

THE THERAPEUTIC SPIRAL MODEL™ WORKSHOP HANDOUT, JULY 2010

*Extracted and adapted from “Stories from the Frontlines: The Global Therapeutic Spiral Model”
(Hudgins & Toscani 2010, Eds., In Press).*

TSM & NEUROBIOLOGY

The Therapeutic Spiral Model™

The Therapeutic Spiral Model™ (Hudgins, Lai, & Chang, In Press, Hudgins, 2008, 2007a, b, 2002, 2000; Hudgins, Culbertson & Hug, 2009) is firmly based theoretically in classical psychodrama, especially in its spontaneity, creativity, and role theories. It also uses the basic psychodrama techniques, though clinically modified for safety and containment, adding to classical psychodrama the latest knowledge and research in clinical psychology and neurobiology about the treatment of Post-Traumatic Stress Disorder. By doing so, TSM places an unusual emphasis on safety and containment both for the protagonist working on trauma repair and for group members who are fully involved during the dramatic process at all times. One of the most important teachings from neurobiology is not to overwhelm the brain with intense emotions or uncontrolled regression and all of the TSM clinical action structures have been dedicated to this goal from the very beginning.

Neurobiology and PTSD

Hug’s Chapter 1 of this book reviews the correlation of neurobiology and PTSD starting with the first MRI study by Bessel van der Kolk and colleagues in 1996 about brain changes due to trauma. Ten years later van der Kolk provided a summary of the effects of violence on the brain and he continues to demonstrate the need for experiential, body-based treatments to heal PTSD. Here we will simply review three changes in the brain that result from the experience of trauma and violence, regardless of the stressor — childhood abuse, domestic violence, natural catastrophe, war trauma, accidents, or illness.

Right-Brain - Left-Brain Split

PTSD, as defined in the DSM-IV, is caused by experiencing a single episode or continuing episodes of stress that overwhelm normal coping abilities, leaving the person helpless and terrified. What neurobiology shows is that overwhelming emotional stress shuts down the left-brain cognitive functions. The trauma remains unprocessed in the right-brain and stays there as sensory data without words – body sensations, feelings, smells, fragments of images. Research has shown that experiential treatment is **more** effective than cognitive behavioral therapy to treat PTSD because these right-brain symptoms are not accessible to talk therapy. (Elliott, 200?).

The Amygdala

The amygdala is a small almond shaped organ deep in the middle of the brain. It has one function only: to serve as a warning sign of danger or threat. When someone has PTSD the amygdala is always ‘turned on,’ even when there is no danger in the present. For example, if a woman was raped by a man who wore a red tie, every time she sees something red the amygdala screams, “DANGER!” This leaves the brain and the body on high alert and in a state of hypervigilance at all times, a constant state of anxiety that may also include body memories crawling over the senses at all times.

Stress Hormones

If the amygdala is always hypervigilant and sending out signals, the brain, then, is always producing stress hormones to try to calm the situation. Unfortunately, this causes two problems by intensifying the right-brain – left-brain split. The stress hormones cut off the connection between the right-brain, which is receiving the input of sensory information and danger signals, and the left-brain where the hippocampus has information stored on what to do in an emergency. The brain also eventually runs out of stress hormones, leaving itself and the body depleted and unable to tolerate even normal amounts of stress in daily living.

The Hippocampus

The hippocampus is part of the left-brain that makes decisions and holds our ability for language and words. It is often described as a file cabinet since it holds short and long term memory that includes past solutions to problems. As said above, when the stress hormones flood the brain the free flow of information to the hippocampus is cut off. So, to continue the metaphor, it is as if someone is standing at the file cabinet, not being able to access its contents, and throwing out random answers to solve a problem when they don’t even know what the problem is. What is clear is why someone with PTSD has difficulty with here and now decision making. Using TSM and learning about the neurology of the brain when someone has PTSD, was an affirmation of the clinical therapeutic interventions we were making. It also became the core driving factor to continue to develop the Therapeutic Spiral Model based on these findings by modifying classical psychodrama.

The First TSM Training Group Antedates Neurobiological Findings

From 1992-1995, ‘Dr. Kate’ was the first/primary leader of a group of practitioners in the United States who were interested in working with trauma survivors using psychodrama. Most everyone in the group had had a history of untreated trauma in some form or other. It was in that group, with Francesca also emerging as a leader, that we discovered together what *not* to do in classical psychodrama. For example, as directors, we saw protagonists who would end up doing the same drama over and over again, never showing any lasting change even though they would appear to get relief from the drama itself. We also found the group regressing into repeated calls for “encounters”

that impeded the true nature of the healing work. Group conflict and transference became a non-productive cycle/circle, showing us the need to create a therapeutic spiral that generated movement. Below is a list of what we learned in action and incorporated into our model, showing clearly the reasons for modifying classical psychodrama to work with people with PTSD:

- Trauma survivors need a more resilient intrapsychic personality structure before they are able to benefit from classical interpersonal psychodrama.
- Classical psychodrama, with its emphasis on catharsis with intense emotions, can re-traumatize trauma survivors causing even further damage to the brain.
- Protagonists who are trauma survivors unconsciously use the defense of dissociation to guard against being overwhelmed with intense emotion. This was one of the main reasons protagonists would repeat the same drama: since they were ‘not present’ for the drama where there was too much emotion, it did not produce lasting change.
- The group is not only an audience to the drama but is part of the protagonist’s intrapsychic world, which coexists with their own worlds. What we have is not one solar system, but a universe of many solar systems interacting simultaneously.
- A team is needed to address the multiple concurrent worlds.
- Finally, due to extreme levels of projection, projective identification, and transference, group members would constantly call for “encounters” with each other, but were not able to tolerate these encounters due to fragile personality structures.

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