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Being in two places at once: renegotiating traumatic experience through the surplus reality of psychodrama

Scott Giacomucci [ORCID] and Amy Stone

Phoenix Center for Experiential Trauma Therapy, West Chester, Pennsylvania, USA; Mirmont Treatment Center, Lima, Pennsylvania, USA

ABSTRACT

This article continues the dialogue started by Skolnik 2018 about the synergistic union of social work and psychodrama group approaches. The theoretical and clinical alignment of psychodrama and sociometry with social work with groups will be described. A practice illustration from Mirmont Treatment Center will be presented and discussed to explore some of the dynamics of psychodrama and, in particular, the therapeutic value of surplus reality. Surplus reality is a creative tool used to provide a therapeutic corrective emotional experience. Integrating insights from neuroscience, this article advocates for psychodrama as a valuable modality for clinical social workers engaged in group work.

Introduction

Social workers are increasingly providing clinical services to trauma survivors using different forms of psychotherapy including group work (Goelitz & Stewart-Kahn, 2013; Landrum, 2016; Malekoff, 2013; Rubin, 2012). Psychodrama, through the phenomenon of surplus reality, has the capacity to renegotiate past traumatic experience by providing corrective and reparative experiences in the here and now (Giacomucci, in-press; Hudgins & Toscani, 2013). These reparative psychodrama experiences can reorganize internalized trauma while also promoting changes in the brain (Hudgins, 2017; Hug, 2013).

Psychodrama and social group work

Psychodrama is an experiential form of psychotherapy equipped with its own comprehensive philosophy, theory of personality, and repertoire of techniques and interventions (Nolte, 2014). Psychodrama exists within Jacob L. Moreno's (1946) triune system of sociometry, psychodrama, and group psychotherapy. *Sociometry* refers to "the inquiry into the evolution and

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organization of groups and the position of individuals within them" (Moreno, 1953, p. 23).

Just as psychodrama and social work create a synergistic union (Skolnik, 2018), so do sociometry and social work (see Bendel, 2017; Giacomucci, 2018a, 2018b; Skolnik, 2018; Stimmer, 2004). Tian Dayton (2005) elegantly describes the relationship between each element of Moreno's triadic system while echoing social work's person-in-environment perspective: "Psychodrama is intrapersonal, and sociometry is interpersonal. The two approaches marry in the context of group therapy to investigate not only the person but also the person within the system in which they operate" (p. 11).

The term *group psychotherapy* was formally introduced by Dr. Jacob L. Moreno in 1932 at the annual conference of the American Psychiatric Association in Philadelphia (Moreno, 1945). However, his ideas about group therapy began in 1913 with his observations after organizing a group of prostituted women in Vienna, "we began to see then that one individual could become a therapeutic agent of the other and the potentialities of a group psychotherapy on the reality level crystallized in our mind" (Moreno, 1955, p. 22). Moreno originally conceptualized group therapy as the treatment of oppressed, marginalized, or excluded populations (Nolte, 2014).

Stimmer (2004) claims that because of the context and nature of Moreno's work, psychodrama really began as social work, "*Die psychodramatische Idee jedenfalls begann als Soziale Arbeit; ihre Wurzel, ihre Basis ist die Soziale Arbeit*" ("In any case, the psychodramatic idea began as a social work; its root, its basis is social work," p. 19).

Moreno's methods were developed through his work with marginalized communities including immigrants, refugees, prostituted women, prisoners, and the people with severe mental illness. He found a way to work individually with a client, effectively with a group as a-whole, and worked to create change on the larger societal level. We could think of Moreno as a social worker who attempted to bridge the gaps between micro-, mezzo-, and macrosocial work.

Social work with groups emphasizes the significance of human relationships, person in environment, and mutual aid—the ability of group members to use their own unique strengths and perspectives to help each other (Northen & Kurland, 2001; Schwartz, 1961; Steinberg, 2010). Similarly, J. L. Moreno believed that change or healing took place between the protagonist and group members playing roles in a psychodramanot from the director or therapist (Moreno, 2000). He argued that therapeutic agency was not solely associated with the therapist, but that each member of the group possessed it and were therapeutic agents for each other. One of Moreno's mantras was that "every man the therapist of every other man; every group the therapist of every other group" (Nolte, 2014, p. 111).

Social work with groups and psychodrama emphasize the significance of mutual aid, spontaneity, creativity, roles, group phases, and human relationships, as well as the values of human dignity and social justice (Skolnik, 2018). Bitel (2000) writes, "social group work is an arena for boundless creativity. In viewing the group work setting as a stage for the creation of countless stories, dramas, struggles, and resolutions, the social group worker becomes an artist in her own medium" (p. 79).

Stepping onto this psychodramatic stage, the group extends itself through space, time, reality, and fantasy, through trauma and resilience, and through suffering and transformation. Moreno (1965) defines *surplus reality* as this mode of subjective experience beyond reality that is enhanced by imagination (pp. 212–213).

Surplus reality

The psychodrama stage is approached "as-if" it is an imaginary space where anything could happen—even the impossible (Kellermann, 1992). Surplus reality is most frequently used to describe situations within psychodramatic enactments during which the subjective reality of the protagonist is externalized and enacted through role-playing techniques. Watersong (2011) states, "Surplus reality in psychodrama addresses our deep hunger to explore creative potential by experiencing and expressing all that we are and expanding into the abundance of life" (p. 26). Psychodrama's use of surplus reality activates an element of play, through which Winnicott (1971) suggests the individuals tap into their creativity, utilize the whole personality, and discover the self.

Moreno (1939) believed that there are invisible dimensions in the reality of life that are not fully explored, processed, expressed, or experienced and that accessing surplus reality through psychodramatic enactments was needed to work through these dimensions. Zerka Moreno (2000) adds that the deepest of catharsis comes from psychodrama scenes that rely on surplus reality to create scenes that did not or cannot take place or are never likely to happen in real life.

Through psychodramatic surplus reality, a scene from the future or the past could be enacted. A historical moment could be put into the room for all to experience in action. In trauma work, psychodramatists often use surplus reality to create scenes of developmental repair during which the protagonista, whose emotional needs may have been neglected in the past, can have a visceral experience of their emotional needs being met through surplus reality.

The therapeutic spiral model (Hudgins, 2017; Hudgins & Toscani, 2013), a clinically modified psychodrama model for trauma work, offers a major contribution to the literature with its focus on renegotiating traumatic

experience. These techniques allow one to speak to deceased loved ones and state important things that were left unsaid. One could, in the surplus reality of psychodrama, interact with their ancestors or their child that is yet to be born. On the psychodramatic stage, one could even have the experience of being in two places at once!

The case of Claire being in two places at once

The following clinical vignette took place in the context of an ongoing trauma therapy group at Mirmont Treatment Center's inpatient addictions unit. Prior to launching into the psychodrama, a three-phased preparation of the group was introduced by the therapist: warm up, action, and sharing. Group members assumed roles in rotating dyads in multiple, short experiential vignettes that lasted less than a minute. Spontaneity, emotionality, and playfulness increased while self-consciousness and inhibition decreased. In psychodramatic terms, the group began to warm up. The warm-up solidified group cohesion, deepened the cognitive interpretations through shared wisdom, and expanded emotional responses.

Following the warm-up, clients were then ready to check in with themselves and articulate a topic and goal for the day's psychodrama. Two group members volunteered as protagonists for the psychodrama, sharing their topics and goals with the group. Claire's topic was guilt and her goal was to approach self-forgiveness. She feared her recovery depended on it. Another group member, Steven, proposed the topic of finding purpose in recovery after many years of active addiction and trauma.

The facilitator instructed everyone in the group to indicate which of these two topics would be most helpful for them personally. Claire's topic was sociometrically chosen by an overwhelming majority of the group; all group members briefly shared about their own difficulties with self-forgiveness, guilt, and regret. At the same time, Steven was reassured that there would be a role needed in Claire's psychodrama that would allow him to do his own work about finding purpose.

Claire elaborated, "I have to forgive myself. I couldn't be two places at once. But I can't let it go. No one blames me, but I still do. I'm so stuck." Claire described how she had been forced, by circumstance, to choose between being present for her father at his death or with her daughter at court when she was to confront the man who sexually assaulted her.

Both powerful incidents happened on the same day to the two people she loved the most in the world. Claire chose to be with her dying father. She had arranged to have a close family friend serve as her stand-in at her daughter's court appearance. Her decision was supported by her daughter. Nevertheless, Claire felt as if she had failed as a mother.

The therapist had a clear idea of where the drama could go and asked, "Claire, are you open to recreating the moment you missed? We can do that here and now." Claire appeared confused, "I don't see how that's possible. My daughter isn't here. This isn't court. I don't even know what you mean…." The therapist made eye contact and said:

> Claire, look around at our group. We are all here, ready to support you in this work. They look pretty ready to me. If you can trust me, trust the process, and trust the group, we can do this. You are pretty clear that the moment that blocks your effort to move toward self-forgiveness is this one. We can do something about it right now.

The group nodded in encouragement, projecting their willingness. Claire was fortified. "Ok. This is what I need to do. Where do we start?"

Claire directed how the room was physically transformed into a courtroom by the rearrangement of chairs. Claire then placed group members in the relevant and significant roles she knew were present: daughter, judge, friend, jury. The decision had been made by the therapist to represent the perpetrator with an empty chair. The therapist asked, "How does the scene look?" Claire expressed satisfaction with the physicality of the scenario but expressed some ambivalence and confusion about what to do next. The therapist said, "That makes sense to me Claire. I think you need some supports, and some added strengths. How about you choose two group members to be your supports as you do this work?"

The experiential opportunity to ask for, get, and internalize aid during a challenging time is a vital part of trauma recovery and substance use disorder recovery. Claire chose the two supports. She spoke to them, "I need help. I try to do things on my own. I don't show how much I need help. I need you." They responded, "Everyone needs community, that's real strength. We got your back Claire. You deserve this work. You are not alone." They stood behind her with force and presence. She immediately straightened her posture and smiled.

The therapist continued, "We all need to be reminded of the strengths we have sometimes. Claire what strengths do you think you need to do this work?" Claire had an easy time identifying the strengths of "courage" and "willingness" that would help her do her work. The group volunteered "kindness" as a strength they see in Claire and wanted represented in the drama. Three group members joined Claire in the roles of these strengths. Finally, Claire decided she needed "God" in the court room with her.

She spontaneously chose Steven to hold the role of God and placed him in the scene. As each new role was incorporated into the surplus reality scene, Claire was instructed to role reverse with the role and speak to herself from the strength or supportive role. Each time, as Claire returned to her own role,

the group member playing the strength or supportive role maintained spontaneous interaction with her. In psychodrama, the healing takes place between group members in a collective mutual aid experience of a role play.

On this stage of surplus reality, the courtroom, two key pieces of work happened for Claire. She began in a role reversal with God. Seeing the scene and situation from God's perspective, tapping into her own spiritual truth and speaking from it, she reconsidered her mental relationship with the perpetrator. As God, she spoke to the perpetrator of her daughter, "It's my job to ultimately deal with you. I've put some consequences in your path and will continue to do so. You are my responsibility. NOT CLAIRE'S!"

Claire connected with the deep spiritual love she had inside her and how that was flowing toward her daughter. Claire made a final statement in role of herself, talking to God, "I'm noticing that when I'm angry, judging myself or others, I don't feel your love as much. Thank you. I'm going to go love my daughter now." Claire was then ready to approach her daughter and address the court scene.

Claire sat between her friend and her daughter. Her two supports and strengths were all behind her. The judge was in the front, and the jury was to the side. The judge made his ruling—he was a wrathful judge. Claire was able to comfort and support her child during as the decision was articulated to the court. Claire said all the words she had imagined would have been said. The woman who was in role of daughter was deeply moved. The group learned in that moment that she was a childhood sexual abuse survivor and had never told her own mother.

The love and nurturing she received from Claire was healing. Both women had corrective emotional experiences in the surplus reality of a courtroom where the justice of the "good-enough mother" prevailed. The scene continued until Claire and her daughter felt resolved.

The judge had symbolically removed the perpetrator from the scene, and the group waited for Claire to announce what came next. "It's time to move forward everyone. It's over. Let's get out of here and start living and loving."

Claire kept her daughter with her and brought everyone out of the scene, acknowledging the role briefly and internalizing the strengths. There was a tone of gratitude, lightness, and joy in the room. The therapist asked, "Is this a good place to end Claire?"

Group processing of the drama is a necessary group-closure technique to concretize the experience for participants. Sharing can be brief and should be oriented around the experience group members had in role or how they personally relate to the protagonist's experience. In this phase of the group, the therapist is able to assess participants and gather clinical data. Claire's drama prompted insights for her group members.

The group member who held the role of the "judge" connected with how he had been absent from the protector role for the women he loved because of his addiction. He felt the power and importance of that role and his desire to become a dependable gentleman again.

"God" was played by Steven, a man who identified as an atheist. The role allowed him to tap into curiosity and wonder about the faith and love in Claire's eyes. He shared that he was now willing to consider that there may be a larger purpose in life, beyond addiction and trauma.

The "daughter" was moved and said that this group was the first time she had felt comfortable speaking about her abuse history. She felt relieved, supported, and safe.

"Courage" said she needed more courage and the role was initially challenging. She discovered courage lived in her belly and realized that she had more than she previously thought. "Willingness" said he needed more of it because he was struggling to accept aftercare treatment recommendations. He thought being willing and seeing a positive outcome in group might help him. One "support" was moved because he had a son who had been abused and their relationship was strained. He gained more compassion for his son and himself. The other "support" had been a protagonist recently and had rescued her younger self from neglect and offered herself nurturing. To be in a position now to support another person, while feeling whole, was remarkable to her. The "friend" was feeling her sadness and pain that she neglected her own daughter throughout her addiction. The "jury members" were in important roles of observers and they each shared some way in which they connected to the work as well. Everyone in group was included and held a role that touched upon significance in their own story.

Claire reported that "she felt a major shift" and significant gratitude toward the group. Five days later the therapist checked in, and Claire reported that, "Everything feels different. I have been able to think about that time, the court case, talk about it, and not cry. For the first time in eight years I don't cry!" It is a positive indication that Claire has been discussing her history and the event and continues to maintain a posture of self-forgiveness. Claire's statement supports the idea that through the surplus reality of psychodrama, one can experience corrective moment that is otherwise impossible.

Clinical processing of the psychodrama

A psychodrama group is structured around three phases: warm-up, action, and sharing. This group began with a spontaneity exercise to warm up group participants and cultivate group cohesion before sociometrically, selecting a group topic. Group members indicated which of the proposed topics would most help them; the topic and protagonist were chosen

democratically. In psychodrama, this is referred to as a "sociometrically selected protagonist."

This type of warm-up ensures that the group topic collectively represents the group as a whole and that each group member's story is related to the topic. Although only one topic is chosen and prioritized, the other proposed topic showed up in the psychodrama as well.

Steven, whose topic was about finding purpose, was chosen to play the role of God in the psychodrama which allowed him to work on his own topic. This often happens spontaneously. Although the psychodrama director also had the option to offer Steven a clinical role assignment based on his topic and the needs of the psychodrama scene.

Psychodrama is not traditional role-playing because all group members can relate their own story to the psychodrama scene and/or the role dynamics of their psychodrama role. They are bringing themselves into the role that creates a rich emotional experience for everyone. In this way, there are multiple layers of object relations activated during the psychodrama as each group member's story is touched upon indirectly.

After Claire, the protagonist, had set the scene for the psychodrama, the therapist asked her to choose group members to hold the roles of inner strengths and interpersonal supports. Additionally, she asked for God to be present. These three categories of strengths—intrapsychic, interpersonal, and transpersonal—are outlined in the therapeutic spiral model's clinical map as essential to preventing retraumatization during a psychodrama enactment (Giacomucci, in-press; Hudgins, 2017). These strengths and supports keep the protagonist and the group within their window of tolerance while revisiting the trauma scene. As roles were incorporated into the scene, the protagonist is directed to reverse roles and speak to herself from the other role. This provides the protagonist with a new perspective in the scene (seeing it through God's eyes) and often results in action insights—which are moments of experiential integration that occur through action or role-playing.

In the interaction between Claire and her daughter, there were a few essential clinical aspects to note. A director should never role reverse the protagonists into a victim role until the protagonists have demonstrated their capacity to acknowledge and nurture the victim role from an adult role (adult ego state). Otherwise, the protagonist might get stuck in the victim role and be unable to derole.

Another significant aspect in the dynamic between Claire and the role of her daughter is that of role reciprocity. If Claire had difficulty being present or caring for her daughter in the psychodrama, the director might have instructed the role-player of the daughter to increase her expression of distress that would have placed higher role demands upon Claire to respond to her daughter. Panksepp and Biven's (2012) work suggests that one of the

strongest triggers of a human's CARE system is experiencing another human's expression of PANIC/GRIEF.

Although psychodrama is often remembered for its power to provide catharsis of abreaction, the goal of a psychodrama is really to provide a catharsis of integration (Hug, 2013; Nolte, 2014). The catharsis of abreaction in this case was Claire's sharing of grief around not being present at the actual court case and her anger expressed toward the perpetrator from the role of God. Although emotional abreaction is often loud and noticeable, integration frequently takes place quietly. Claire's catharsis of integration was evident in her statement at the end of the psychodrama, "It's time to move forward everyone. It's over. Let's get out of here and start living and loving." The catharsis of abreaction results in a release of tension or emotional expression whereas the catharsis of integration transforms perception and experience into a deeper sense of harmony.

In the warm-up phase, the group sociometrically choose a topic that best represented the group as a whole while establishing group cohesion. During the enactment phase, one protagonist acted out his or her story connected to this topic while other group members played the roles required by the scene. Although role-playing, group members were aware of their own connection to the topic and were encouraged to channel their emotions into the assigned role.

In the final phase of the group, participants shared about how their own story related to the psychodrama. These three phases help group members see beyond the differences in their stories and to touch upon an existential commonality within the group (Giacomucci, 2017). In this process, the protagonist is chosen based on the group's sociodynamics. Then, the psychodynamics of the protagonist become layered upon the sociodynamics of the group as each participant is given a role. The final phase of sharing brings all group members back to their own story while integrating the protagonist back into the group from his or her experience in surplus reality. Although many group therapy approaches could be best described as doing individual therapy in a group setting, psychodrama is an approach that treats the group as a-whole.

Corrective experience and neurobiology

Experiences—positive, negative, or indifferent—shape who we are and shape our brains. New experiences and social interactions have the capacity to provide synaptic and structural changes in the brain with corrective potential (Cozolino, 2010, 2014; Siegel, 2012). Changes in the brain would be impossible if it weren't for neuroplasticity, the brain's built-in mechanism that facilitates growth and life-long learning. For a psychodrama protagonist and a group that is adequately warmed up, the psychodrama experience is a multisensory experience like any other.

The corrective experience of being present for a missed moment with her daughter during the psychodrama helped facilitate a repair in Claire's attachment schema, as well as her own sense of self as a mother. At the same time, multiple other group members experienced corrective moments and the opportunity to enact change in their own lives through the roles they played.

The young woman holding the role of Claire's daughter had been keeping her sexual abuse a secret for many years. In the psychodrama she experienced the presence, validation, comfort, and love that she craved from her own mother but didn't know how to ask for. It seems that a skillfully directed psychodrama allows for group members' internal object relations maps to align externally with the role dynamics of the psychodrama. These new, psychodramatic experiences have the power to reverse the impact of past traumatic experiences.

The experiential nature of psychodrama, with its here-and-now enactments in surplus reality, provides a potent approach for social workers working with trauma. Although corrective experiences certainly take place in nonpsychodrama groups, the surplus reality of psychodrama allows for the renegotiation of the traumatic memory by creating a new, corrective memory —one that includes explicit, procedural memory content and implicit, body memory content (Levine, 2015).

Bessel van der Kolk (as cited in Wylie, 2004) reminds us that the "imprint of trauma doesn't sit in the verbal, understanding part of the brain…but in much deeper regions – amygdala, hippocampus, hypothalamus, brain stem – which are only marginally affected by thinking and cognition" (pp. 30–41). Many have used this reasoning to promote experiential therapies as the treatment of choice when working with trauma-related issues (Dayton, 2015; Hudgins, 2017; van der Kolk, 2014). In particular, psychodrama with the element of surplus reality can provide clients with the opportunity to repair attachment injury, have their developmental needs met, and renegotiate their traumatic history. The effects of trauma can be transformed into post-traumatic growth.

Conclusion

Social workers who provide clinical services to trauma survivors in group settings are likely to find value and benefit pursuing psychodrama training and incorporating it into their group work practice. The case of Claire and her group demonstrates how a skilled psychodramatist can meet the goals of the individual while providing opportunities for insight, growth, and emotional corrective experience for the group as a whole. In J. L. Moreno's own words (1972):

> Psychodrama is a way to change the world in the HERE AND NOW using the fundamental rules of imagination without falling into the abyss of illusion,

hallucination or delusion. The human brain is the vehicle of imagination. Psychodrama, in training the imagination, overcomes the differences which hinder communication between the sexes, between the races, the generations, the sick and the healthy, between people and animals, between people and objects, between the living and the dead. The simple methods of psychodrama give us courage, return to us our lost unity with the universe, and re-establish the continuity of life. (p. 131)

Psychodrama's core tenants of group synergy, cocreation, and equality align perfectly with a social group work practice. Group members are elevated as cocreators in a psychodrama in the same way that Drumm (2006) highlights the cooperative nature of social group work.

Although the theoretical connections between psychodrama and social work with groups are numerous and complimentary, the number of social workers certified as practitioners (CP) of sociometry, psychodrama, and group psychotherapy is minimal.

At the time of this writing, the American Board of Examiners (ABE) in Sociometry, Psychodrama, and Group Psychotherapy lists a total of 130 certified members whom hold degrees in social work (American Board of Examiners in Sociometry, Psychodrama, and Group Psychotherapy, 2018). The Bureau of Labor Statistics' (BLS; 2018) estimates that there is a total of 682,100 social workers in the United States in 2016. Based on these numbers, the percentage of social workers whom are also certified in psychodrama is a staggering 0.019%.

The rich field of psychodrama has only barely been tapped by social workers in general, albeit it holds valuable tools for social group workers. A social worker who commits to developing a psychodrama practice will receive the training, support, supervision, practical experience, and self-awareness necessary to serve clients well and creatively in the clinical group environment.

Disclosure statement

ORCID

Scott Giacomucci http://orcid.org/0000-0001-6657-2667

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