

Traumatic Reenactment and the Theater of Our Lives

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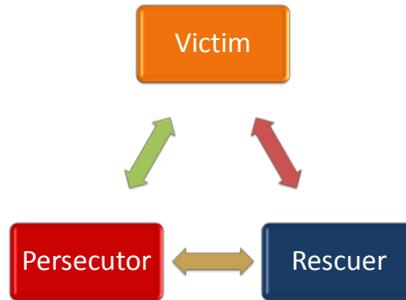
One of the most important challenges to the therapeutic environment is the successful management of traumatic reenactment. Trauma demands repetition. Clients come into treatment exhausted after a lifetime based on repeating an overwhelming and humiliating past. Trauma produces a fragmentation that results in the accentuation of a nonverbal and a verbal split in memory, affect, perception, and identity. The language of the nonverbal self is behavior and in the presentation of their symptoms,

our clients tell the story of their most terrible experiences. The role of the social environment is to engage enough with the story to understand the script but then to change the automatic roles that are being cued for by the client so that the story changes instead of being repeated. Traumatic reenactment can be seen in the shifting roles that clients and staff assume on the “rescuer-victim-persecutor” triangle.

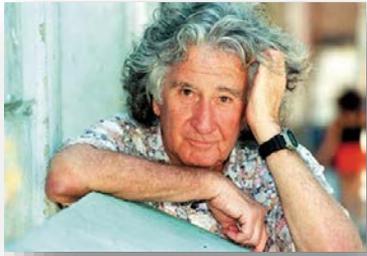
The compulsion to repeat that is so frequently observed in individual lives in historical events is frequently puzzling to people so we will digress a moment here to try and shed some light on this difficult subject. The “Karpman Drama Triangle” was first described in the 1960’s by a transactional analysis therapist named Stephen Karpman [10]. It started as a bunch of doodles that Karpman was drawing while he tried to figure out basketball and football fakes [11]. But it turned out to be a powerful tool in understanding some of the more perplexing of human behavior. Karpman described three dramatic roles that people act-out in daily life that are common, unsatisfactory, repetitive, and largely unconscious. When playing the “Persecutor” role we are operating from a position of some kind of power, tend to bully, find fault, accuse others, lead by threats, and are often blaming and shaming. When in the Rescuer role, we are working hard to “help” someone else but are often feeling martyred, guilty, angry under the surface, and may be considered meddler by others. In the Victim role, we become helpless, incompetent, oppressed, and hopeless. When we are trapped in any one of these roles, the roles can shift quickly and dramatically, and being trapped in one means being trapped in all three. Rotating around the Drama Triangle means that problems will not be solved but will instead be endlessly repeated, and everyone involved will feel more or less “jerked around”.

It is easy to recognize the ways in which we have all been involved in a reenactment triangle once we have the words to explain it, but why? Why do we get so caught up in these “dramas” that are so unfulfilling?

**REENACTMENT:
NEVER HAVING TO SAY GOOD-BYE**



We believe the answer to that question lies in some very key attributes of basic human nature, rooted in the origins of human group life which we will explore further in Chapter 8. It revolves around the impulse to perform that first emerges in childhood but is with us throughout our lives. People knowledgeable about the theater have been for some time pointing out that the powerful human inclination to dramatically act out our conflicts – universal as it is – is fundamental to human existence. Interestingly, with the new science of the mirror neuron system we are beginning to bridge the gap between science and the arts. As dramatist Augusto Boal has written,



“Theatre is the first human invention and also the invention which paves the way for all other inventions and discoveries. Theatre is born when the human being discovers that it can observe itself; when it discovers that, in this act of seeing, it can see itself - see itself seeing. ... a triad comes into being, the observing-I, the I-in-situ, and the not-I, that is, the other. The human being alone possesses this faculty for self-observation in an imaginary mirror.... Therein resides the essence of theatre: in the human being observing itself. The human being not only

‘makes’ theatre: it ‘is’ theatre.... Theatre – or theatricality – is this capacity, this human property which allows man to observe himself in action, activity. The self-knowledge thus acquired allows him to be the subject (the one who observes) of another subject (the one who acts). It allows him to imagine variations of his action, to study alternatives. Man can see himself in the act of seeing, in the act of acting, in the act of feeling, the act of thinking”(p.13 [12]).

Theater scholar, S. Arnold has written about this impulse to perform as the way in which human beings have always transformed ourselves through the construction of a new identity and that this process of transformation is fundamental to both human nature and to theater. She sees this capacity as adaptive at a personal and a communal level. As she puts it, *“One major source of the performance impulse is the attempt to exert control over our environment and the people around us. This attempt to control the environment ties personal performance to the dramatic, religious ceremonies that are fundamental to many societies”* (p.5)[13]. Boal, who created a “Theatre of the Oppressed”, writes about the internal

oppression that so many people experience of feeling empty inside, of being unable to communicate, of being afraid of the future. Here he describes the internal environment of so many trauma survivors [14].

The great British director, Peter Brooks has gone to some lengths to describe the essential elements of theater, “I can take any empty space and call it a bare stage. A man walks across this empty space whilst someone else is watching him, and this is all that is needed for an act of theatre to be engaged” (p.9) [15]. He goes on to discuss “repetition, representation, and assistance” as being the key words vital to theater and how repetition – what we generally think of as rehearsal or practice - is necessary to great a perfect performance: *“No clown, no acrobat, no dancer would question that repetition is the only way certain actions become possible, and anyone who refuses the challenge of repetition knows that certain regions of expression are automatically barred to him”* (p.138) [15]. But herein lies the paradox that we see so clearly in the lives of trauma survivors and that he observes on the stage: *“Repetition denies the living. It is as though in one word we see the essential contradiction in the theatre form. To evolve, something needs to be prepared and the preparation often involves going over the same ground again and again. Once completed, this needs to be seen and may evoke a legitimate demand to be repeated again and again. In this repetition, like the seeds of decay”* (p.138) [15].



Brooks notes this as the essential paradox just as Freud recognized the contradiction of the repetition compulsion when he discussed the ways in which it serves the potential of mastery, while still setting the person up for more trauma. Brooks believes that it is in the word “representation” – or “re- presentation” that we can find the key to solving the paradox.

“A representation is the occasion when something is re-presented, when something from the past is shown again – an imitation or description of a past event, a representation that denies time. It abolishes that difference between yesterday and today. It takes yesterday’s action and makes it live again in every one of its aspects – including its immediacy. In other words, a representation is what it claims to be – a making present. And the more we study this the more we see that for a repetition to evolve into a representation, something further is called for. The making present will not happen by itself, help is needed. ... We see that without an audience there is no goal, no sense....



Occasionally, on what the actor calls a “good night”, he encounters an audience that by chance brings an active interest and life to its watching role – this audience assists. With this assistance, the assistance of eyes and focus and desires and enjoyment and concentration, repetition turns into representation. Then the word representation no longer separates actor and audience, show and public: it envelops them: what is present for one is present for the other. The audience too has undergone a change”(p.139)[15].

He tells us that *“Theatre begins when two people meet. If one person stands up and another watches him, this is already a start. For there to be a development, a third person is needed for an encounter to take place. Then life takes over and it is possible to go very far – but the three elements are essential”* (p.14)[16].

We believe that this is the key to understanding the reenactment triangle and helping people out of it. Traumatized people are stuck in time, unable to completely move out of the unrealized past. For each of them there are two: a self and a traumatized self. But without the third, without the audience – the witness – the encounter cannot take place. All of those “external resources” as the definition of trauma calls them – all the rest of us and society as a whole, represent the audience who must listen, attend, and create the empty space for that radical transformation in identity that is so vital if people are to heal from the traumas of the past.

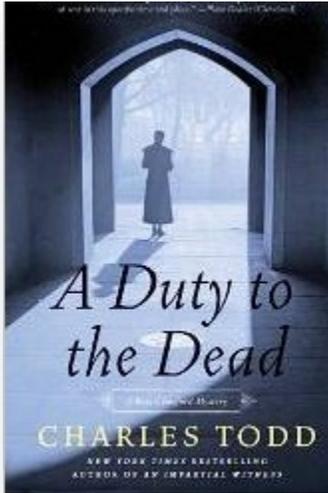
This is also the key to understanding what needs to happen to successfully intervene in the lives of injured people and what an important factor this is in creating social immunity. Victims of interpersonal violence will compulsively attempt to engage other people in their traumatic scenarios, outside of their own conscious awareness. This reflects the human need to engage “the other” as a way of moving their lives – their identities – to a new and transformed place. This was what Freud meant when he recognized that there was some latently healing capacity in the symptoms and what traditionally psychodynamic therapists have recognized when calling symptoms, “cries for help”. But when we simply enter into each other’s dramas, they are not necessarily transformed at all but instead are repeated – and this doesn’t help anyone. Not only that, it will inevitably increase the amount of violence in any environment. Exploring together how to get off of this triangle, moment to moment, day to day is the essential work required of any healing environment. It is absolutely necessary in creating a nonviolent environment.

Excerpt from *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*

Novelists Understand Reenactment Behavior

Below is an excerpt from a novel titled *A Duty to the Dead* by Charles Todd, New York: HarperCollins, 2009, p. 86-89. The story is a mystery that takes place in 1916, in England, in the middle of World War I. The first person narrator, Bess Crawford, is a nurse who has been on a hospital ship where she was taking care of wounded soldiers until the ship was sunk by a mine. She was rescued, was herself injured, and has returned to England to deliver a message from a dead soldier to his family. As this scene opens she has just been recruited by a local physician, Dr. Philips, in the town she is visiting to help him deal with an emergency situation. Mrs. Booker’s mother has just told Dr. Philips that her daughter needs help, that her son-in-law Ted, who used to be a great guy, has returned from the war wounded physically and in his mind. Her daughter is terrified of him and she has come to the doctor to ask him to do something.

A harried young woman stepped out the nearest room. She had been crying. She said, "I'm



sorry, I'm sorry, I didn't know what else to do – I left him there, I couldn't watch him any longer."

"You did just the right thing, Mrs. Booker. Now run along to your mother's house and let her take care of you. Miss Crawford and I will see to Ted."

He was walking on as he spoke, opening the last door along the passage, pushing it wide for me to enter. It was a small back parlor where a man sat in a chair in front of the windows, a shotgun across his knees.

I stopped, surprised. I hadn't expected to find him armed. Small wonder the man's wife had been terrified.

"Come along, Ted," Philips said in a strong voice. "You aren't going to kill yourself here, in the house. Certainly not in front of this young woman. You don't want to upset her, do you? Let me take the gun and give you something for the pain."

From across the room Ted Booker stared at him, unaware who the doctor was. I could see the blankness in his eyes. Ignoring us, he went on talking to invisible companions, men he could see clearly and appeared to know well.

He was arguing, vehement and insistent and profane. It appeared that a sniper had already killed three of his men, and he was on the field telephone, asking someone to do something about it.

"I can give you his range, damn it." His voice was ragged, close to the breaking point. "We can't hold out much longer. I tell you, the Hun's got us in his sights –"

He ducked then, swearing, and shouted, "Someone stop that bastard! No, not you, Harry –" There was a garbled exchanges, as if he were struggling with another man, the shotgun jerking wildly in his grip. And then he cried out, screaming Harry's name over and over again, springing to his feet and finally bending to someone lying there in front of him, pleading with the man not to die.

I said quietly to Dr. Philips, "Who is Harry?"

"His brother."

Dear god, no wonder this poor soul was distraught!

The doctor tried again, but I could see he wasn't getting anywhere asking the man to buck up and put the past behind him. Ted Booker was in a dark place no one else could reach. But there might be a way....

Ignoring the shotgun, I crossed the room to take Booker's arm. "We must get him to the dressing station, "I told him urgently. "Hurry, he's bleeding badly."

He shook me off, "Harry, speak to me, for God's sake, speak to me."

"If you wait any longer, he'll die," I reached out and took the shotgun away as his hands flexed open, trying to help the wounded man. I put the weapon behind me, and Dr. Philips was there, I could feel his grip above mine, then he stepped back. I held on to Booker's arm. "What rank was he? Do you know?" I asked Dr. Philips in a low voice.

"Er – lieutenant, I think."

"Don't stand there staring, Lieutenant Booker! Here, take his shoulder, I'll get his feet."

He seemed to rouse himself, looking up at me, then telling Harry it would be all right, there was help now.

And then between us, we lifted the wounded man I couldn't see, and Booker started out the door and down the passage with him between us, urging me in his turn to hurry, hurry.

Confused as we entered the passage by the stairway, Booker hesitated.

I said, "That cot. Over there. Doctor! This case is critical." We put Harry down at the foot of the stairs, with Dr. Philips hovering in the background.

Well done, Lieutenant. Look, here's someone to see to Harry now. Sit down over there – yes, out of the way." I led him to a chair against the opposite wall, put out a hand, and Dr. Philips set the needle into my palm. "Here, you're exhausted. You must be calm when you see him again. Let me give you thins –". The needle went home, and Ted Booker started up. I thought for an instant he was going to strike me. "Steady, young man, or I'll make you wait outside the tend," I said harshly, the voice of Matron and not to be trifled with. "Now sit down and be quiet while we do our work."

But he shook me off, still calling to Harry.

Dr. Philips came up, took his arm as I had done, and said, "Soldier, you're in the way. I can't work – sit down. See, you're distressing the wounded man –"

I turned my head to stare at him – it didn't sound like Dr. Philip's normal voice at all. It sounded like a medical orderly giving orders. We had found ourselves swept up in Ted Booker's nightmare, playing our roles to an invisible audience.

..... I'd learned from Dr. Paterson not to interrupt whatever world the patient inhabited. It was easier to enter it, and use it to help

The main character provides an accurate description of the power of traumatic reenactment and what other people can do to help: “to enter [the world the patient inhabited] and use it to help”. Treatment environments can develop an exceptional expertise in doing exactly this – using the story the client is telling about their experience, recognizing the way the person is acting this story out repeatedly in his or her life, and then changing the life script so that the outcome is entirely different. This is at the heart of trauma-informed treatment – changing the story and in doing so offering the opportunity for the person to change his or her life trajectory.