INCORPORATING PRINCIPLES OF THE THERAPEUTIC SPIRAL WHEN AN ACTION TRAUMA TEAM IS NOT AVAILABLE (1995)

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The Therapeutic Spiral Model of using psychodrama with trauma survivors closely mirrors many of Moreno's early ideas. In his original plan for the Theatre of Spontaneity Moreno imagined that the theatre would have four stages (Moreno, 1953). This would permit those participants who were moved by the protagonist to branch off into their own dramas. By implementing an action team of clinicians, the Therapeutic Spiral Model permits participants to do their own work during the original protagonist's work, as classical psychodrama originally intended.

The team approach to trauma work is by far the safest and most preferred. When working with core trauma issues, many therapists, however, do not have the luxury of working with a team or in intensive sessions. The next few pages explore clinical modifications to the Therapeutic Spiral Model. The adaptations discussed focus on how to utilize the theory and methods-when you alone are the action team.

There are three basic adaptations to the model. The first is teaching participants to auxiliarize for each other. The second is utilizing projective identifications and audience reaction to build safety and containment, without trained auxiliary assistance. The third is modifying the model in time limited groups in short and long term treatment.

To aid in clarity of the modifications; I discuss one drama and then select specific clinical moments to demonstrate the various adaptations.

AN INPATIENT DRAMA

The protagonist in this drama, Debbie, had been hospitalized for approximately one month on an inpatient Eating Disorder unit. During her stay she received validation concerning some childhood memories and wished to continue work around issues of sexual abuse. As it was the day before discharge, she volunteered to do some work with flashback material. Because Debbie was preparing to leave, we contracted to build safety.

Her goal was "to learn how to pull herself out of flashbacks so she can continue with her trauma recovery after discharge." The group consisted of 80% patients with a history of trauma. Length of group was 90 minutes.

The warm-up was focused on a handout entitled "Flashbacks" (Renfrew Centre for Eating Disorders, Philadelphia, Pennsylvania), which was read aloud within the group. This handout gives safety instructions for moving out of flashbacks by focusing on breathing and distancing from the trauma. It suggests the reader remind the regressed self that these are memories, and she is safe in the present. A few group members had also been known to suffer from panic attacks and the format was generalized to help them.

Debbie then moved into **setting the stage**. First she chose her **safety**. The part of herself which knew how to be safe and come out of flashbacks was concretized through enactment and role reversal. She spent some time in this positive role to internalize its strength. The next role she chose was a child part of her self. Debbie wanted the child to watch the drama so she could

show the child that she was safe. Both of these roles served an observing ego function, and could be relied upon for role reversal if needed to decrease active experiencing.
A **Containing CD** (CD) was then chosen. In this case, the CD was to serve as both observing ego and support. It is almost always necessary to always have a CD to support the protagonist in witnessing the traumatic experience as it happens in the psychodrama. This modification of the classical psychodramatic double allows the protagonist to move in and out of the drama which adds safety, clarity and containment. The last role chosen was that of the self who suffers from flashbacks. Another role was added later during the drama to support the process. This was the role of the **adult self**.

Although Debbie was not aware of everyone's history she had chosen only survivors as auxiliary egos. Most choices were therapeutic role assignments. This means that the role assigned addressed their treatment issues and would benefit these clients directly.

In working with clients alone in a group, it is important for them to learn the **Trauma Survivor's Intrapsychic Role Atom** (TSIRA), (Hudgins and Toscani, 1996). This role diagram teaches clients that all of the TSM dramas focus on internal parts of self, where they alone have choice for change. For eating disorder patients, this ability to choose for themselves is particularly important, when at times, they cannot even manage the psychosomatic role of the eater.

As the drama began with Debbie she was in the role of her **observing ego** with her CD beside her as she watched the re-enactment scene. As this began, even from this therapeutic distance, she could feel the pull of the flashback. As director, I had her role reverse with her CD and speak directly to her from this intrapsychic role. After she felt complete in comforting herself then she was ready to comfort her child role. Once successful, she role reversed with the child to experience once again the safety of being supported out of a flashback. During this interchange Betty again began to regress. Another group member, Jane, was becoming agitated and wanted to run from the room. I asked her where she belonged in the drama. She wanted to make the flashbacks stop. She entered the drama. Jane supported Betty until Debbie could interact with her again. The protagonist was asked which part of herself was helping Betty as she comforted the child. Debbie stated it was the adult self. From the spontaneous participation of an audience member, Debbie had found her adult self!

Debbie again helped Betty out of her flashback. They role reversed and Betty helped Debbie out of her flashback. The adult self comforted the child. Debbie then asked her CD to care for Betty, so she could sit with the child and her adult self. She told the child how she could now move out of flashbacks and could ask for help, when it was too much for her.

Throughout most of the drama the CD supported the role of observing ego when Debbie was protagonist. The CD coached Debbie directly from the "Flashback" paper and gave supportive statements about her ability to become safe. When Debbie would become overwhelmed, the modified CD would take her position: Debbie would be pulled to a witnessing role so to make changes in the drama.

After the action structure with experiencing flashbacks mentioned above, Debbie was directed to watch and label how successful she had been in meeting her goal of learning how to get out of a flashback. In this experience, primary process flashbacks for protagonist and auxiliary egos-were managed safely and consciously. The auxiliaries incorporated the safety provided and were able to use the therapeutic distance found in the role reversals into protagonist and the adult self to build their own skills.

To end the drama Debbie chose to do a group hug with all the different parts of herself. She stated that she wanted to be able to accept all of herself. She then asked audience members to join the hug as a symbol of her external supports.

Discussion of Modifications

The Group as Their Own Action Trauma Team
Running trauma groups alone can be a taxing experience. It is important to teach clients to be their own team. This is done by educating group members to the therapeutic process during the dramas, so they can allow their spontaneity and empathy to lead them.

When clients learn to auxiliarize for other group members, it releases the group leader from carrying more roles than would benefit the group. Participants in the psychodrama get to do much of their work through the roles they play for others. As auxiliaries within the drama they can do for others what they might not be able to do for themselves. With time, these roles become internalized. Outside of the drama, clients can auxiliarize their peers in many ways. They may offer non-shaming support, encourage them to talk, and provide safety and containment in other ways.

Group Members as Auxiliaries
I would like to discuss the examples of various types of **group auxiliarization**. The first is auxiliarizing roles presented within the drama. This auxiliary work most closely mirrors classical psychodrama. The difference is that in the trauma work, the auxiliaries are often redoing for others what they might not be able to do for themselves. They then can incorporate their work into the drama and protagonize throughout auxiliary roles. Betty and Hallie experienced auxiliary role training through the many role reversals during the flashback repair. Not only were they helping Debbie to learn her skills, they were accomplishing ego development for themselves.

Their ability to have therapeutic distance at the end displayed an internalization of their process. Diane, who played the CD was learning containment. She had difficulty throughout her hospital stay. She was often dissociative and overwhelmed in groups. By playing the modified, supportive CD with such containment, she was able to internalize some of these boundaries into her own treatment. She was much more present in groups following this psychodrama.

Audience members auxiliarized Debbie's process by offering statements of support and spontaneous doubling statements. One group member spontaneously took on the role of environmental control. She turned on the air conditioning as the room became warm, moved objects which were in the way and found extra tissues when it seemed we had run out. After the drama, the group further auxiliarized each other through their sharing. Those who were not survivors were open to Debbie's work and helped to decrease any possibility of shame.

Use of Projective Identifications without Trained Auxiliaries
The second modification of The Therapeutic Spiral Model for clinical use without a trained action team deals with utilizing projective identifications to promote safety and Director's control. The original Therapeutic Spiral Model encourages full group participation. One way it does this is by using the **projective identifications** that are spontaneously acted out by audience members or the trained auxiliaries to help move the drama along. This also works when there is no team of trained auxiliaries. In fact, it can actually make the group more manageable for the Director. When Jane became agitated it could have sabotaged the work the protagonist was doing. If Debbie was working in the role of the child and a group member ran away, she may have felt shamed for telling her secrets or for getting help. Many clients with eating disorders express

shame for asking for help; Jane's agitation, however, appears to be both her own terror and a projective identification with Debbie's drama.

Debbie was agitated that Betty began to flashback again and that she could not complete the work with her child self. Jane was open to this unprocessed affect and acted out on Debbie's projection. With the Director's support, she stepped into the drama and allowed Debbie to continue in the reparative scene with the child, instead of becoming a distraction. Ideally, the CD could have stepped in by making a statement from the witnessing place or by actively working with Betty in the role she was in. Not being a trained auxiliary she did not know how to do this.

As Director, I supported Debbie to protagonize from the role of the part that knows how to get out of flashbacks. That auxiliary became a supportive CD and the CD served the function of the observing ego. This worked for the drama until the adult self was needed. Jane identified with this projection and was able to auxiliarize spontaneously. Each auxiliary was helped through the therapeutic role they were playing for Debbie. Utilizing Jane and her projective identification also added containment to the drama. She kept Betty from fully regressing and following the unconscious pull further down the spiral. At this point in the drama it could have traumatized Debbie into believing that flashbacks are not manageable. It may have hurt the group by moving into an abreactive experience without the time to fully work it through. It would have decreased sharing, time and closure would not have been complete. Betty also did not get shamed by any of her regressive behaviour because she had the containment and safety of the adult self to support her role.

As Debbie is her family's housekeeper, the client who felt the need to clean and control the environment may have also been acting on a projection. This drama evoked more feelings than Debbie had expressed in the past. Having her compulsive part concretized by her peer may have aided her in going more deeply into her trauma work. It also provided structure and safety, showing the value of compulsive behaviours for healing.

Time Modifications

A most important factor in trauma work is time. Length of group and length of treatment play directly into how far clients can progress in their healing. Because inpatient stays are fairly short and unpredictable, dramas rarely move past the witnessing stage. This includes dramas like the one described here. Occasionally the protagonist wishes to confront a perpetrator from the adult self. A common witnessing drama is the rescuing of the child. Re-enactment and re·experiencing dramas do not occur often due to length of group and treatment.

In an ongoing outpatient group, dramas deepen over time. As the clients become more proficient in auxiliarizing each other the depth of active experiencing safely increases. Because of time constraints and the need to assure client safety after group, re-enactment and re-experiencing dramas occur one stage at a time. When the group feels it is necessary for a protagonist to work at this level, they can auxiliarize by agreeing to extend the group session. The next chapter demonstrates the fullness of The Therapeutic Spiral Model as it can be done with the unlimited time of an intensive workshop setting and with the support of a clinically trained Action Trauma Team.

SUMMARY

A variety of creative ways to utilize the Therapeutic Spiral Model have been demonstrated in the last few pages. Most important is the need to develop safety, internal and external. With modification, safety occurs by teaching clients to auxiliarize for each other and ultimately

themselves. In this way the clients themselves build a container for intense affect and heavy resistance. The acting out of projective identifications increases spontaneity within the drama to move it along. The director can also use projective identifications to contain group members and build safety. Time constraints add safety by building additional boundaries. Although the use of a clinically trained Action Trauma Team working with a group over a period of several days is the safest and most preferred mode of experiential treatment with trauma, an individual psychodrama therapist can incorporate his/her clinical talents to modify aspects of the Therapeutic Spiral for individual and group practice. This spontaneous adaptation allows for the full expansion of the drama as envisioned by Moreno in the Theatre of Spontaneity without the luxury of a trained team.

References

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