence that I had actually choked the guy and he started to turn blue. And that was when I disappeared for the first time. And I still remember, even if I couldn’t see it, I remember feeling or seeing my hand , a centimetre from his throat, and just sort of being outside of myself...the memory I have of that is me looking down on myself.” Later B states, “I remember my hand, like I said, two centimetres from his throat. All I would have had to do would just be to close my hand and I could kill him at that point because he had a small neck and he didn’t have the muscles. He probably wasn’t expecting it anyways. I could have killed him at that point, and I remember just being frozen there in time.” B’s experience illustrates the connection between the physical memory and dissociation. B’s awareness of his hand on the perpetrator’s throat preceded B “disappearing”. B’s outside the body memory was also focused on his hand on the perpetrator’s throat.

For A there was also a close connection between dissociation and physical memory. A states, “Well I just remember the smoke in the room, and then the next thing I remember I was holding Marv’s arm, so I don’t remember what happened really.” A states that she re-engaged as “I was being protected. That it was safe. So I guess that’s

probably why I could come back up.” Later she states, “Ya, and physically too, that hard maleness, like holding on to his arm, and it’s like I had to have physical contact with him, and I was every once in a while aware of Patricia, it was mostly Marv but every once in a while I was aware of Patricia beside me , like I could hear her breathing with me or something, I could feel the heat, so it was a very physical experience with them at that moment.” Clearly A experiences significant physical memory recall of her enactment.

4. Both co-researchers were largely unaware of individual group members and their contributions.

This finding was somewhat surprising in light of the research on the role of groups in trauma repair. Simply, both co-researchers recall little about members of the group, what they were doing, how they responded, or what they said. In her interview with the researcher A did not comment on the group as a whole, or on the witnesses. In reflecting on the debrief, where group members actively spoke into the group, A stated (as quoted earlier) , “I don’t remember any of it, I just remember everybody.” So even here where A does remember the group as a whole she does not recall specific group members or individual comments. During the enactment A had very little awareness of the group. In follow up discussion A did state that the group was still very essential to her experience. She states she needed her enactment to be witnessed by the group, and she informed the director ahead of time that this was important to her. She felt the group, as a representation of the larger community, needed to take responsibility for what had occurred to her. A was aware that the director drew her attention the group as

a whole at various points throughout the enactment.

For B, “I mean strangely enough I don’t have an awareness of anybody except D. I couldn’t tell you where you were, where the girls were that were in the apartment, I couldn’t tell you where E was. I couldn’t even tell you who was around me...Marv told me you stepped in for me at some point . I don’t remember. So there was a point there where, ya, like I even struggle now, I honestly have no recollection of anybody but me being there.” B’s comment potently reflects this theme.

5. During the enactment the co-researchers experienced an acute awareness of the director’s voice, which voice served to help keep the co-researchers “present”.

Experiencing dissociation was part of the enactment experience for both co-researchers. For both co-researchers the director’s voice served to regulate their dissociation by bringing their awareness back in to the present. In some ways the director’s voice served as an antidote to dissociation. For A, “It was like the sound of Marv’s voice, like I was connecting somehow with the sound of Marv’s voice and trying to breath, and that’s really most of the experience I had...It’s the sound because I have no idea what he said, I have no idea what he said, it was hearing his voice.” Later when discussing an extremely intense part of the enactment, when asked what she was aware of in the director A said, “Just his voice. You know his voice was a big thing, and after it was over his voice just calmed me. Like when I heard his voice I had a physical reaction to hearing his voice, I still do.” In talking with A she has described the director’s voice during the enactment as a “calling to be present” for her.

B comments at length about the role of the director’s voice in his enactment. At

one point B comments, “All hell was breaking loose...and then here I was and it was all calm and quiet. And there was this voice. It was the strangest thing, like here was this voice saying, “B,B”, I still remember shaking my head, thinking, what’s going on here? And then I remember saying I’m okay or something to that effect, like I’m here, or.

R: Did the voice kind of bring you back to B? Or?

B: Oh ya, it drew me out of it, it drew me back. It sort of made a link. It didn’t pull me out of the space I was in , in the sense that I was still there.” This statement from B illustrates the phenomenon whereby the director’s voice “drew B back” from the state he was in. It is in this sense the director’s voice is an antidote to dissociation. The experience of being called back by the director’s voice had more specific implications for the co-researchers.

6. The director’s voice linked two realities; simultaneously re-living the past trauma in the present moment.

This theme is somewhat abstract and enigmatic however it is a key theme, and essential to the understanding the co-researcher’s experience. The enactment is, of course, done in the present. As the co-researchers have both stated they experienced going “back” to the time of the trauma while doing their enactment. Going “back” resulted in some degree of dissociation for both co-researchers. The director’s voice “calls” them to be present during the enactment. So there is this stereo experience which is all in the present, where one speaker is the original event, and one speaker is the enactment. The two realities are experienced as interactive. What then is heard? A complex melody that results in the co-researchers experiencing new emotional scripts

associated with the traumatic event. This interacting of realities is a key component of the repair process resulting in a reduction of trauma symptoms. The co-researchers re-scripted their connection with the original traumatic event.

How are the two realities linked? Through the director's voice. In referring to the director's voice during an intense part of the enactment, B states, "It drew me back. It sort of made a link. It didn't pull me out of the space I was in, in the sense I was still there, I was still holding on to him and I was still ready, but in my mind's eye it's almost like for a moment I felt like I was just gone, or I was on my way there. Like psychologically speaking there was no difference between that night that it actually happened and that point I was on the ground with that guy...It's almost like Marv sort of saying those words, sort of reached his hand in, like into the past and established the link between whatever, three years before that and then to bring it together by saying that." The director's voice brought the realities of past and present together. Later B says, "It's like slowly connecting the two lives and making them all in the present, as opposed to in the past, separated by that point and time and this new life." B has indicated that his emotional connection with the traumatic event is now around the enactment of the trauma. When B enacted his trauma he wore the same clothes he wore the night it happened, except he had different colour pants on. The realities are so fused for B that in remembering the event he flips back and forth with what colour of pants he was wearing at the time.

In her interview A also spoke at length about the director's voice, her key comments are quoted in the previous theme. In discussing her experience with her

following her original interview, A stated that for her the trauma and the enactment are “the same moment”. Her emotional connection to the event has been re-scripted by the enactment. In trying to put words to this phenomenon A states her experience was a three dimensional one, where words are really only two dimensional. This theme is difficult to for the co-researchers to articulate and difficult to explain with words. Throughout A’s discussion with the researcher she has stated therapeutic enactment process is experiential, and difficult to describe using words. Having acknowledged that, this theme captures a key experience in the repair process for both co-researchers.

7. The co-researchers and the director(s) formed an intensely close therapeutic alliance.

The director played a key role in both co-researchers enactments. The manner in which the director engaged with the co-researcher resulted in an intensely close therapeutic alliance that allowed the co-researchers to freely enter into a rich enactment experience. The same director was involved in directing both co-researcher’s enactments, however the role the director played in each enactment was quite different. The co-researchers both experienced the director in a way that was meaningful for them, and allowed them to enter deeply into the enactment experience.

For A, the director was involved at different levels. The involvement was so intense that A stated, “I would have died if he faltered at that time, but he didn’t, he wanted to re-experience with me.” At points in the enactment A was incredibly dependent on the director(s). Later she states, “ I was more aware of them, more aware of their physicality than my own, it’s like their physical bodies were my physical body at that time, and if

they had faltered then there would have been nothing left of me, I would have died.”

And, “ Like at that moment we were all the same person, the three of us, I was doing the breathing, somebody else was doing something else and somebody else was doing something else.” A experienced the director(s) as wanting to re-experience her event with her, the connection being so close she felt as one with the directors.

For B the forming of therapeutic alliance began prior to the enactment. Specifically, the director accompanied B back to the actual site of B’s trauma. The connection between the director accompanying B to the original scene, and the director directing the enactment is significant for B. The director’s presence in both places forms a meaningful connection for B between the two realities. B states that he experienced the director as accompanying him on a journey. It is significant to B that while the director was present on the journey, he was not “consumed” by it. This is experienced by B as the director not having the same reaction to the trauma scene as B had, even though the director was present there. This experience of feeling the director as present but not consumed was also true for B during the enactment where B indicated in a follow up interview that he felt as though in the enactment he were entering a labyrinth, and the director was the string which would lead him through it safely. B did not recall the director touching him during the enactment, however B did state he felt a transcendent connection with the director throughout the enactment.

8. The enactment entailed high risks.

For both co-researchers the risks associated to their enactment were substantial and very real. When the directors asked B what concerns he had about doing his

enactment B stated, “Well I know I can go back there, I know I can do this frankly, my only concern that I have is that I’m gonna kill somebody or at the very least I’m going to hurt somebody, because first of all, I know I’m a big guy, and second of all I know how to do it. We’re not talking about somebody who say, the average guy on the street who maybe has been in a street fight, maybe not, whatever, hasn’t had much experience with anything, saying I’m afraid I’m going to hurt somebody right, we’re talking about myself who has been training in martial arts since I was a kid, I already had to do something horrific to the guy in the first place to stop him from stabbing me, and I’m afraid if I get into that space that I’m going to kill someone. Whoever it is who happens to play this guy, I’m afraid I’m really going to hurt them. I don’t want that to happen.” This theme links directly to theme nine from the previous stage, discussing safety plans. The safety plans were necessary as the risk of B hurting someone was very real for him.

For A the risks were also incredibly high. In contrast to B, the risk for A was dying herself. As also noted in the above theme, in reflecting on one part of her enactment A states, “I just remember being very dependent on Marv at that time, incredibly dependent on him, like if he had faltered I would have died, I would have died if he faltered at that time.” A further stated, “ We were a unit, and if either one of them had done anything to leave me at that moment I don’t think I’d be here anymore, there’d be a big lawsuit happening. It was very dangerous, I didn’t know that at the time.” Finally A states, “ I don’t think they really know how deeply that goes, I don’t even know if it’s physiologically possible, if Marv had let go of me or something, or had faltered, like could I really have died, my feeling is I absolutely could have because I

was pained, in pain up until that moment, so I don't think they really know how serious it really was." The risks for both co-researchers involved life and death, and were very real for each person.

9. The enactment was experienced as intensely real and resulted in the protagonists experiencing a loss of control.

For B, "I was just taken right back there." The enactment was very real for B and resulted in B feeling a lack of control over his body. B states, "That was the dangerous point for me because he was struggling and I didn't have control over my body, all I had control over was saying Marv's name, so at that point, as far as my relationship with Marv, I had no control, I shouldn't say I had no control because obviously I had control enough that I could say his name." So for B the intense realism of the enactment resulted in a loss of control over his body. B retained enough control to interact with the director, and it was the director who lent control to the enactment process. In reflecting back on his enactment experience B states, "I see it as the person who's doing the repair has to be able to get out of control, literally, emotionally, whatever, whatever needs to come out has to come out and they can't control it, they have to relinquish that."

For A the feeling of being out of control began even in the planning meetings, "The thought I got was you know, I'm in control right, it's not them right, and I was out of control, and I knew I was out of control." In follow up discussion A stated she was hysterical during the enactment, and surprised from the beginning about her experience. Specifically she commented on being surprised at her inability to breath, and her

screaming. She states screaming is very unlike her, and it surprised her that it happened. The experiences of not being able to breathe and screaming also speak to the intense realism of the enactment for A.

10. Control was returned to the protagonist.

This theme is true only for only B. B not only experienced a loss of control in the enactment, but he also experienced having control returned to him in the enactment. After B was able to tell the director to stop the perpetrator from struggling, and indeed the director stopped the perpetrator from struggling, B stated, “Oh, it felt really good, it felt really good because it meant everything was going to be okay, I wasn’t going to have to do anything, you know, I wasn’t going to have to go through all that stuff again, and it also meant I had control, because in a strange way I had no control, I had no control over my body, but when I said Marv, or whatever I said, Marv he’s struggling or Marv tell him to stop and it stopped, so even though I felt out of control in my body, the fact that at any moment I could say stop and the whole thing stopped , it was like I was back in control...that point was really important because I got control over what happened to me, right at that point when I almost lost control again, I took it back.” B identifies the return of control as being important to him.

In discussing this theme with A, after the initial interview, she states she did not experience a return of control as B did, but rather she became sensitized to what she was facing. She felt as though the directors were trying to give her control back however she did not experience this.

11. After the climax of the enactment, both co-researchers experienced intense

feelings with significant meaning.

Both co-researchers experienced intense feelings after critical points in their enactment. For A, after her enactment was complete, yet while still in the group she stated she felt “a really tremendous relief.” A went on to say that she felt really joyful, privileged, and loved. A states love was pouring through her, “Like every breath I was just filled with love and then just breathing it out, this incredible love machine thing.” So for A feeling relief and love followed her enactment experience.

For B, after the key piece of the enactment was over, emotion was expressed in the form of crying, “When I started to cry it was kind of clean.” B states this emotional expression was not as significant to him however, as was his feeling of relief. B states he felt peace and a sense of completion when the enactment was over. B stated, “The night of 100 days was over. It was finally finished for me.” So then as with A, a sense of deep relief followed the enactment.

C POST ENACTMENT THEMES

The remaining themes are associated with the co-researcher’s post-enactment experience. The themes associated with this stage are not as centrally grouped as the themes were with the previous two stages. No specific central themes were found.

1. Co-researchers experienced substantial repair.

Both co-researchers self-identify as experiencing significant, tangible repair from their enactment experience. A states that after her enactment she felt “lighter, more open, present, repaired, healed.” A states her experience of repair is wordless. In discussing her experience of repair A later states, “It’s like you want to know something

but you can't tell me what it is because you can't say it either, so what do we do, you know it's like after the enactment was over. All that love was pouring, that's it, that is the experience, period, that's what you're looking for, that's what you're asking me about, that's the question, that love breathing in and out, that's what you want to know because that's the healing, that's God, and you can't pick at it as intellect because it is a sacred experience, and all the bibles and korans and whatever else try to tell you about it but there are no words, and it hurts people to force into a word because that's not what it is anymore."

While the repair experience for A is wordless, the effect of the repair is described by A, "There's hardly anything the same. I still have two children, but my relationships are different, my life's different, my job is different, my outlook is different, my body is different, the way I eat is different, the way I sleep is different, the way I think is different, the way I feel is different, everything is different." . A states she now finds herself able to say no. She states she is now able to separate from things. The effect of the repair for A is substantial and life encompassing.

For B, the repair experience is most tangibly described in the effects the repair had on him. For example, "we went to this big conference and I had to present in front of like 200 people and it was, we were doing the presentation on peacekeepers and all this sort of stuff. I remember saying in front of 200 people that I had survived an attempted murder, and just carrying on with my presentation. I was able to do it and all that sort of stuff. Just contrasting that with the sort of self-consciousness and vigilance that I always felt in groups and that kind of thing." B continues, "It wasn't even

dropping my guard, it was, the guard just wasn't there. I didn't, there was no use for it, like dropping the guard is almost like I can put it up again if I want to...if I wanted to I could but there's no real need for it...I had changed to the point where I just didn't need that anymore. I didn't need to feel that way or be that way." B also states, "I think the biggest change for me was that I could relax for the first time in I don't know how long, in about three and a half years. I felt I could just relax and it was a strange feeling I guess I didn't realize how on edge I always was until that feeling was gone. So it was more a removal of negative things, just to allow them not to have to be there, so I slept a lot better. I could sleep through the night. I just didn't worry so much about the house, the night, whatever. I didn't have to be aware." B's experience of repair impacted his life in a meaningful and tangible way.

2. The co-researchers experienced a lack of desire to watch the video tapes of their enactments.

This theme is simple yet important. Both co-researchers had their enactments video taped. Up until the point of the interviews with the researcher for this study, neither co-researcher had watched the video tape of their enactment. A stated, "I looked at the first few minutes of it, I just wanted to see what it looked like, and I could see that it was influencing the way I remembered it, so I shut it off, because it was destructive to my experience...the reason I said at the beginning is that why I remembered the smoke is because I looked at it on the video, so I'm not sure if it's the video I'm remembering or if it's the real life experience I'm remembering because mostly I was dissociated and I don't remember a lot to begin with...the video affects memory for sure." A states that

viewing the video was not helpful for her.

3. Follow up with the directors after the enactment was experienced as furthering the therapeutic process.

Both co-researchers experienced the follow-up with the directors as helpful for them. After their enactments the director(s) made contact with each co-researcher to check in with them, and discuss their experience post enactment. For A, “Marv called me that night after I got home to find out what was going on and to just have a chat about things, and he actually took off to Calgary, and called me from Calgary, that was so helpful, just because there’s a, the enactment was over but it’s not ever over, it’s a whole process, so that was incredibly important in my case, that they called me and gave all this wonderful support, if anything comes up, and I really felt everybody’s really keeping track of me and I really had a community of people.” A identifies the follow up with the director as incredibly important.

Follow up with the director was also important for B. B states following his enactment he was in almost daily contact with the director tracking what was happening with his body, and with his thinking and feelings. The director provided information to him and reassured him, “That felt good to me because I could sort of sit in that feeling because I was feeling things I hadn’t felt for a long time. It was kind of confusing, interesting , exciting, and all this kind of stuff. So that was good, being able to talk about it, having him having that kind of information, it was very important for me.”

Clearly the follow up was significant to both co-researchers.

4. Over deconstruction or analysis of the enactment experience was not helpful.

This theme was only reported by co-researcher A, however the importance of this theme to A warrants its inclusion as an independent theme. A states that after her enactment there was a lot of deconstruction of the experience. A states that she understands people wanting to know about her experience, however the debriefing and deconstructing became excessive, “so it was starting to deconstruct me, it was like deconstructing me, and it hurt me.” A comments that when people began taking notes and wanted to record everything about her experience she began to feel the deconstruction was becoming not helpful. A states that follow up with the director(s) and others was helpful, however excessive deconstruction of the experience hurt her.

5. The enactment experience deepened the relationship the co-researchers have with the director.

For A, even while the enactment was coming to a close she felt a significant connection with the director. During the debriefing the director sat across from A, after being very physically close to her throughout the enactment. A stated it felt okay to be across from the director at that point, “It’s like we didn’t need to be physically connected because something had happened in our soul, and there was another kind of connection.”

About the following day A observes, “It was like we were new lovers or something. It was wonderful...an incredibly nice connection.” A’s relationship with director was deepened and changed through the enactment experience they shared.

B went in to his enactment already having a meaningful relationship with the director, and B states the his enactment further deepened his relationship with the director. B speaks about his relationship with the director as a mentor and friend and

states it is “a relationship of two people that transcends or subsumes one of those two, all the other stuff.” B states his enactment experience has deepened the trust he and the director share in one another. In follow up discussion B stated he felt a “gut” connection with the director, then corrected that to say it was more a transcendent or spiritual connection.

Summation

The twenty seven findings presented here offer a rich, descriptive thematic portrait of the co-researcher’s lived experience of trauma repair through therapeutic enactment. The findings represent a valid and reliable phenomenological analysis of the interview data. A goal of case study research is to compare the findings with pre-existing theories. This analysis will be part of the next chapter.

Chapter V

Discussion

Introduction

The goal of this study was not to discover a causal relationship between variables, but rather to develop a rich, descriptive, thematic portrait of the co-researcher's lived experience of trauma repair through therapeutic enactment. In addition to being descriptive, this study is exploratory as it considers a phenomenon not previously documented in the research literature. One of the means of reliability for this study is to triangulate the findings with the relevant pre-existing research literature. Overall the findings are indeed consistent with research literature, in fact adding detail and precision to several previously identified concepts, enhancing the understanding of the therapeutic enactment change process.

Therapeutic Enactment Literature

One theoretical framework this study is based on is therapeutic enactment theory. Hollander's (1978) three stages of psychodrama; warm-up, action, and integration all were apparent in the experiences of the co-researchers. Comparing Hollander's stages to the findings of this study will again serve to triangulate this study's findings and provide a theoretical framework through which to view the results.

The warm-up phase is intended to create an atmosphere of safety and trust. The safety and trust building processes for the co-researchers in this study have already been discussed at length. The current study suggests however that co-researchers have little memory of this stage, and in fact may be experiencing significant dissociation during

this opening phase of the enactment itself. This study did not consider this stage in great detail as the co-researchers had little to say about it, likely due to the degree of dissociation they were experiencing. This study gives therapeutic enactment directors greater insight into what protagonists may be experiencing at this stage when conducting an enactment involving trauma.

The action phase of the enactment brings increased emotion and intensity, and leads to catharsis. This study's finding that protagonists experienced intense realism, is reflective of this stage. Moreno's and Blatner's (1985) categories of catharsis are also evident in this study. Abreaction and action catharsis is seen in the physical and emotional intensity of the co-researcher's experience. For A it was in the struggle to breathe, and also in her screaming. B states it was in being able to tell the perpetrator everything he wanted to say to him. B states he was able to say it in a venue that wasn't shaming. A catharsis of inclusion occurred for both co-researchers. For A it was experiencing the love in the room at the end. B also cried near the end of his enactment, describing the experience as "clean". A's experience of love in the room at the end of her enactment also would serve as a spiritual catharsis. A spoke of experiencing God during this time.

The findings of this study reinforce Tomkins (1991) model of the role of affect in self-learning and change. Tomkins suggests affect is typically expressed through breathing and voice. A has stated that for much of her enactment it was all she could do to breathe. Later A screamed. In enactments involving severe trauma this finding then

should not be a surprise. Tomkins theory that therapeutic enactments may serve as a corrective emotional experience where new analogs are created also has relevance to this study. Both co-researchers have indicated they have a new emotional connection to their trauma however they both still remember both their enactment and the real event. Little doubt a new analog was created for the co-researchers during their enactment. This study suggests the enactment is more than just a corrective emotional experience or the creation of new analogs. Somehow the old and new interact in a way that results in the protagonists having a new emotional connection to their trauma. Tomkins discusses the development of reparative scripts in his theory. Tomkins would likely suggest the new analogs and reparative scripts created through the therapeutic enactment compete with the old response to the trauma for dominance. This present study suggests the return to concrete action by the protagonists, by actually re-enacting the traumatic event, creates reparative scripts and new analogs that defeat the old response. This is the essence of the how therapeutic enactments are effective in repairing trauma. They not only allow the backed up affect around the trauma to be expressed, but unlike cognitive therapies alone, they rescript the affective response to the traumatic event. In fact not only is affective response re-scripted but so too is the physical and spiritual associations to the trauma. These series of inter-connected self-scripts become re-aligned through the active expression of behavior, cognitions, and feelings through the enactment process.

The final therapeutic enactment stage is integration, previously described by Blatner as the stage of increased self-reflection and self-awareness. While both co-researcher's enactments included this stage, they both remember little or nothing of what

was said. Not unlike the first stage, the co-researchers said little about their experience in the this stage as they recalled little. Both co-researchers affirmed the helpfulness of follow up with the director(s) after their enactment. This final stage then would appear to take more time than may be suggested by some of the enactment literature.

This study's findings are consistent with therapeutic enactment theory, though they focus more on some aspects of the theory than others. This study also affirms the findings of other research in the field such as Baum's (1994) finding that the protagonist experiences a feeling of actually reliving the experience. Brooks (1999) finding that "Positive attachment to and exploration with the director in a collaborative spirit supports the protagonist's sense of agency, control, and commitment throughout the process. The working alliance needs to be attended to"(p. 392) is also affirmed by this study. This study suggests the therapeutic alliance is not only incredibly important, but perhaps even contributes to the actual repairing of the self. Co-researcher A states she felt like "their (the directors) physical bodies were my physical body at that time" she continues, "we were all the same person, the three of us". The intensity of the therapeutic alliance, as experienced by A is striking. At the critical time in the enactment she felt as one with the directors, to the point she says feels she could have died if they had faltered. Indeed the therapeutic alliance needs to be attended to. This present study suggests it should be nurtured from early on and treated with great care and respect.

Trauma Literature

Herman's (1992) trauma model identified three basic stages to trauma recovery;

establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community. The findings of this present study suggest the co-researchers went through this process through their enactment. The therapeutic enactment process is a microcosm of the larger trauma recovery process outlined by Herman. The enactment process is in fact an amplified microcosm of Herman's process as the co-researchers richly experienced each stage.

Establishing **safety** can be seen in the intense trust building process the co-researchers went through with the director. Establishing safety was no easy task, and effort was put forth by both the director and the co-researchers to attend to the details of this process. The co-researchers witnessed previous enactments, checked out the enactment process and the director. Co-researchers witnessed the director handle critical incidents in previous groups. The director also engaged with the co-researchers to build trust and establish safety by planting a seed with the co-researchers around conducting an enactment, sharing in an intimate experience with each co-researcher, and in the case of B establishing specific safety plans for the enactment. The findings of this study then affirm Herman's establishing safety stage, and in fact articulate specific actions that contributed to the development of safety.

Herman's second stage, **reconstructing the trauma story**, was also done in great detail through the therapeutic enactment. Both co-researchers report experiencing intense realism in the enactment. Both co-researchers not only told their trauma story but re-enacted the event in painful detail. Herman herself suggests traumatic memories

are often wordless and static. Co-researcher A also states much of her repair experience was wordless. It appears then that therapeutic enactment may then be even more effective in reconstructing the trauma story than just using words, as the enactment allows the expression of the trauma through actions, where words are insufficient to fully express the experience. As A describes it, her experience is three dimensional, where words are two dimensional at best.

It is also in this second stage that an intense **therapeutic alliance** is forged in the fire of the co-researcher enacting their personal hell. Here the director serves to moderate the dissociation associated with this stage, and allow the fusing of old and new realities for the co-researchers. The findings suggest the directors indeed keep the protagonists in a therapeutic window, as Briere(1992) described. The interacting of realities is key to the repair process, and the director's role in facilitating the protagonist entering fully into re-enacting their traumatic experience while also calling them to be present is complex and wonderful. More detailed research in understanding the many micro-processes underway at this stage of the enactment will allow greater understanding into how new scripts are actually formed, and how protagonists emotional and psychological connection to their trauma is modified. The findings presented here suggest reconstructing of the trauma story through therapeutic enactment is not only consistent with Herman's second stage, but they actually take the understanding of the processes in this stage to a new and deeper, action based level.

Herman's final stage is **restoring the connection** between the survivor and their

community. Therapeutic enactments are a group based therapy. The group serves as a community for its members, and the enactment group is the first point of connection for the protagonist upon completion of their enactment. In this study both co-researchers were relatively unaware of the group during their enactment. This finding at first seemed odd in light of the group therapy literature which validates the significant role groups play in therapy. What must be understood is that it is in groups that people experience shame. Trauma is littered with shame for its survivors. The fact that the co-researchers were unaware of the group actually suggests an absence of shame in the group. The group did not retard or interfere with the co-researchers fully and richly expressing their traumatic experience. At the close of her enactment A commented not just on feeling connected to the group but on experiencing love in the room. Love serves as an antidote to shame. After his enactment B was able to talk openly in front of a large group about surviving an attempted murder. This study illustrates both co-researchers experiencing restored connection to their community.

The findings of this study then reveal that the lived experience of trauma repair through therapeutic enactment generally follows Herman's model. This study shows therapeutic enactments for trauma repair intensify aspects of Herman's model for the survivors. This study also illustrates and describes the experience of the trauma repair process using therapeutic enactments for the co-researchers. The intent of this study is not generalize the findings to a larger population but rather to gain insight and deeper understanding of the co-researchers lived experience of trauma repair through therapeutic enactment. Herman's theory triangulates this study's findings, and provides

a theoretical framework through which to better understand the results.

Implications

This study has implications in the areas of research, theory, and practice. With little other research in the area of trauma repair through therapeutic enactment, there is ample research possibilities flowing from this study. Key areas that would benefit from further research include better understanding the process and experience of dissociation throughout the enactment process. Specifically, how this process is regulated, through the use of the director's voice or other means, to maximize the impact of the enactment experience for the protagonists. The nature and impact of the therapeutic alliance is also an area that could benefit from future research. This study reveals an intense therapeutic alliance was formed between the directors and the protagonists. Further specific insight into the role the therapeutic alliance plays in the trauma repair process is needed. This study reveals the therapeutic alliance was different for the co-researchers, as were other aspects of their experience. In this study the two co-researchers were male and female. The unique differences in experience associated with gender may also offer insight into experience of trauma repair through therapeutic enactment. An example of possible gender differences may be the experience of having control returned to the protagonist. For B, a male, this was an important part of the enactment experience. For A, a female, she did not have this experience yet the enactment experience was incredibly valuable for her for different reasons. These are just a few of the key areas that future research may shed light on, in light of the findings of this study.

The implications this study has for theory surround developing a theory of

therapeutic enactment specifically for trauma repair. While trauma theory exists and enactment theory exists, a theory combining the two would offer specific, unique, and practical insights for directors and others in the field. Therapeutic enactments around trauma possess unique characteristics as evidenced by the unique trust building process, the high risk and necessary safety plans involved, and the complex creation of new emotional scripts surrounding the traumatic event. This study enhances current theories yet also moves toward the formation of a theory unique and specific to therapeutic enactments for trauma repair.

Finally this study has practical implications for practice. Directors will benefit from an increased understanding of the trust building process, and how they can effectively facilitate this process in potential protagonists. Directors will also benefit from understanding the role they play in regulating the protagonist's experience of dissociation at various stages in the enactment. Tangible insights are offered into the role safety plans play in the experience. This study should also serve as a solemn reminder to directors and others, of the seriousness of this process for its participants. Directing or even witnessing a therapeutic enactment around a serious trauma is not something to be entered into lightly. For those few protagonists who find themselves walking through their own hell, they cannot be accompanied by a director who will be consumed by the flames. Though not discussed at great length, this study shows therapeutic enactments around trauma involve a spiritual dimension, operating at the deepest level. As the enactment process began with a call to acknowledge the sacredness of the experience, so it ends with a deep and personal thank you to the two

co-researchers for sharing their very personal and sacred experiences with the researcher, hopefully to the benefit of many.

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Appendix A

Sample Interview Questions

Tell me what led you to do your enactment when you did?

What was happening for you at that time?

What were you aware of?

What were aware of emotionally?

What were you aware of physically?

How did you experience that?

What were you thinking at that time?