

Psychodrama in Counselling, Coaching and Education 2

Kate Hudgins
Steven William Durost

Experiential Therapy from Trauma to Post-traumatic Growth

Therapeutic Spiral Model Psychodrama

 Springer

Psychodrama in Counselling, Coaching and Education

Volume 2

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The series situates psychodrama studies and research in Asia and beyond in a global context. It provides a unique and innovative resource for the latest developments in the field, nurturing a comprehensive and encompassing publication venue for humanistic psychodrama and sociodrama in therapy and coaching. The series publishes peer-reviewed volumes related to therapy, psychotherapy, counselling, coaching, HRD, team development and education including training. The series reflects on cultural creativity and new developments beyond J L Moreno in the second century of the existence of Psychodrama. The editor, with the assistance of distinguished scholars from Asia and elsewhere specializing in a variety of disciplinary and thematic areas, welcomes proposals that are related to the above-mentioned wide-ranging psychodrama studies. The series promotes the understanding of psychodramatic tools which are relevant in education, coaching, and team development. The series will appeal to researchers, clinicians/practitioners, and graduate students in the behavioral, social, medical, psychological and MBA sciences as well as leaders in Education, Corporate world and politics. It accepts monographs, edited volumes, and textbooks.

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Experiential Therapy from Trauma to Post-traumatic Growth

Therapeutic Spiral Model Psychodrama

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Series Preface

We are pleased to continue this Springer Nature psychodrama book series titled *Psychodrama in Counseling, Coaching and Education*. This volume is the second book in the series: *Experiential Therapy from Trauma to Post-traumatic Growth: Therapeutic Spiral Model Psychodrama* by Kate Hudgins and Steven Durost. The book offers an updated and comprehensive presentation of the Therapeutic Spiral Model of psychodrama for trauma treatment. Twenty more years of clinical experience, reflections, and research culminate in this book, which originally had been the central and best-selling book by Kate Hudgins published in 2002 by Springer Publishing Company, New York.

The first book in the series, *Social Work, Sociometry, & Psychodrama* by Scott Giacomucci, provides a comprehensive integration of sociometry and psychodrama into the social work field. And we are happy to warm you up to the third book in the series—*Psychodrama in Brazil*, edited by Heloisa Junqueira Fleury, Marlene Magnabosco Marra, and Oriana Hadler.

The series situates psychodrama practice and research in Asia, Europe, the United States, South America, and beyond in a global context. It provides a unique and innovative resource for the latest developments in the field, nurturing a comprehensive and encompassing publication venue for humanistic psychodrama and sociodrama in therapy, coaching, education, and communities. The series publishes peer-reviewed volumes related to therapy, psychotherapy, counseling, coaching, Human Resource Development, organizational dynamics, education, and training. This series will publish two monographs, edited volumes, and/or textbooks annually.

The rich tradition of Dr. Moreno's methods, including sociometry, psychodrama, and sociodrama, are disseminated through private post-graduate training institutes over the past 101 years of its existence. This academic book series brings the creativity and innovation of these experiential approaches more fully into academia, with publications included in academic databases freely accessible to thousands of individual students, researchers, and professors.

The series reflects on cultural creativity and new developments beyond Dr. Jacob L. Moreno in the second century of the existence of psychodrama. With the assistance of distinguished scholars from Brazil, Germany, Indonesia, India, Taiwan, Turkey,

and the USA specializing in a variety of disciplinary and thematic areas, the editors welcome proposals related to the above-mentioned wide-ranging psychodrama studies. Books in this series will also emphasize the unique histories and methodologies emerging in international psychodrama communities. The platform created by this series highlights psychodrama practice wisdom from around the world in the English language, making it more accessible for a broad audience. Additionally, this book series includes books that systematically integrate psychodrama philosophy and practice into other established fields of group psychotherapy, social work, counseling, psychology, coaching, trauma theory, education, and organizational development.

The series promotes the understanding of psychodramatic and sociometric tools, relevant for counselors, supervisors, trainers, educators, creative arts therapists, group workers, and community or organizational leaders. The series will appeal to researchers, practitioners, graduate students in the behavioral, social, medical, psychological, and business sciences, and leaders in education, the corporate world, and politics.

As series editors, we would like to extend our gratitude to Springer Nature, Ms. Satvinder Kaur, and her team for believing in the creativity and strength of psychodrama. This series will promote the methods of sociometry and psychodrama in multidisciplinary contexts to ultimately enhance the provision of social services, psychotherapy, education, scholarship, and research throughout the world.

Chennai, India/Hamburg, Germany
Philadelphia, USA
March 2022

Jochen Becker-Ebel
Scott Giacomucci

Preface

The bud
stands for all things,
even for those things that don't flower,
for everything flowers, from within, of self-blessing;
though sometimes it is necessary
to reteach a thing its loveliness,
to put a hand on the brow
of the flower
and retell it in words and in touch
it is lovely
until it flowers again from within, of self-blessing.
—Galway Kinnell, “St. Francis and the Sow,” 1980.

In Hudgins (2002), the therapeutic spiral model was birthed out of a keen desire to create a clinically safe application of psychodrama for trauma survivors. Twenty years later, TSM psychodrama is known worldwide and has expanded to a well-developed, accessible, and learnable application of experiential theory and trauma-informed practice of psychodrama. Thus, it was time to update the original book to reflect the expansion and growth of TSM concepts and clinical action structures as influenced by its worldwide community. This book gathers and presents the history, evolution, growth, and practice of the therapeutic spiral model from the past 30 years, and is also a usable practice manual.

This is the story of how we reteach the flower, a trauma survivor, its loveliness...and retell it in words and in touch...to reach the autonomous healing center.

Experiential Trauma Therapy Today

Over the past 25 years, theory, practice, and research in the field of trauma-informed care, in addition to advances in neurobiology, have shown that experiential therapy is the treatment of choice (Giacomucci, 2021; van der Kolk, 2014). Why, then, are many people still in doubt about the use and effectiveness of experiential psychotherapy with trauma survivors? We believe that part of the reason is that as trauma-informed experiential methods have exploded in the past decade, many of them lack the solid theoretical foundations in clinical psychology and experiential principles of change that encompass the Therapeutic Spiral Model (TSM).

New, and even experienced, trauma workers and psychodramatists often find themselves without a basic understanding of the psychology of how and what experiential therapy does. This can leave them feeling a lack of confidence when working with trauma survivors they desperately want to help. We hope to remedy that with this book.

This book is rightly a clinical practice manual. As Ph.D. scholars in clinical psychology (Kate) and expressive arts therapy (Steven), we believe we bring a unique integration of the best in experiential psychotherapy to create a rich, yet contained, experience for the whole person who participates in experiential therapy for trauma. TSM psychodrama engages the fullness of the survivor to move safely to healthy internal self-organization, face their trauma, and re-flower into post-traumatic growth. This book spells out the theory and practice of TSM psychodrama and the paths to self-blessing through a trauma survivor's internal role atom (Hudgins, 2017; Hudgins & Toscani, 2013) as it has developed.

We always say that classical psychodrama is directly connected to J. L. Moreno, while the therapeutic spiral model was influenced by the matriarchal heritage of Zerka T. Moreno. She helped us all to learn how to reteach each client their own loveliness. We delight in sharing the concept of the autonomous healing center as transmitted to us by her. As you will see in the book, our TSM work has always been dedicated to Zerka.

Voices of the Authors

The Hudgins (2002) book was written from a first-person narrative to capture the essence of TSM psychodrama as it has spread all over the world (more than 50 countries). In this book, we maintain that sense of connection when we refer to the authors as “we” and to the readers as “you.” The first five theoretical chapters are fully co-written between us to reflect our shared knowledge of both classical and TSM psychodrama. When we reach section three and begin the practical application chapters and descriptions of TSM dramas, we have written them separately for ease and clarity while still contributing ideas to each other's chapters. Chapter 6 is an invited chapter by psychodramatist Ina Hogenboom, M.Sc., TEP, showing that even

when writing TSM is a team effort. We hope you will enjoy the different melodies we all bring to this new and important book.

Voices of Survivors Around the World

While the first TSM book on PTSD introduced the voices of four composite survivors to guide people through the practice of the therapeutic spiral model, this book adds rich examples in the worldwide context of in-person and online workshops. Here, we share stories of TSM psychodrama that extend to race, gender, politics, and religion as we have traveled around the world. You will hear the many voices of trauma survivors from different cultures, countries, languages, and settings. You will see the miracles of people transforming from trauma to full spontaneity and creativity as their autonomous healing centers begin to find their loveliness again.

Our Personal Invitations for Experiential Learning

In this book, we offer personal invitations for you to take the reading of it and make it more experiential. We trust you will participate in the experiential exercises and invitations offered throughout the book, to make it come alive for you and for your clients. Thus, we present different opportunities to use the expressive arts to help anchor your learning and to reflect the heart connection we hope you experience as you read the book.

It is our desire and goal that ever more practitioners will find that true healing happens through a complete engagement of the whole person, mind, and body. With this in mind, we return to the poem at the top of this preface. For many reasons, “sometimes it is necessary to reteach a thing its loveliness.” This goal is held in the heart of every TSM practitioner around the world. We collectively seek to retell each person in word and action that they are lovely. We know through experience, if given the right environment, “everything flowers, from within, of self-blessing” (Kinnell, 1980, p. 9).

Each TSM psychodrama student, practitioner, or trainer brings their own richness, experiences, education, finesse, and creativity to the model. We are glad you, by reading this book, are joining us in reteaching individuals, communities, and the world their beauty after trauma. Welcome to TSM psychodrama and the healing it holds for all.

Charlottesville, VA, USA
Manchester, NH, USA
2022

Kate Hudgins
Steven William Durost

References

- Giacomucci, S. (2021). *Social Work, Sociometry, and Psychodrama: Experiential Approaches for Group Therapists, Community Leaders, and Social Workers*. Springer Singapore. <https://doi.org/10.1007/978-981-33-6342-7>
- Hudgins, K. (2002). *Experiential Treatment for PTSD: The Therapeutic Spiral Model*. Springer Publishing Company.
- Hudgins, K. (2017). PTSD unites the world: Prevention, intervention, and training with the therapeutic spiral model. In C. E. Stout (Ed.), *Why Global Health Matters: How to (Actually) Make the World a Better Place* (pp. 286–324).
- Hudgins, K., & Toscani, F. (2013). *Healing World Trauma with Therapeutic Spiral Model: Psychodramatic Stories from the Frontlines* (1st edition). Jessica Kingsley Publishers.
- Kinnell, G. (1980). *Saint Francis and the sow. Mortal acts, mortal words*. Houghton Mifflin Company: Boston.
- van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking Press.

Acknowledgements

We start out by acknowledging Zerka T. Moreno with a quote from her book *To Dream Again: A Memoir* (2012).

Remember your light, and if in your lifetime you have helped one person, your life has been worthwhile. If my life and work had purpose whatsoever, it is for others to understand their purpose, to re-create it daily, to spread and keep the light aloft. Courageously passing it on as in the Olympics, without any hesitation or hiatus. Fortunately, that is already happening. (p. 521).

We appreciatively acknowledge Francesca Toscani, the main co-creator of the therapeutic spiral model from 1992 to 2013 when she retired. Thank you for coming out of retirement to add your editing and beautiful prose for the first six chapters. You helped motivate and sustain us through the process of birthing this book on TSM today.

Thank you to Linda Ciotola, M.Ed, TEP, Mario Cossa, M.A., TEP, Ina Hogenboom, M.Sc., TEP, and Joshua Lee, MSW, PAT who have all added to the concept and feel for this new book, and who have contributed many fine ideas and demonstrations to what we have shared here.

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We thank Springer Singapore for the invitation to do an update on the first book (Hudgins, 2002) published by Springer Publishing Company, New York. And, thank you to Satvinder Kaur, Dr. Jochen-Abel, and Dr. Scott Giacomucci who have been wise guides for the process of writing this book.

We thank all the people who have participated in workshops, trainings, sessions, and the International Certification in Experiential Trauma Therapy using the TSM Psychodrama program. You are the ones all around the world who really have helped us co-create TSM psychodrama along the way. It is always a team effort and we have had many great team members over the past 25+ years. Together, we are a powerful group of certified psychodrama trainers and students dedicated to healing trauma in all its many forms. Through our time together, we have all found post-traumatic growth.

Kate's Acknowledgements

My lifetime experience with Zerka from the time we connected over my first APA paper on doubling (1986) until she passed at 99 years old has profoundly affected the development of the therapeutic spiral model. She always supported my efforts to make psychodrama safe for even the most vulnerable people and loved to hear my stories about TSM psychodrama in Asia. I think my work in Asia began with her and her unfulfilled act hunger to return to Asia when she fell and broke her hip and was not able to fly again. I am grateful to her for connecting me to Ning Shing Kung, MSW, ATR, TEP and Lai Nien-hwa, Ph.D., TEP and starting that journey for me. Zerka always taught me how to keep my light aloft and share it with others through the therapeutic spiral model.

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Kate and Steven at Castle Create!

Steven's Acknowledgements

I hold a special acknowledgment for Zerka Moreno, who conducted my first psychodrama vignette. In 20 minutes in surplus reality, she provided a lifetime of healing and the start of a journey that led to this moment. My deep connection and appreciation.

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I thank Ed Schreiber, whose inspirational work in sociatry is riveting and life-changing. You have brought to the forefront Moreno's concept of the autonomous healing center and many other transformative ideas. In so doing, you have provided hope that when the first and second universes come in contact that healing can ignite from within for each individual and for our society as a whole.

I give gratitude to all my peers, staff, supervisors, clinicians, interns, and clients currently and who have ever been at C.R.E.A.T.E! Center for Expressive Arts, Therapy, and Education. You are what makes doing this work so rewarding.

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To my family, partner, friends, and loved ones, there is no amount of appreciation that can be expressed in a book even three times this size that would adequately capture the importance of your love and support. You are what makes me possible.

To my mother, Nancy Durost, you have taken my life journey, with me. What I am today is because of your incredible support and friendship. You are my favorite person in the world. Forever gratitude.

Finally and importantly, I thank Dr. Kate Hudgins, who looked inside me and saw a co-author. You trusted me with the concept, theories, and practices of TSM psychodrama that have been your life work. You have allowed me to journey with you around the world. I am humbled, honored, and deeply appreciative of the time we have spent traveling, presenting, and writing together. Your faith in me reveals the character at the core of your being. You desire to help people grow. May we take the words in this book and continue to share them in action around the world!

Introduction

When the therapeutic spiral model was first written about in Hudgins (2002), experiential trauma work was truly just beginning to be recognized. Classical psychodrama was the seminal method of group psychotherapy that used action methods. Gestalt therapy also grabbed a foothold as a primary method of experiential change. As seen in the preface, experiential methods have now exploded into the world of trauma-informed care. Some do not have foundational anchors in theory and practice, and some practitioners don't even understand when to install the protocols associated with these methods.

Since the mid-1990s, research on trauma theory and the neurobiology of trauma has contributed a new lens on using experiential methods with trauma, refining the definition of what is the self. You will see how we have integrated these findings into TSM psychodrama as they developed side by side from the late 1990s to the present. Coming as it does from clinical psychology and experiential psychotherapy, as well as classical psychodrama, this new book on TSM psychodrama integrates what is needed for all experiential therapists to work safely with trauma, regardless of training modality. It is meant to be a practice manual for all levels of trauma workers, especially in global and multicultural settings where actions are clearer than words.

This book traces the theoretical evolution of the therapeutic spiral model as the clinical map for a three-stage process of experiential psychotherapy to treat trauma with clinically modified psychodrama interventions for safety and effectiveness. TSM psychodrama can literally be defined by its clear and accurate clinical guidance through the stages of all trauma therapies, from stabilization of self, working through of the past, to integration and post-traumatic growth. We share deeply moving examples of TSM psychodrama in many countries and cultures around the world, both in person and on Zoom.

Part I shares the oral history of the therapeutic spiral model, its foundational theoretical orientations, and the presentation of the trauma survivor's internal role atom (TSIRA). During the final chapter, we offer you an opportunity to make your own learning of the TSIRA more alive by participating in experiential "Invitations." In other words, to use the expressive arts for self-care.

Chapter 1 provides a vivid and in-depth sharing of the origins of the therapeutic spiral model from one brave cohort of young certified psychodramatists to its current worldwide expansion both in person and online. You will see how TSM went from a model of individual Western care to that of communal practice in settings across countries, cultures, and languages. Additionally, you will learn the influence of Zerka T. Moreno on TSM, as well as the presence of a Native American teacher.

Chapter 2 is the foundational theoretical core of the therapeutic spiral model and its evolution into TSM psychodrama. We trace the description of the Self through foundations in clinical psychology, experiential psychotherapy, neurobiology, and classical psychodrama. Projective identification and the autonomous healing center are added as a core underlying principle of change on TSM psychodrama. Visual graphics are presented to explain these concepts in client-friendly ways.

Chapter 3 presents the most in-depth look at the clinical map, or formula as we now call it, to prepare people to deal with their traumas within a safe window of tolerance. The trauma survivor's internal role atom (TSIRA) is presented in its entirety, showing the three-stage protocol with TSM psychodrama to reach your autonomous healing center and make new, creative responses to old trauma patterns. Prescriptive, trauma-based, and post-traumatic growth roles are described as they play out with containment and choice by protagonist and group alike. Additionally, we invite you to create your own TSIRA in action, as we move from the theory of the therapeutic spiral model to the practice of TSM psychodrama.

Part II moves from the history and evolution of the therapeutic spiral in theory to the presentation of new theoretical concepts that have been further integrated into TSM psychodrama in action. The concept of emergent psychodrama is described according to Zerka Moreno and put into action in TSM psychodrama with what we call simultaneous protagonists. The use of TSM action healing teams is shared with fond examples of our work around the world. Ina Hogenboom was invited to write the final chapter in this section to show the exciting use of sociometric diagrams to trace the entire process of a TSM psychodrama with visual representations of trauma bubbles and projective identifications.

Chapter 4 takes the reader back to the very origins of classical psychodrama, when J. L. Moreno wrote the 1934 edition of *Who Shall Survive*. Zerka T. Moreno shared this with the original authors of the 2013 (Hudgins & Toscani) book on the therapeutic spiral model, and it has taken on a life of its own. We present several exciting new terms, such as immersive tele and interpersonal spontaneity, to describe various states of spontaneity from which the phenomenon of simultaneous protagonist emerges. We amplify the power of psychodrama through the mindful clinical application of projective identification as a healing tool in groups of survivors, and offer demonstrations of the use of simultaneous protagonists to activate their autonomous healing centers.

Chapter 5 details the four roles of all psychodrama directors: analyst, therapist, sociometric/group therapist, and producer. It then shows how they are used in the three-team roles in TSM psychodramas in a co-creative effort at containment and safe catharsis of integration. Team leaders, assistant leaders, and trained auxiliary egos dance with projective identifications held in trauma bubbles, helping people

learn to identify what is still unprocessed so full healing can occur, not just symptom remission.

Chapter 6 is an invited guest chapter and is probably one of the most exciting chapters in the book. It provides a full illustration of an action healing team that identifies projective identifications and uses them in service of the simultaneous protagonists that emerge in TSM psychodramas. Using sociometric diagrams, Ina Hogenboom, M.Sc., TEP provides a whole new clarity about the experiential group therapy process. You will visually see how a TSM action healing team works with positive projective identifications, as well as projective identifications from trauma.

Part III continues to move toward more and more action. Here, we truly begin the teaching of the practice of the therapeutic spiral model, with all its clinically modified psychodrama interventions for containment and safety. You will learn the TSM use of sociometry to create a formula that establishes group cohesion through its six safety structures. This formula also increases spontaneity and creativity when working with trauma survivors. Next, we present several variations on the classical double, role reversal, and the enactment of the victim and perpetrator role, showing the use of a team so clients are not triggered when taking these roles. Finally, our unique two-part clinical action intervention of the manager of defenses role is described and demonstrated. As always, the psychological reasons for such changes are incorporated into the text, and rich descriptions of the use of these clinically modified experiential interventions are given.

Steven begins this section with two chapters on the TSM safety structures and TSM doubles, followed by Kate writing on role reversal and the manager of defenses role.

Chapter 7 is filled with the six TSM safety action structures that evolved over years of clinical practice using sociometry with trauma. This chapter shows how an incremental use of well-thought-out sociometric structures—such as spectrograms, hands on shoulders, and circle similarities—is almost always guaranteed to co-create a safe group for people working on trauma at any stage in their recovery. Enjoy our additions of the observing ego and a circle of safety as you see clients using the same structures across cultures and languages. Here are clinically modified psychodrama interventions that you can immediately use with yourself and your clients.

Chapter 8 explains the use of the two clinically modified doubles that are present in all TSM psychodramas. Learn the body double to decrease dissociation and help survivors find safety in their physical and emotional bodies following trauma. Understand the containing double and its goal of always keeping experiential methods in a window of tolerance where affect does not overwhelm the healthy functioning of the brain. Observe examples of both individual and group trauma-informed care, and become privy to the internal dialogue of one of the best TSM doubles in the world.

Chapter 9 examines the important clinical change from classical psychodrama when using role reversal in TSM, especially when working with victim and perpetrator roles. All too often, protagonists who are working on their trauma history become immediately overwhelmed when asked to take these internal roles for themselves in a drama. They are triggered into uncontrolled regression and outbursts of affect that cannot be seen as useful catharsis. This chapter demonstrates role reversals

with strengths that use authenticity and tele to increase spontaneity. Then it presents two three-step clinical action structures to safely role reverse with victim and perpetrator roles using the three stages of role development: role taking, role playing, and role creating. Learn how we trust that when everyone's autonomous healing center is accessed through the prescriptive role of the TSIRA, authentic spontaneity and creativity can provide the way to a depth of healing that many think is not possible.

Chapter 10 describes a unique TSM prescriptive role, that of the manager of defenses. Survival, compulsive, and maladaptive defenses are described as seen in TSM, and then action takes place. See how we discovered that the creation of this role was needed when doing deep TSM trauma dramas, as these can often trigger survival defenses if they are not contained. This is a two-part clinical action structure that uses both creativity for enactment and clinical wisdom as guidance.

Part IV is the full demonstration of the TSM clinical map of the trauma survivor's internal role atom in action. We call this the brain in action as you will see through powerful examples of the four types of TSM dramas: prescriptive, defenses, trauma, and post-traumatic growth. With touching and enlivening composite dramas, you will see the boundaries and clinical considerations that go into every TSM psychodrama for safety and containment.

In order to present a full drama, Steven and Kate each take two of the chapters to share composite dramas they have directed around the world. Steven brings you the prescriptive and post-traumatic growth dramas, while Kate shares the defenses and trauma dramas. We trust you will love the depth of experiences presented, as well as the directors' soliloquies, which describe the process in action.

Each drama follows the classical psychodramatic structures of warm-up, action, and sharing, as well as the trauma survivor's internal role atom map you learned in Chap. 3. We state the clinical contract and present a prescriptive role scene before going onto trauma-based roles, and participants always demonstrate here and now post-traumatic growth. We have added the director's soliloquy or internal monologue with regard to TSM theory, choice points, team interactions with information, observations, and clarifications. We hope you will find the director's transparency helpful.

Chapter 11 demonstrates a TSM prescriptive role drama. You will see the roles of observation, containment, and restoration concretized according to the clinical map and clinical modifications you have learned in previous chapters. These roles are prescribed to increase spontaneity and creativity, as well as to open access to the autonomous healing center. Included are examples of a full prescriptive role drama with discussion of its application. Particular emphasis is given to the way that the first scene in all psychodramas focuses on enlivening the autonomous healing center.

Chapter 12 shows the use of the manager of defenses in a drama where the boundaries are still held in the prescriptive roles, but moving another step toward trauma. This is often a role held by the team and only concretized when defenses are interruptive to stability as we move toward bringing a trauma scene onstage. You will see the manager of defenses action intervention model from Chap. 9 come alive in a full drama focused on making friends with the defenses.

Chapter 13 uses the structure of the TSM trauma triangle presented in the trauma survivor's role atom to further contain and focus the spontaneity and energy created from a prescriptive role drama or scene, and to allow the survivor to face traumatic memories within a window of tolerance. This chapter takes TSM psychodrama as deeply as it goes for a full conscious re-experiencing of trauma for developmental repair. Following the chapter on role reversing with the victim and perpetrator roles, you will see this done in action using a full TSM action healing team.

Chapter 14 completes the sharing of TSM dramas as we focus on transformation and post-traumatic growth. Two of the primary roles of stage three are highlighted as the sleeping–awakening child and appropriate authority roles emerge with a burst of action insight, aesthetic beauty, and a wonderful sense of spontaneity and creativity. Instead of presenting one full drama as in the other chapters, this chapter focuses on a newer approach to the post-traumatic growth dramas called completion dramas. Completion dramas are a series of short-form dramas which help participants discharge their act hunger, complete a part of their psychodrama work, and move forward into post-traumatic growth. This chapter shows you this exciting alternate approach in action.

Part V holds a new expansion of the art of integration safety structure, which has only recently found its fullness within TSM psychodrama. This section contains our future projections. We have looked into the past, traced the history, named the developments, honored the changes, discussed how to use them, and, in the final chapter, we envision the future of TSM psychodrama.

Chapter 15 honors the art of integration as a fully realized TSM safety structure by providing an interactive theory and practice chapter which has not been presented or expanded in other TSM literature prior to this book. This chapter touches on the writing and research supporting the use of all art forms as therapy. It describes how TSM psychodrama art of integration projects are developed to concretize concepts and healing processes. And, it details with step-by-step photographed examples several TSM art of integration projects used around the world, which are similar to the pieces you have created while reading this book. This chapter on the art of integration safety structure is a substantial contribution to TSM psychodrama literature.

Chapter 16 imagines a future when trauma is no longer a life defining force, but rather a path for post-traumatic growth, thanks to experiential methods of trauma-informed care. TSM psychodrama has met challenges in the past, and it has adapted and responded to local and world changes. With each challenge, TSM psychodrama has found new growth and expansion, such as moving to online formats during the pandemic and creating new structures in response to cultural diversity. Because of these and many other experiences, we have a perspective that allows us to look forward with hope and clarity. As J. L. Moreno expressed in *Who Shall Survive* (1934), “it is only the spontaneous that will survive” (p. 3). TSM psychodrama continues to survive, and more than that, it continues to thrive.

A Final Note

Our vision is that this book helps you to enhance your own spontaneity, creativity, and autonomous healing center to guide your life to post-traumatic growth, regardless of traumatic situations—that you too will find yourself thriving. We truly hope you will enjoy your experience of reading this state-of-the-art book on experiential trauma therapy and clinically modified psychodrama interventions. It is our goal to present a solid foundation of theory, principles of change, and action interventions so that you will be able to fully embrace the internal reality of trauma and help guide people to post-traumatic growth. Additionally, we aim to support you in finding the containment that creates a strong and creative connection to your autonomous healing center. As you read this book, we hope that your whole being will be enriched with new ideas. Your clinical knowledge of trauma and experiential care enhanced. Your heart touched by profound acts of human kindness and miracles in action. Most of all, it is our dearest and sincerest hope that our time together will ignite your autonomous healing center so that it guides you each and every day.

May you heal from within.
2022

Kate Hudgins
Steven William Durost

References

- Hudgins, K. (2002). *Experiential Treatment for PTSD: The Therapeutic Spiral Model*. Springer Publishing Company.
- Hudgins, K., & Toscani, F. (2013). *Healing World Trauma with Therapeutic Spiral Model: Psychodramatic Stories from the Frontlines* (1st edition). Jessica Kingsley Publishers.
- Moreno, J. L. (1934). *Who shall survive?: A new approach to the problem of human interrelations*. Nervous and Mental Disease Publishing Company. <https://doi.org/10.1037/10648-000>

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About the Authors

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Part I

History and Development of the Trauma Survivor's Internal Role Atom

Part I of this book traces the history of the therapeutic spiral model from theory to practice. This story begins with a small group of dedicated clinicians in the late 1990s, and has developed into worldwide acceptance of TSM psychodrama to treat trauma safely. Like classical psychodrama, TSM grew out of the real experience with people who had been traumatized, some with psychiatric diagnoses. Kate describes her training on three psychodramatic stages: Beacon with Zerka Moreno, St Elizabeth's with Dale Richard Buchanan, and finally her own theater, as you will see.

Chapter 1 details the experience of creating the therapeutic spiral model, and is told through the eyes of the protagonists and healers who began in 1992 and continue today. It is a lively chapter told through stories when TSM was just being created with the support of Zerka Moreno and a Native American teacher.

Chapter 2 presents the original theoretical and visual concepts from the therapeutic spiral model, with additions that have been developed since Hudgins (2002). These include images of trauma bubbles, therapeutic and trauma spirals, and a new image of the autonomous healing center as created through Steven's art of integration projects.

Chapter 3 shows in detail the trauma survivor's internal role atom (TSIRA), which is the clinical map of TSM presented through role theory. Discussion of the formulations of roles from classical psychodrama are briefly presented through Ann Hale's 1985 role diagrams. We describe how we work with internal roles (Hudgins, 2017, 2019) so that people who have experienced trauma build new roles for restoration, containment, and observation before addressing trauma scenes directly. We also give examples of the work in several settings, as well as invite you to create a visual representation of your own TSIRA.

Part I is both casual and warm, sharing some of the early stories on the therapeutic model, as well as theoretically detailed. We hope you enjoy your own explorations of your TSIRA.

Chapter 1

History and Evolution of TSM Psychodrama



Abstract The therapeutic spiral model (TSM) is an integrated clinical model of experiential psychotherapy and modified psychodrama to treat trauma and promote post-traumatic growth. TSM was developed as a grassroots effort to make classical psychodrama safer for the most vulnerable people (Hudgins, Kellermann and Hudgins (eds), *Psychodrama with Trauma Survivors: Acting Out Your Pain*. Jessica Kingsley Publishers, pp. 229–254, 2000, 2002; Chimera, Hudgins & Toscani (eds), *Healing World Trauma with the Therapeutic Spiral Model*. Jessica Kingsley Publishers, pp. 266–284, 2013). TSM Psychodrama, as it is called in 2021, evolved from a small group of certified American psychodramatists seeking help for themselves and their clients to where it is today—a worldwide method of trauma-informed prevention, care, training, and research. This chapter shares stories of the organic development of TSM—beginning in a living room in Virginia and the foothills of rural Wisconsin to its international presence in over 50 countries today. Experience the lively energy of spontaneity, creativity, and spirituality that infused TSM psychodrama from its very beginning in 1992. Join our voyage of intellectual curiosity and clinical competence as we share many of the heartfelt moments of personal and collective healing that have made TSM psychodrama what it is today. Hudgins’ (2002) seminal book, *Experiential Treatment of PTSD: The Therapeutic Spiral Model*, was one of the first books written on experiential therapy for trauma. Today, it is still timely and needed.

Keywords Trauma · Psychodrama · The therapeutic spiral model · TSM · TSM psychodrama · Post-traumatic growth · Trauma-informed care · Neurobiology of trauma · Interpersonal attachment theory · History · Prevention · Training · Zerka Moreno

While the 2002 book was written in response to the increased awareness of adverse childhood experiences, especially sexual abuse, the therapeutic spiral model (TSM) began to develop in 1992. As newly trained clinicians in private practices and hospitals, we were faced with an increased awareness of what PTSD was and how it was not limited to war veterans. Clients with childhood histories of violence, abuse,

alcoholism, sexual trauma, eating disorders, and neglect came into our offices. They were physically exhausted, emotionally overwhelmed, disconnected from family, friends and society, and spiritually bereft. In brief, they were carrying deep hopelessness. As new therapists who were certified in psychodrama, sociometry, and group psychotherapy, we saw the power of experiential methods. We were almost as overwhelmed as our clients about how to conduct psychodrama safely and not re-traumatize the vulnerable people seeking our help and support, even though all of us had been certified in classical psychodrama.

PTSD was first diagnosed as a psychiatric disorder in 1987 (APA). We now understand PTSD and other stress-related disorders in an entirely new way (APA, 2017) at the level of diagnosis. Simply put, bad experiences create bad memories, feelings, and disrupted connections to others. Good experiences create new positive memories and enhance post-traumatic growth. We now know from neurobiological research that our brains are hard-wired at birth to deal with trauma, and to seek better outcomes than our ancestors (Corzolino, 2014). History shows this to be true. In the late 1990s when TSM was first being born, we were focused on family trauma. Today, due to the proliferation of the Internet and complicated life experiences, the world is exploding with the impact of trauma, including Covid-19 and its global consequences. We hope to make a difference again.

As I (Kate), a 68-year-old woman, look back on the early years of TSM development (1992–2000), my breath is taken away by the dedication and vision of one small group of American certified and clinically trained psychodramatists. As Dale Richard Buchanan told me, “TSM has truly changed how psychodrama is directed around the world” (personal communication, 2018). I look back on myself at 35 and see a naive, city girl carrying logs up a rural driveway in Wisconsin to “feed the Spiritfire” that was kept burning 24/7 every time we held a TSM workshop at our rural residential center. What amazing energy we had. Discussions from morning to night about how to make psychodrama safe. Three psychodramas a day led by newly fledged TSM action healing teams. A sweat lodge on Saturday nights was held to accompany and confirm the shifting of the traumatic energy to that of something new and healthier. And then began the years of traveling many times around the world to present TSM at conferences, in classrooms, small training groups, and large gatherings.

I, Steven, joined Kate on many of those travels in recent years. I have heard many stories from participants themselves of how TSM psychodrama has increased inner strengths, cleared bad dreams, reduced racing thoughts, and restored inner peace. I have witnessed repeatedly the transformative power of this safe experiential method for healing trauma. And the method continues to grow. The energy Kate recalls in the early days of TSM psychodrama resonates today as another generation of TSM practitioners work to revise, refine, and expand the method to meet the healing needs of people around the world. Kate and the early practitioners’ dedication to TSM psychodrama’s theory, development, and practice is blossoming. This growth can be seen as the worldwide network of TSM practitioners, trainers, and thinkers continues to bloom. It is exciting to be part of Therapeutic Spiral International during this time of mature growth.

It has been an awesome and fruitful journey, and we are honored to share where we began and where we are now, over 20 years later. As there was already a decade of history in 2002, TSM psychodrama has been validated even more thoroughly through research (Hudgins, Culbertson, & Hug, 2009; Giacomucci & Marquit, 2020) and practical applications as shown in this chapter. We now have a worldwide community of like-minded people connected, during these times of the pandemic, through the wonder of Zoom (Hudgins, 2019). We still heed the call from J. L. and Zerka Moreno to reach all of humankind literally—by living out the experiment of making psychodrama safe for trauma survivors. Joined by clinically interested students and willing clients, we continued to co-create our international TSM community by developing safe ways to treat trauma, which we called the therapeutic spiral model. Today, it is called TSM Psychodrama.

1.1 1992–1995: The Birth of the Therapeutic Spiral Model

During 1992–1995, a group of certified American psychodramatists, who were also clinically trained at the Master’s or Doctoral level, came together because they appreciated the power of psychodrama (ABE, 2020). I (Kate) was the trainer of this group. Yet, we were also clinically troubled by some of the things we had experienced in psychodramas during our training processes in the 1980s that did not feel safe. Dissociation, uncontrolled regression, and unprocessed catharsis were often prevalent for us and our clients, and these reactions rarely led to behavior change after the dramas. We believed in Moreno’s (1934) dream that psychodrama should reach all of humankind and saw our particular contribution as being to make it consistently safer and more effective for even the most vulnerable people.

In true psychodramatic style, we made ourselves into an “in vivo lab” to explore in action how the additional clinical knowledge of our unique training group, consisting of psychologists, counselors, expressive therapists, and social workers, could inform classical psychodrama for safety and containment—our own buzz words of the time. We became protagonists to work on our own untreated trauma and experienced what worked and what didn’t. We took our ideas about personal and group safety to our outpatient psychodrama groups to incorporate strength building, containment, and regulated emotion into our trauma dramas. We learned to use transference and projective identification as tools rather than blocks in therapy. We learned that trauma survivors need teamwork during deep psychodrama in order to reach post-traumatic growth.

Many hours were spent in co-developer Francesca Toscani’s home in Charlottesville, Virginia, experiencing, discussing, and exploring how the therapeutic spiral model could make psychodrama safer. Here, the trauma survivor’s internal role atom (TSIRA) was born in its full clinical structure (Toscani, 1994; Hudgins & Toscani, 1996), prior to the first published paper by Rauch et al. (1996) on the neurobiology of trauma. This clearly indicated that we were on the right track with our clinical knowledge. Soon after, we published quantitative research on the *containing double*

(CD), our first clinically modified psychodrama intervention for trauma survivors. Two studies showed that the CD decreased dissociation, anxiety, and depression in as little as three individual therapy sessions (Hudgins & Drucker, 1998; Hudgins et al., 2000). Developed to clinically modify the classical psychodrama double to balance thinking and feeling with its targeted reflections of containment, we now hypothesize that the CD serves the same function as the corpus callosum at the level of psychological experiencing. Currently, we ponder if the experience of a positive inner voice might even physically change the brain.

This period was a time of great co-creativity long before “trauma-informed care” was invented as a keyword to describe many new action methods of care for people around the world. There were 14 people in that original training group and most of us have stayed friends and “chosen psychodrama family” through thick and thin. In our lives, we have each lived the heart of a psychodramatist, all in our own ways. Some of us have traveled the world. Some have stayed closer to home. Together we cared and co-created. We made a difference then. We still do now.

1.2 1992–2000: Two Guides Come to the Psychodrama Theatre of Protection

Zerka T. Moreno.

In 1992, Zerka T. Moreno, the mother and co-founder of psychodrama (Z.T Moreno, 2012), came to Black Earth, Wisconsin, on October 31 to open The Psychodrama Theatre of Protection, dedicated to her life’s work. Zerka worked with me (Kate), my husband, and a local architect to take the original Moreno stage blueprints and create a new stage and theater in an open and lighted space, set in the foothills of a rural environment. Zerka called it “the most beautiful psychodrama stage in the world” (personal communication, 1992). Many people came from the USA, Australia, New Zealand, Canada, England, and Taiwan for her annual workshops. They stayed to learn about the therapeutic spiral model and contributed to its co-creation as it grew in depth and breadth, assisted by the beauty and therapeutic space of the stage itself.

It was a rich, intense time where we lived together as like-minded international communities for weeks at a time. This experience resembled the stories Zerka told about Beacon and its residences for students and patients alike. We shared a log cabin that slept 18, if you counted the 6 sets of bunk beds in the basement and people sharing pull-out sofas in the living room. Another 20 or more could sleep in the theatre, as people were willing to use sleeping bags or futons. Together, we truly explored the depth of psychodrama and the clinical modifications of the therapeutic spiral model, guided by the mother of psychodrama. Zerka often said to me, “J.L. would be proud you have created TSM. He never wanted psychodrama to become a cultural conserve” (Z. Moreno, personal communication, 2000). As you will see,

Fig. 1.1 Image of the Psychodrama Theatre of Protection with Zerka Moreno, October 31, 1992, Black Earth Wisconsin, USA



Steven and I incorporate one of Zerka’s favorite concepts, the autonomous healing center (Moreno, 2006) throughout this new edition of the Hudgins (2002) book (Fig. 1.1).

1.2.1 Native American Influence

Black Earth also drew another teacher that deeply influenced the origins of the therapeutic spiral model. At the end of the first workshop led by a TSM team at Black Earth, there was a Native American social worker who stuck around afterward. Anyone who knows me knows that when I am done with a workshop, I am complete and ready for time alone. So, I finally asked why she was still there. Her answer was “you are already doing shamanic work with TSM, but you have no idea what you are doing.” The truth of her answer reverberated through every cell in my body. I had felt the power of TSM on the psychodramatic stage...but I was unsure what it meant. She asked me to let her teach us how to bring Native American traditions into the therapeutic spiral model. As with the beginning of classical psychodrama when Moreno (1921) wrote *The Words of the Father*, TSM practitioners saw TSM psychodrama needed a spiritual container in addition to a psychological one.

Thus, I entrusted the care of TSM and our training groups to this Mohawk teacher for the 8 years we held workshops at our residential center. She guided us with traditional spiritual teachings and practices for all the workshops that were held at Black Earth until it closed in 2000. She taught us how to carry wood and feed the Spiritfire to keep “a protective spirit alive 24 h a day” through thunderstorms, rain, and snow. She led us to find rocks, which she called the “grandfathers,” that protected the sweat lodge we built out of trees, and we gave thanks to them for offering their life for trauma healing at Black Earth. She taught us to pray for the planet and all of its beings—rocks, plants, animals, ancestors, family, and others—always before ourselves. It was a powerful lesson for trauma survivors to see the greater scheme of things, and it is this practice, subsequently, that gave a larger perspective to the therapeutic spiral as a method of spiritual healing. I will never forget the feeling of joining a community of spiritually connected psychodramatists in singing songs around our Spiritfire before breakfast and as the last activity at night. We were and felt truly blessed.

There are so many stories of our years at Black Earth and the Psychodrama Theatre of Protection. A whole book is needed to honor our two ancestral guides. Each morning, the community would gather around the Spiritfire, sing songs, and pray for protection for our deep work to start the day. At the end of the day, whether there had been a sweat lodge or not, we would again sing and give gratitude for the gifts from the spirit world we had found.

Thus, spirituality became embedded into the core of the therapeutic spiral model from its very inception. It was here that the first TSM action healing teams were formed and the roles of the team and assistant leaders and trained auxiliary egos were further created. These new roles were developed out of a necessity to contain the deep work that people came to Black Earth to do to heal themselves. Thus, the TSIRA was tested time and again as it guided our work on the stage at Black Earth.

TSM practitioners further defined the roles needed to provide safety across all stages of trauma work and divided the TSIRA into a three-stage process model of experiential psychotherapy. As seen in the 2002 book, TSM practitioners refined the steps during TSM dramas to support containment and self-regulation as protagonists safely experienced conscious re-experiencing with developmental repair. As you will see in later chapters in this book, we have now added our clinically modified action structures and operationalized interventions for safety. Additionally, you will learn more about the concretization of the autonomous healing center and the use of projective identification.

1.3 1996–2000: TSM Begins to Expand Around the World

People have often asked how TSM became recognized and taught in the worldwide community of psychodrama and group psychotherapy in such a short time. If you had asked me in 2002, I would have said the answer was because TSM was a clinically sound way to conduct psychodrama, and the need for trauma work around the

world was increasing exponentially. People read the early works on the therapeutic spiral model to treat trauma using clinically modified psychodrama (Hudgins, 2000, 2002) and that became the springboard for an increase in interest by psychodramatists around the world. Because of the clinical definition of our three-stage model of experiential psychotherapy, our TSM work was sought out for domestic and international conferences, thus contributing to its ever-expanding reach.

Today, I know it was much more than that. It was my intimate relationship with Zerka Moreno and her own desire to continue to bring psychodrama around the world, particularly to Asia, which greatly influenced the next steps in the evolution of the therapeutic spiral model. She often said, “if you want to see the world, become a psychodramatist,” and I lived that dream for her, for myself, and for the many people around the world TSM has touched over the two decades. Zerka’s and my relationship began soon after I got my Ph.D. in Clinical Psychology and my dissertation on doubling was published (Hudgins & Kiesler, 1987). We immediately bonded over doubling, and this bond eventually resulted in the creation of the Psychodrama Theatre of Protection. Later, she would encourage me to take psychodrama to yet another conference as she too was still traveling around the world. I remember she attended the first workshop on the containing double at the 1996 conference by the International Association in Group Psychotherapy and Psychodrama in London, as well as her expression of support for my work, both physically and emotionally.

During her last round of the world trip to spread psychodrama in her 80 s, Zerka fell and broke her hip. She immediately moved to a retirement community in Charlottesville, Virginia, where her son, Jonathon Moreno, was the bio-ethics chair at the University of Virginia. Still, she was left with a strong desire to take psychodrama to Asia. Charlottesville happened to be my hometown, and I was blessed by her presence in my life as a mentor and friend. For 12 years, Zerka lived here, and we often ate lunch together and shared stories about psychodrama around the world. She was always most curious about my trips to Asia. It was only after she passed in 2016 that I realized I had unconsciously taken on her dreams of expanding psychodrama around the world, especially to Asia. I am not in any way sorry that this has happened. And yet, it does make me wonder about the power of projective identification, a psychological construct that has now become a foundational underpinning to fully understanding TSM psychodrama.

1.3.1 A Western Beginning Through Conferences

Starting in 1995, Francesca Toscani and I sent a dream out to “the universe to bring TSM to places beyond America.” We saw the need to extend our clinical model of modified psychodrama and experiential psychotherapy as communities around the world were first starting to treat trauma using action methods. After an introductory workshop on TSM at the United Nations NGO conference on women, we presented our first international introduction of TSM at the Australian and New Zealand Psychodrama Association Annual Conference in 1995. We then were invited

to present the first TSM workshop on the containing double in London at the 1996 IAGP conference, where we began a relationship with this worldwide association that continues today. By 2000, when we brought a TSM team for the IAGP in Jerusalem, TSM was already on its way to worldwide recognition in the Western world. TSM trainers have long been keynote and plenary speakers, presenters, and master trainers at conferences, including the American Society of Psychodrama and Group Psychotherapy, the British Psychodrama Association, the Australian and New Zealand Psychodrama Association, the North American Drama Therapy Association, and the International Expressive Arts Therapy Association, showing the clinical action structures and research as TSM psychodrama evolved.

1.4 TSM Works with Torture and Trauma Survivors

After our presentation at the 1995 ANZPA conference in Australia, we were invited to bring TSM to provide education, support, and prevention to a refugee agency in Sydney called the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS). We worked with multicultural groups of counselors, who themselves had been torture and trauma survivors and, during their 5 years of training, were now helping new refugees get settled and start the initial stages of healing. If you have read the Hudgins (2002) book, you will remember Vladamir, who had watched his entire family being shot in front of him (Hudgins). Yet when he was faced with a scene of justice in a TSM psychodrama, he chose to forgive those who had killed because he understood they too were powerless to stop the war. We now see Vladamir's experience as one of post-traumatic growth, which occurred before the term was even used in the field of trauma-informed care.

We trained family therapists at another refugee support agency, the Medical Foundation in London, for several years. As a combined team of American, British, Scottish, and South African trauma workers, we stretched TSM to its capacity by practicing experiential work with couples and families (Chimera, 2013). I will always remember how we agreed to do a workshop for six couples who embodied three different languages and cultures between them. All were new arrivals from their own countries as refugees, some with histories of kidnapping, rape, and slavery before arriving at the Medical Foundation. Guided by the TSIRA, we reached into the depths of spontaneity and creativity as our TSM team helped trauma survivors meet across language, culture, gender, and religion to connect and create a safe space for healing. As several of the women wept of being raped, their husbands were able to stand in support of other men and not turn away in shame as the team supported them in the present moment. It seems that being in a multicultural group provided even more safety for the participants to experience post-traumatic growth.

1.5 2000–2013: Three Lived Experiences of TSM in the Western World

Though I used to wonder where I even got my own motto of “say yes to all opportunities to bring TSM around the world,” I now see how each step was essential in the TSM journey of co-creation. Before we leave the model’s expansion throughout the more Westernized world, I want to draw attention to how TSM was called to deal with poverty and racism, religious and political persecution, and institutionalized violence. I did not see then what is apparent to me today. TSM Psychodrama has fully evolved from a model of individualized Western care for people with childhood histories of trauma to a comprehensive model that can embrace all that needs to be held in the world for healing from most types of traumas. Here, Steven and I want to share several psychodramatic explorations that expanded TSM in ways we had not conceived of until we were asked to create a spontaneous and creative answer to old situations of trauma. We did the best we could. We learned much and we think we made a difference then that can inform TSM practitioners going forward today.

1.5.1 South Africa, 2000

Three of TSM’s first Westernized countries outside of the United States, Canada, Australia, New Zealand, the United Kingdom, South Africa, and Eastern and Western Europe stretched TSM into places not yet explored. After the 2000 IAGP conference in London, a TSM team was invited to introduce our work to social workers who were working with mothers and children living in abject poverty in Johannesburg, South Africa. While this workshop was independently financed, it proved a challenge in terms of funding and yet, we still found a way to bring it to Ivory Park, one of the Black townships in Johannesburg. We later went on to develop a stable team of tribal leaders with social workers and occupational therapists there for many years (Alers, 2013; Chimera, 2020).

Arriving by means of our own personal funding, we were greeted with little enthusiasm from the White social workers who were first invited to come to our introductory workshop on trauma. However, there was one Black woman on the team who put the word out to the local tribal communities in the townships. The next day, 50 mothers walked and sang for the between seven and ten miles it took to get to our workshop with the hope of receiving help for their families. Hudgins & Toscani (2013) detail the memorable double protagonist drama that crossed the lines of race to heal sexual abuse. However, my (Kate’s) favorite moment remains when a tribal leader leaped onto the top of a table and became her TSM observing ego. This term describes the part of you that observes what is happening and informs other parts of yourself about this. She called out, “I am the tribe’s scout. I sit in this tree for hours. I can see for miles and miles all around me. I keep my family and village safe.” My imagination immediately saw her in her colorful tribal dress, protecting not only herself but also her village—and my heart soared. The TSM practitioners there were amazed at how TSM could reach across races and time.

1.5.2 Northern Ireland, 2002

Another presentation at the British Psychodrama Association brought a group of TSM practitioners to the topic of religious persecution. This time, we were invited by a non-profit agency in Belfast, Northern Ireland, to facilitate a residential workshop for participants from the two sides of what was then called “The Troubles” between British soldiers and the Irish Revolutionary Army. Following this, I (Kate) said yes when asked and took the members of the first TSM action healing team with me.

However, this was one of the times I should have looked before I leaped. As we walked into Trinity Church in Derry, Northern Ireland, where the workshop was to be held, several Catholic participants in the group immediately went into flashbacks because they had been in the church when it had been bombed by Protestants a few years earlier. Even though these participants had come together to try to reach across differences, traumatic memories took over the here and now. Using the containing double repeatedly and building TSM strengths were deeply solidified as we could not move beyond these interventions for the first day. Only after this wee bit of stabilization could participants even begin to hear each other’s truths and slowly co-create a sense of increasing safety together. They were supported in moments of truth to hear each other’s differences in beliefs and similarities in both dreams and losses. On the last day, we celebrated a future projection of a time in a psychodramatic pub where there would be, in fact, no sides for anyone to choose—just a long-standing cultural practice of solidarity and connection. Here, TSM was used to support change across lines of religious persecution.

1.5.3 Jenin, Palestine, 2013

2013 found Kate and a TSM action healing team in an acute war zone in Jenin, Palestine. Our TSI Middle Eastern trainer Ben Rivers, Ph.D., RDT invited me (Kate) and a German TSM clinician, Axel Eichel, to bring TSM to the West Bank. He had been using the TSIRA to teach acute applications of strengths for social workers, school counselors, and the children of war in the face of ongoing violence. It was a harrowing experience at times. Border guards looked at us suspiciously and asked questions as a Palestinian car drove us to Jenin. While in the two-home gated compound we were to stay at, we soon discovered that the house we were living in had been shot at the week before by the Palestinian Liberation Authority, and the house next door had been shot by the Israeli army. While no one was killed, both fathers were in prison, and we learned firsthand the impact of this war on people from both sides. You can find a fuller example of the work that we did there in Hudgins (2017), but this event is significant in this history because it was the first time TSM was brought to an active war zone.

1.6 2003–Present: Asian Immersion

As the evolution of TSM psychodrama turns toward the East and the many Asian countries that have influenced TSM, I need once again to return to the influence of Zerka Moreno. When she fell in Latvia, she was on her way to Asia to finish what would have been her last around the world trip. A lifelong act hunger of Zerka's was to bring psychodrama to Asia, especially to China where she had once gone with Gong Shu, TEP, the founder of psychodrama in mainland China. Since I presented at IAGP conferences in Taiwan, Malaysia, Japan, South Korea, and China, TSM began to be influenced by the more communal values of the Asian cultures.

1.6.1 *Taiwan 2003*

Zerka introduced me to two women at her home in Charlottesville who would have major influences on TSM in Asia. Ning Shing Kung, MSW, ATR, TEP a Taiwanese social worker living in the USA and studying psychodrama with Zerka, initially invited me to Taiwan after coming to Black Earth. Lai Nien-hwa, Ph.D., TEP, who is still the leading psychologist and psychodramatist in Taiwan, became a life-long friend as she often visited Zerka in Charlottesville and then hosted my repeated trips to teach TSM in Taiwan.

In 2003, Ning-Shing invited me to present in Taiwan through the Chinese Guidance and Counseling Association (CGCA). As I was there to do my first introductory TSM workshop on psychodrama and trauma, SARS hit. Unlike most Westerners who immediately left Hong Kong and Taiwan, I chose to stay despite the unknown dangers of this new virus. I asked myself; "I came to do a trauma workshop. How can I leave when there is an actual trauma here? This is what TSM does." Subsequently, CGCA sponsored the entire international certification in the therapeutic spiral model [www.therapeuticspiralmodel.com] for 2003–2009 until half of the psychodramatists, who were also psychologists, in Taiwan had learned about the model during their studies.

While we now have several trained TSI trainers in Taiwan, I am still invited back annually to do a guest trainer workshop, and I stay connected to the wonderful psychodramatic community that has been built over the past 20 years. Taiwan now has its own Taiwanese Association for Psychodrama and uses a slightly modified version of the American Board of Examiners to certify psychodramatists in their own country. Please see Lai (2013) to enjoy the beauty and success that came out of her integration of TSM, classical psychodrama, and art therapy to help women and children who had experienced domestic violence. The project was funded by the Ministry of Health, and Lai's method continues to be used today.

1.6.2 Travels in China 2004–2008

The next step in the TSM Asian journey was when Dr. Lai introduced me to Prof. Sang Zhquin, Ph.D. from Nanjing University in mainland China, just as psychodrama was starting there. In 2004, I was a keynote speaker at the first mental health conference in the country. This conference was mandated by the Chinese government because the suicide rate had increased as much as 25% in one year in some Chinese universities. It also opened the country to Western psychology as a way of promoting health. Thus began an Asian journey of TSM training and personal growth workshops for the new field of mental health at universities in China. TSM teams staffed by local psychodrama trainees and I traveled to over 20 universities, 10 private clinics, and many classrooms, as well as some unique venues, between 2004 and 2008. We created a curriculum for educators to use in Chinese schools to prevent bullying.

We went as far west as Urumqi in Inner Mongolia, and as far east as sophisticated Shanghai. We traveled to Beijing, Shandong, Hangzhou, Suzhou, Quanzhou, Chongqing, and other places for conferences, training, hospital teaching, university courses, and more. It was our first time working in a Communist country, and learning to work within a socio-political environment where confidentiality was not a norm. I still remember when we were doing one of our first TSM personal growth workshops at a university for professors who were just learning to become mental health providers. I gave the normal explanation of turning off phones, agreeing to not speak outside of the group for confidentiality, etc. Imagine my surprise when I went to the bathroom and saw an open door showing they were videotaping the entire workshop! I was told that this was to make sure I did not say anything political that might not be allowed. From then on, I always expected that our TSM work was recorded and reviewed. It was a time of great learning for all in TSM.

In 2008, an earthquake hit Chengdu when I was still teaching a TSM certification module at Nanjing University. I immediately donated 6 weeks of time to work side by side with TSM clinicians from universities around China, but mostly from Nanjing, Shanghai and Quanzhou. TSM teams provided a safe place for first responders who were doctors, nurses, army officers, soldiers, paramedics, and educators to share in words and TSM psychodramas the horrors they witnessed each day. As you will see in Chap. 3, using art therapy each day helped build strengths and containment. In many cases, TSM prevented lasting effects of secondary PTSD. An interesting side note is that I was not allowed to go directly into the earthquake zone. I was told, “many people have never seen a White person, and many might think you had caused it.” It was yet another intense time when TSM teams came together from all over China to help citizens and the Chinese government recovered from losses of homes, family members, and a way of living.

1.6.3 Visiting Professor 2008–Present

In 2008, after I had been on a three-month sabbatical at Hua Qiao University, in Southern China, Prof. Zhao Bingjie, Ph.D. invited me to be a Visiting Professor. She had studied and traveled with TSM teams around China since 2004. She was with TSM during the 6 weeks after the earthquake occurred. Her goal, in which she has now succeeded, was to create a university mental health and counseling center from scratch to prevent suicides among university students. The therapeutic spiral model has served as the template to build the first group of full- and part-time psychologists and counselors. This group now provides, with deep care and commitment, exceptional services to university students. Today, her university has one of the lowest suicide rates in China and the first fully developed TSM action healing teams in China as well (Bingjie, personal communication, 2019). Whenever I come to HQU, the mental health staff schedules three-hour team sessions with me to help highly suicidal students. As we learned, in China when a university student is struggling, their family is immediately called in. This sometimes makes the therapeutic process even more difficult. TSM had to quickly adjust its parameters to include working directly with multi-generational families who were trying to navigate the confusion of changing traditions, values, and norms. In China, we learned how to provide strength to support all family members so that real communication could occur, sometimes for the first time between generations. It was powerful work to witness at this moment in Chinese history.

Until the Covid-19 pandemic, I was blessed to keep returning to Taiwan and Mainland China at least once or twice a year. Since then, I have continued my work with students and staff online at HQU to provide TSM education and support as university students there are learning how to live with a new set of rules. As with the stories from Black Earth, there are so many about China, enough to write another book to share all that I learned personally and professionally.

1.6.4 Steven Comes to Asia 2017

Learning of Dr. Kate's teaching in China and being a person looking for the widest range of learning experiences, in February 2015, I (Steven) asked Kate if I might accompany her to China, where I was in my training as an auxiliary ego. After a few days she responded, "How about coming in June as we are celebrating Zerka's 100th birthday?" (K. Hudgins, personal correspondence, February 2015). Knowing offers sometimes don't come around twice, I said yes and then figured out how to make a three-week trip happen. This was challenging given my work as the director of a full-time mental health clinic in the USA.

I had heard of how Kate was conducting TSM trainings with over 100 participants, and that all of the participants were getting work done. Everyone would play a role in the psychodrama by the end. I wanted to see this work firsthand! It was my reason

for wanting to travel to China. There are two experiences that stand out to me that were formative in my training that I want to share with you before we jump into the theory and practice of TSM psychodrama in the next chapter.

The first lesson I learned was the biggest surprise to me because it was not from the large-scale psychodramas that Kate led. Rather, I learned most about how to apply TSM psychodrama to individual clients. Kate was contracted to provide an hour of TSM supervision to any of the staff members of HQU who wanted to do personal work. Scott Giacomucci, a senior TSM student at the time, and I were allowed to sit in on the sessions and were often chosen as auxiliaries for these individual dramas.

In one such drama, I was playing a strength for a protagonist who held on to me, crying and trying to integrate the strength I represented so he could face his trauma and eventually sleep better at night. For 20 min he held me, sobbing. The room was almost 90 degrees and humid. I broke into a full-body sweat while holding the role, allowing the protagonist to fully internalize all the strength he needed. When Kate guided the protagonist to pull away, Scott observed that the protagonist and I were still linked by a thick line of what he termed "embryonic sweat" as we parted. Truly, that day I did not believe I would ever be dry again. It was a beautiful moment of cross-cultural connection in the TSM community.

Over 4 days, Kate beautifully directed 11 individual staff member dramas and three two-hour client dramas, always guided by the TSIRA. Observing and participating in these TSM dramas in mini form exponentially increased my understanding of the clinical map of the therapeutic spiral model contained in the TSIRA. It was not the large psychodramas I came to observe that were the most amazing of the work I saw Kate do. It was these singular, less showy, and completely authentic individual dramas that opened my mind to the power of TSM in whatever format it was applied. I saw the clinical structure that guided everything (see Chap. 3).

The second substantial learning experience I had in China was being selected as the body double (see Chap. 8) for a deeply profound session in which the protagonist wanted to meet her inner child. Considering the protagonist did not speak English, I had to rely on our bodies being in sync and trust in the engagement of our mirror neurons. At one point, Kate and the interpreter were called off to a side drama that had emerged. I was left with the protagonist to keep her warmed up to the work she wanted to do and present to herself. In the drama, we were looking down a long birth canal to see her inner child at the very end. There was noise to our right. I asked in English, "I am curious about what is happening over there." She responded, "Me looking at my inner child I want to meet now." Somehow, I knew what she had said and we kept looking at her inner child, waiting, waving, enjoying the moment, until Kate came back and picked up the direction of the scene. Here, I learned the power of tele and mirror neurons to keep bodies in sync across language barriers. This dynamic is the power of the body double.

1.6.5 *Singapore 2018*

The taste of durian will always remain in my mouth, just like the smell of sweat-soaked socks ripened in a locker, fermented rotten eggs, and decaying carrion. Okay, so that is a bit dramatic...but not far from the truth. Durian is a fruit whose odor is so bad that Singaporeans are not allowed to bring them to the subway system. The smell is so offensive that the Singapore team members sitting next to me at the table apologized and asked if they should move further away while eating it. The smell is so intense that...of course...I had to try it.

It was a great privilege to accompany Kate to Singapore for 2 weeks on one of my TSI team leader practicums. It was the next step in being able to independently lead a TSM psychodrama workshop. We did two back-to-back three-day trainings, with a day off in the middle, for a group of 40 participants from the Care Counseling Center in Singapore. The TSM team was a group of invested and committed local leaders and counselors who wanted their peers to learn more about TSM psychodrama, which they had learned about in Taiwan. The organization was committed to helping clients work through trauma, and they invested in their staff learning our experiential methods. Because nearly all the participants attended both workshops, Kate and I were able to work deeply with the group and provide more time for triad practices on the containing double and body double techniques, two of my favorite clinically modified interventions you will learn later in the book (Chap. 8). This intercultural team bonded richly and deeply, and it was great to bring TSM to yet another part of the world.

Oh...and as for that taste of durian I mentioned, at dinner, on the final night, one of the team members stepped in and became my body double, helping me to stay grounded and open to new experiences. I did have a bite, and it was mostly as I described above. I don't know if having a body double helped me stomach the taste or not, but it certainly didn't hurt! (Fig. 1.2).

Fig. 1.2 Steven Being Body Doubled in Singapore



1.6.6 India 2018

As Director of Training at Therapeutic Spiral International (TSI), the business organization that provides the International Certification in Experiential Trauma Therapy Using TSM Psychodrama (see www.therapeuticspiralmodel.com), Kate had received offers to bring TSM to India many times over the years. However, with her intense overseas schedule, she felt the groundbreaking work in China was enough for her. I had progressed through the TSI training program and was now a trainer in training, looking to take TSM Psychodrama to new people. I was planning a trip to India, so Kate said she would send some referrals my way to see what could be developed. Not long after this, Kate and I presented at the IAGP conference in Malmo where we met Jochen Becker, Ph.D., TEP from Germany, who runs a training program in India named Vedadrama. Kate developed our connection into an offer for me to do trainings in India. Since TSM psychodrama is a team model, she suggested that Karen Drucker, Psy.D., TEP, who was being re-certified in TSM as a trainer and was a member of the first 1992–1996 group, join me. In this way, Karen could assess my work and I could assess her work, and we both could become fully certified TSI Trainers for the International Certification in Experiential Trauma Therapy using TSM psychodrama.

Over the next 2 years, Karen and I traveled to India several times, training people in Bangalore, Coimbatore, and New Delhi. These multi-day workshops are generally given back-to-back in different parts of the country. The first time we were there, we literally finished the first training, grabbed our bags, flew over to Coimbatore, checked in at the hotel, went to bed, and arose to start the second four-day training. It was an amazing, full-on experience.

I have many pictures in my mind of the trips. One is of the Taj Mahal, which truly deserves its place as one of the seven man-made wonders of the world. Another is the intense poverty, which at times was overwhelming to witness. The most precious picture in my head is that of the more than 60 participants who attended one or more of the workshops Karen and I lead while presenting TSM psychodrama. Their stories, faces, energy, and experiences are alive to me daily. The depth and intimate participation of the group members reflect how awesome they are and how TSM psychodrama created a safe container of experience. My experience as a trainer has been warm, satisfying, and complete. My time in India increased my fondness for the incredible resilience of survivors, for the people of India, and for TSM psychodrama.

1.7 Conclusions

As you can see, the therapeutic spiral model was created long before the current focus on trauma-informed care became fashionable throughout the Western world. As we have shown in Hudgins (2002), TSM became the seminal experiential therapy for trauma using clinically modified psychodrama. What is interesting to note in 2021 is

that the clinical map of TSM psychodrama; the trauma survivor's internal role atom was already in place in 1994 (Toscani & Hudgins). The therapeutic spiral model has expanded from a Western model of experiential group psychotherapy in the USA to a rich, multicultural system from emerging experiences during each TSM session. Theory and practice come together in our clinically modified model of psychodrama around the world. Other books, chapters, and articles present the full academic lens of TSM as it has walked alongside the research in the neurobiology of trauma and of post-traumatic growth (Hudgins, 2002, 2007, 2017, 2019). This chapter was meant to take you on the journey that has been TSM for the past almost 30 years.

As you may now understand, the creation and evolution of TSM psychodrama, and the therapeutic spiral model, have been an organic lived experience. Each step taken was guided by the creed of spontaneity and creativity. All of us who have and continue to experience TSM know that when we can live in the present moment and find a novel response to an old trauma pattern, or a new adequate response to acute trauma, this is the place where we find our ability to stay resilient and creative in the face of even unimaginable trauma.

It is our hope that sharing the personal and professional evolution of TSM psychodrama shows you the time, care, and thoroughness in which the therapeutic spiral model to treat trauma and promote post-traumatic growth was born and developed. Like with classical psychodrama, TSM has walked the path of personal healing for all—including clients and most of its certified practitioners and trainers. Classical psychodrama gave TSM the theories of spontaneity, creativity, and role that have guided everything we do when working with trauma. You will see how we further expand our connection with the autonomous healing center as the book proceeds.

This chapter has been a testament to the power of one small group of clinically trained psychodramatists who dedicated years of their lives to present, study, explore, and expand the theory and practice of safe clinically modified psychodrama with trauma. We were lucky to have the years with Zerka Moreno and our Mohawk teacher at the Psychodrama Theatre of Protection to enliven the depth and breadth of the therapeutic spiral, and to have done so in a residential setting, much like classical psychodrama's beginnings at Beacon. This chapter is also a testament to all the clients, workshop participants, trainees, and trainers around the world who have been fundamental in the development, application, and expansion of TSM Psychodrama to its present international outreach.

The 2002 book was written soon after the work at Black Earth stopped, and this chapter carries the many stories of how TSM has become a global method of experiential psychotherapy for trauma healing since then. It could not be timelier as we face a global pandemic that will bring changes we cannot even begin to predict. Truly, Moreno's message (1934) that only the spontaneous will survive in times of chaos is needed more than ever. Lucky for us, the trauma survivor's internal role atom that arose from that first clinical group of certified psychodramatists can meet this challenge and provide guidance and structure for the future.

References

- Alers, V. (2013). Therapeutic spiral model perspective from South Africa—the rainbow nation. In K. Hudgins & F. Toscani (Eds.), *Healing World Trauma with the Therapeutic Spiral Model* (pp. 285–302). Jessica Kingsley Publishers.
- American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy. (2007). psychodramacertification.org.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders*. American Psychiatric Association Publishing.
- American Psychiatric Association (Ed.). (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- Chimera, C. (2013). Seeing the wizard: The therapeutic spiral model to work with traumatized families. In K. Hudgins & F. Toscani (Eds.), *Healing World Trauma with the Therapeutic Spiral Model* (pp. 266–284). Jessica Kingsley Publishers.
- Giacomucci, S., & Marquit, J. (2020). The effectiveness of trauma-focused psychodrama in the treatment of PTSD in inpatient substance abuse treatment. *Frontiers in Psychology, 11*, 896. <https://doi.org/10.3389/fpsyg.2020.00896>
- Hudgins, M. K. (2000). The therapeutic spiral model to treat PTSD in action. In P. F. Kellermann & K. Hudgins (Eds.), *Psychodrama with Trauma Survivors: Acting Out Your Pain* (pp. 229–254). Jessica Kingsley Publishers.
- Hudgins, K. (2017). PTSD unites the world: Prevention, intervention, and training with the therapeutic spiral model. In C. E. Stout (Ed.), *Why global health matters: How to (Actually) make the world a better place* (pp. 286–324).
- Hudgins, K. (2019). Psychodrama revisited: Through the lens of the internal role map of the therapeutic spiral model to promote post-traumatic growth. *Zeitschrift Für Psychodrama Und Soziometrie, 18*(1), 59–74.
- Hudgins, M. K., Culbertson, R., & Hug, E. (2009). *Action against trauma: A trainer's manual*. University of Virginia: Foundations for the Humanities. Retrieved October 10, 2021, from <https://www.lulu.com/en/gb/shop/hudgins-culbertson-and-hug-/action-against-trauma-a-trainers-manual/ebook/product-1wzdyp85.html?page=1&pageSize=4>
- Hudgins, M. K., & Drucker, K. (1998). The containing double as part of the therapeutic spiral model for treating trauma survivors. *International Journal of Action Methods, 51*, 63–74.
- Hudgins, M. K., Drucker, K., & Metcalf, K. (2000). The containing double: A clinically effective psychodrama and sociodrama. *British Journal of Psychodrama and Sociodrama, 15*(1), 58–77.
- Hudgins, M. K., & Kiesler, D. J. (1987). Individual experiential psychotherapy: An analogue validation of the intervention module of psychodramatic doubling. *Psychotherapy: Theory, Research, Practice, Training, 24*(2), 245–255. <https://doi.org/10.1037/h0085711>
- Moreno, J. L. (1934). Who shall survive?: A new approach to the problem of human interrelations. *Nervous and Mental Disease Publishing Company*. <https://doi.org/10.1037/10648-000>
- Rauch, S. L., van der Kolk, B. A., Fislser, R. E., Alpert, N. M., Orr, S. P., Savage, C. R., Fischman, A. J., Jenike, M. A., & Pitman, R. K. (1996). A symptom provocation study of posttraumatic stress disorder using positron emission tomography and script-driven imagery. *Archives of General Psychiatry, 53*(5), 380–387. <https://doi.org/10.1001/archpsyc.1996.01830050014003>
- Moreno, Z. T. (2012). *To dream again: A memoir*. Mental Health Resources.
- Toscani, F. (1994). *The trauma survivor's intrapsychic role atom* [Workshop handout].

Chapter 2

The Experience of Trauma on the Self: Trauma Bubbles, Spiral Images, and the Autonomous Healing Center



Abstract After a 15-year intensive and extensive study of the research on the neurobiology of trauma, attachment, and post-traumatic growth, we have come to affirm that the self can only be understood through the mind–body integration. Research on experiential psychotherapy shows, without a doubt, that action methods are the treatment of choice for trauma-informed care. This chapter explains the theoretical integration of the therapeutic spiral model founded in clinical psychology, experiential psychotherapy, and clinically modified psychodrama. Clinical psychology defines what trauma is and looks at the history of Post-traumatic Stress Disorder (PTSD) around the world. Experiential principles of change include projective identification as it is now—a cornerstone of TSM psychodrama. Experiential psychotherapy anchors TSM psychodrama into a firm academic study of the self that is also supported by developments in interpersonal neurobiology. TSM fully embraces the core theories of spontaneity, creativity, and role from classical psychodrama, while clinically modifying original interventions to suit the needs of trauma survivors. Here, we add a new TSM focus from classical psychodrama—the autonomous healing center. Finally, we take these theories and share them in images that are user-friendly for clinicians and clients alike. The image of trauma bubbles clearly shows the chaos people often experience. Therapeutic and trauma spiral images are a shorthand for clients to communicate if they are triggered and need support. We end this chapter with a new visual of the autonomous healing center that has been imaged into colorful spirals through one of our art of integration projects.

Keywords Trauma · Neurobiology of trauma · Interpersonal neurobiology · Attachment theory · Psychodrama · The therapeutic spiral model · TSM psychodrama · Experiential psychotherapy · Trauma-informed care · Expressive arts · Sociatry · The autonomous healing center · Research

In this chapter, our goal is to present the core theoretical influences from clinical psychology, experiential psychotherapy, and classical psychodrama on the development and evolution of TSM psychodrama over the past 30 years.

From clinical psychology, we start with the definition of trauma and post-traumatic stress and discuss differences among countries around the world. We describe the concept of projective identification as one of the key psychological cornerstones of TSM psychodrama and its use in helping people change.

From experiential psychotherapy, we gain the concept of self as always reorganizing in the moment, which is key to all action methods. We also define the principles of experiential change: active experiencing, adaptive use of emotions, and regression in the service of ego. These all guide our clinically modified psychodrama interventions for safety and change in the here and now.

TSM has always adopted the classical psychodrama definition of self as spontaneous and creative, while it manifests through the roles people live in the world. Recently, we have embraced sociatry and, most importantly, the autonomous healing center, which was often spoken of by Zerka Moreno (2012) and is now a core TSM concept (Giacomucci, 2021a; Schreiber & Barcroft, 2013).

One of our leading contributions to the field of trauma-informed experiential care is our easy-to-use and adaptable images of how trauma is experienced. Trauma bubbles show dissociated and chaotic trauma in a way people can understand visually and intuitively. We detail the trauma spiral of depleted strength and the chaos of flashbacks, body memories, and survival defenses. We visualize the therapeutic spiral as a path to follow from the depths of nonverbal despair to the hope of healing and the future. We are delighted to provide the introduction to the new TSM image of the autonomous healing center that grew from an art of integration project.

2.1 Contributions from Clinical Psychology

The therapeutic spiral model has continuously implemented clinical psychology as the first level of foundational theory. Here, we offer a definition of trauma and discussion of PTSD around the world. The concept of post-traumatic growth is shown. We also explain the use of projective identification as key to understanding TSM psychodrama.

2.2 Definition of Trauma and PTSD

What exactly is trauma? TSM still applies Terr's (1991) early definition of trauma as an external experience or a series of experiences that make people temporarily helpless because normal defenses and coping strategies do not work at the time. As was said in Hudgins (2002):

I chose this definition because it describes trauma regardless of etiology, and thus avoids many of the controversial political and social issues that surround the definition of trauma in the global community. This definition applies to both adults and children. It is inclusive

and based on how the person experienced a traumatic situation, not on what stressor caused the event. (p. 10)

2.3 Post-Traumatic Stress Disorder (PTSD)

When PTSD was first added to the DSM in 1987, it was closely tied to the tragedies of the Vietnam War, and mostly seen as a psychiatric diagnosis emanating from such extreme conflicts. As the women's movement progressed, the impact of physical and sexual abuse on children began to be openly talked about, so PTSD became a more expanded category for treatment in the Western world. In 2013, APA totally restructured the DSM such that PTSD and other related diagnoses are now clearly tied to the experience of overwhelming stress, not to individual pathology. We are sure as the Covid-19 pandemic continues, PTSD and other stress-related diagnoses will only accelerate, making treatment options for trauma-informed care even more needed and valuable.

Interestingly, as TSM trainers experienced many cultures over the past three decades, we also found that PTSD is not yet a recognized diagnosis in many parts of the world (Hudgins, 2017). When working in South Africa, what we called PTSD was seen as demon possession, and tribal elders came to our workshop with goat entrails around their necks to ward off evil spirits. After 17 years of working in China, we have observed that many newly trained psychologists are only now considering PTSD as a legitimate diagnosis. We found the same with recent work in India, where people rely on coaches to do what is often deep psychological work. In these and other communal cultures, parents and grandparents, who are often steeped in their own traumas, are reluctant to accept that their behavior, and that of their society, impacted their children in severe ways.

2.4 Post-Traumatic Growth (PTG)

Many people who do trauma-informed work do not realize that only one-third of people who experience trauma develop psychiatric diagnoses. Two-thirds of trauma survivors actually become more resilient, better connected, and able to use their experience to help others. This is called post-traumatic growth (PTG) (Calhoun & Tedeschi, 2014) and is reflected in the area of positive psychology (Tomasulo, 2020).

During the early years of TSM exploration, we often did long and intense "trauma dramas," particularly on the stage at Black Earth. These conscious re-experiencing dramas with developmental repair (Hudgins, 2002) are good examples of how deeply we explored the safe re-enactment of actual body memories and scenes of trauma. As we have become more aware of the research on the neurobiology of trauma, theories of post-traumatic growth, and positive psychology, we have modified our actions, as well as our understanding of theory. While we still do TSM trauma dramas of full

conscious re-experiencing of trauma when needed, we now see that continuing to do repetitious trauma dramas can also be an indication that people are not progressing in their healing process.

2.5 Projective Identification

Many group and individual psychotherapists and trauma workers quake in their boots when people talk about projective identification (PI) and its disruptive influence on others. While it is true that uncontrolled PIs can totally take over groups, especially experiential ones, TSM has found a way to use them to support healing through interpersonal connections.

Bion (2013) started to normalize projective identification. He argued that projective identification is the basis of normal development and added the communicative aspect of projective identification. He developed the idea that an individual psychologically splits off strong emotional threats and places them in another individual with the intention of undergoing a change, until the result can be safely reversed.

The intrapsychic approach, which is what we use in the therapeutic spiral model, is mainly represented by Ogden (1979). He sees projective identification as an interpersonal process which is completed only when the projected material has been converted and returned. Shapiro and Carr (1993) describe projective identification between two or more persons as consisting of

- The projection or disavowal of an uncomfortable emotional aspect of ourselves.
- The discovery (through empathic resonance) of another person who has an attribute that corresponds to that aspect of ourselves that we are attempting to disavow.
- The willingness, conscious or not, of the other person to accept the projected attribute as part of himself.

Megele (2017) shows how the process of projective identification is working between child and caregiver in the figure below. Healthy parents serve as containers for the child's projection of unprocessed emotions and provide identifications that are essential to the child's normal development. While this is the standard understanding of projective identification, the therapeutic spiral model brings them out in the open, where they can be used in service of the group. Auxiliary egos are trained to notice projective identifications around the room and to help soothe and stabilize group members (Fig. 2.1).

This pathway for psychological change is interesting here because it refers to how projective identification begins as the keystone of emotional development in TSM psychodrama today. In later chapters, we describe more fully the cooperation of the whole group and TSM team members to carry emotionally burdensome projective identifications, processing the material, and giving it back to the protagonist. See Hogenboom's invited Chap. 6 for the evolution of projective identification in TSM teams and dramas.

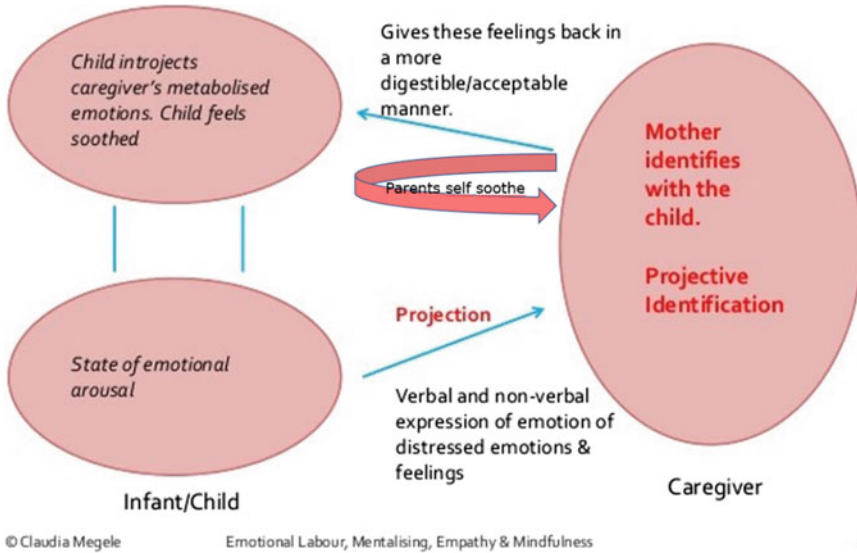


Fig. 2.1 Projective Identification *Note.* From “The Role of Emotional Labour, Mentalization, Empathy & Mindfulness in Practice Education” by Claudia Megele. Copyright 2015 by Claudia Megele. Reprinted with permission. Adaptation by Ina Hogenboom, MSc, TEP

2.6 Contributions from Experiential Psychotherapy

From the early traditions of humanistic psychology, experiential psychotherapy was scientifically validated (Greenberg, Watson, & Lietaer, 1998). Here, we describe the experiential definition of self and present research on neurobiology to corroborate this psychological theory. Experiential principles of change end this section before we present our TSM images.

2.7 Experiential Definition of Self

There is no longer any doubt that experiential methods are more powerful than talk therapy for trauma survivors (Giacomucci, 2021a; Greenberg, 2013; van der Kolk, 2014), and that the self is ever mobilizing toward wholeness. Greenberg and Balen (1998) describe the self as follows:

The term self refers not to an entity, but to the tacit level of organization that acts as the integrating agent of experience that separate what is me from what is not me. (p. 44)

It is this very principle of the self as always in an active state of self-organization that provides the hope needed for people bound to trauma or locked into diagnoses such as PTSD. In the therapeutic spiral model, we believe that when the self is

properly supported during or following trauma, people naturally seek spontaneous growth, beyond mere survival.

2.8 Interpersonal Neurobiology and Attachment

From 1992 to 1995, the clinical model of the therapeutic spiral developed separately, but concurrently, with the initial research on the neurobiology of trauma and attachment. It has now evolved through interpersonal neurobiology and polyvagal theory (Porges, 2017; Badenoch & Cox, 2013; Siegel, 2012; Cozolino, 2010; Panksepp, 1998).

Hudgins' (2002) brief description of neurobiology at its beginning stages states what we now know scientifically to be true:

No wonder trauma survivors say they cannot make sense of their trauma experiences. Literally, there are no words. Brains impacted by trauma are unable to put meaning to unprocessed experiences. These fragmented memories are then stored in the right brain and organized around affect, not words. Neurobiological research gives credence to the many personal stories of what it feels like to be a trauma survivor. (p. 12)

Other writers on the therapeutic spiral model draw even closer connections to what we long ago observed clinically, with the advances in neuroscience over the past 20 years (Giacomucci, 2020; Hudgins, 2017; Hug, 2013; Lawrence, 2015). Additional researchers and psychodrama practitioners have also incorporated the latest research on the neurobiology of trauma and group psychotherapy (Dayton, 2016; Gantt & Agazarian, 2013; Gantt & Badenoch, 2013; Flores, 2013; Baim, 2014) and post-traumatic growth (Tomasulo, 2020) into their work.

State-of-the-art MRIs show the actual brain is an ever-changing organization of neural networks, synaptic connections, chemicals, and even molecules as it interacts with the here and now of internal states and interpersonal relationships (Cozolino, 2015). The 2015 animated film *Inside Out* creatively brought the neuroscience of memory and emotions into popular American culture (Keltner & Ekman, 2015). Today, the description of the self as being in a constant state of flux in self-organization, based on past and present experiences, is no longer merely academic or hypothetical. Researched neurobiology shows it to be true.

2.9 Mirror Neurons

While we interweave advances in neurobiology throughout the book, we want to mention that the psychological function of projective identification is further supported by the discovery of mirror neurons in the brain. Mirror neurons become active when you observe what another person is doing. The observer's activated mirror neurons are located in the same brain region as the protagonist. It is as if

people copy the behavior of the other (internally) with their own mirror neurons. Molnar-Szakacs and Overy (2006) describe it as a mechanism to understand the meaning and intention of a communicative signal by evoking a representation of that signal in one's own brain.

2.9.1 Experiential Principles of Change

Before we move onto our final theory of classical psychodrama, we briefly want to state our belief in what makes people change in all experiential psychotherapies (Hudgins, 2007). The three original main principles of change used in TSM are (1) active experiencing, (2) use of adaptive emotions, and (3) regression in the service of the ego. While other experiential treatments continue to use these principles of change, projective identification is now included in TSM as the fourth principle of what makes people change during and after trauma.

2.9.2 Active Experiencing

All experiential practitioners know that the ability to be actively aware of one's own internal process, as it is happening, is the first step in changing traumatic responses. Teaching people that they can become aware of, and in fact change, the chaotic internal experience of trauma is life-saving. The key to this change is teaching trauma survivors self-regulation through spontaneity so that they can find new responses to intrusive memories, dissociated affect, and interpersonal difficulties that are common for these individuals.

2.9.3 Adaptive Use of Emotions

As the advances in neurobiology of trauma show us, uncontrolled emotional catharsis, or an "acting out" of feelings, is an all-too-common experience for trauma survivors and can cause negative changes to the brain. In TSM psychodrama, we guide clients to the identification of strong, unprocessed affect and provide them with support to express their long-dissociated feelings of terror, horror, rage, grief, and despair with clinical safety and care. This process leads to a catharsis of integration that connects both experience and meaning making.

2.9.4 Regression in the Service of the Ego

Another problem that can occur with experiential methods is that a client can be unpredictably triggered into different ego states, without the support to handle them with care. The therapeutic spiral model adds directions for safe regression in the service of the ego. This means that people in TSM psychodrama may choose to visit earlier ages, or explore various ego states, but this is done consciously and with full consent. This again allows the trauma survivor to stay safely in a window of tolerance that does not overwhelm the brain (Hudgins, 2007).

2.9.5 Classical and TSM Psychodrama

You will find that TSM has continually stayed true to the classical psychodrama theories of spontaneity, creativity, and role (Hudgins & Toscani, 2013). We have always seen the self as spontaneous and able to change and create new actions in the present—the perfect antidote to the frozenness of trauma. While there are many good books on classical psychodrama, Giacomucci's (2021a) book provides the most comprehensive presentation available today. Blatner (1996, 2004) has long been known for both theory and practice in classical psychodrama, while Orkibi & Feniger-Schaal (2019), Nolte (2014, 2020), and Baim (2014, 2017) provide up-to-date presentations as well.

TSM brings to classical psychodrama for trauma a shift in focus from interpersonal scenes to working with parts of self, what we call personal roles, that result from the internalization of the experience of trauma (Toscani, 1994; Hudgins & Toscani, 2013; Hudgins, 2019). As we worked globally with trauma, we found that people would bring problems that were caused by others and thus they focused on how to understand or to get others to change in their dramas. We also experienced intense transferences, countertransference, and projective identifications that often disrupted both training and client groups. Thus, we made the clinical decision that the therapeutic spiral needed to focus on internal roles that could be developed or changed. This method is meant to support trauma survivors with healthy internal self-organization, and is the first step in their process of psychological healing.

TSM has translated the three stages of warm-up, action, and sharing into a fully coherent three-stage model of experiential psychotherapy that uses all the original theories, methods, and interventions of psychodrama (Moreno, 2013; Moreno & Moreno, 1959). TSM adds clinically modified action structures and interventions designed to prevent uncontrolled regression and unchosen catharsis that can disrupt protagonists' spontaneity when facing trauma scenes. The TSM trauma survivor's role atom that is the focus of Chap. 3 shows how we use Moreno's role theory as an accessible method to communicate psychological concepts like ego states that are often not accepted in many communal cultures. Giacomucci (2021b) returns to the

canon of creativity to incorporate strength-based psychodrama modalities, such as TSM, once again into classical psychodrama theory.

2.9.6 Sociatry

To understand the deeper spiritual essence of both classical and TSM psychodrama, we need to explore a lesser-known area of Moreno's work called sociatry. Looking deep into the works of Moreno, Schreiber and Barcroft (2013) state that "sociatry is a process of awakening the Godhead in each of us, within groups, and across society" (p. 298). In reference to sociatry, he wrote:

The entire method is a spiritual practice designed by J.L. to bring a person to a direct experience of the Godhead in real time, in the present, embodied in the body. The work is designed to do that--it is the reason for the power of the method. (E. Schreiber, personal communication, April 27, 2020)

The Godhead is the embodied presence of spontaneity-creativity in each of us. Moreno's focus on healing social problems moved him to develop sociatry to encourage cultural and personal spiritual awakening. Sociatry has a lot in common with traditions which encompass spiritual enlightenment, such as those of the indigenous teacher we had at Black Earth. As Schreiber & Barcroft (2013) says, "sociatry offers homeopathic doses of the enlightenment experience with the purpose of providing a way for self to find inner equilibrium" (p. 299). Nolte (2014) describes "a society in which all individuals would be granted the opportunity to achieve their highest potential, a society where human resources would be maximized and not wasted" (p. 246). This is what Moreno wanted available for all humanity, regardless of race, religion, social standing, etc. (Moreno, 1934). Moreno understood this process would encompass both the spiritual nature of the saints and mystics as well as the logical reasoning of the physicists and scientists (Schreiber & Barcroft, 2013, p. 299).

In like manner, the therapeutic spiral model provides the clinical bridge between mystic sacred practice and practical psychological applications with regard to trauma recovery. TSM psychodrama methods focus on creating self-healing through the igniting of the autonomous healing center.

2.9.7 The Autonomous Healing Center in TSM Psychodrama

J. L. Moreno "...attributed healing to what is going on silently, mostly invisibly, in the body, and deep inside the self, not touched by words but through action, often continuing well after treatment. He termed it the 'autonomous healing center.'" (Moreno, 2012, p. 264). The autonomous healing center (AHC) is described as the power to heal oneself, and this self-healing happens when certain conditions are

met. Moreno's work in developing psychodrama was to help uncover a method that allowed for change to happen naturally. "The psychodramatic method helps the protagonist to access and stabilize an 'autonomous healing center' as an act of creativity" says Schreiber (2009, p. 2953). The therapeutic spiral model takes it one step further by creating a clinical map, a formula, that we believe actualizes the autonomous healing center through healthy self-organization, as is fully described in the next chapter.

2.9.8 Research: Evidence-Based Research for TSM

Unfortunately, another reason that classical psychodrama has not become more widespread is the difficulty of researching a method of experiential group psychotherapy in any meaningful way. However, this is gradually changing (Giacomucci, 2021b; Giacomucci & Marquit, 2020; Weiser, 2011). As already noted, TSM has always been anchored into mainstream psychological research on experiential psychotherapy looking at what makes people change. Kiesler and Hudgins (1987) researched psychodramatic doubling in a quantitative study that won the American Psychiatric Association's Graduate Student Award in 1986, placing the beginnings of TSM psychodrama into the solid body of research on experiential therapy as it began to focus on trauma studies.

Research began directly on TSM in 1998 with a quantitative study on the containing double, the first clinically modified TSM psychodrama intervention designed specifically to increase containment and self-regulation for people with PTSD (Hudgins & Drucker, 1998; Hudgins et al., 2000). These two initial quantitative studies, using a repeated measures design, showed statistically significant decreases in dissociation, depression, anxiety, and general symptoms of PTSD over just three individual therapy sessions. Lasting results were reported 6 months later by therapist interview.

McVea and Gow (2006) detail the importance of the role of auxiliaries in TSM and enhance the clinical knowledge of modified versions of classical psychodrama with implications for TSM (McVea et al., 2011). Hudgins, Culbertson, and Hug (2013) showed the effectiveness of the therapeutic spiral model when combined with literature, music, and public speaking in leadership training in the community following the collective trauma of 9/11 in the USA. In another community application, Perry, Saby, Wenos, Hudgins, and Baller (2016) demonstrated that the TSM action protocol for a three-day weekend produces increases in self-esteem and connection for women who served in Afghanistan and Iraq. Additional research is currently taking place in Taiwan, China, Egypt, and the USA on TSM and other clinical modifications of classical psychodrama. Dayton (2017) detailed neuro-psychodrama with trauma in an inpatient addiction center, showing significant improvement for patients in all psychodrama groups.

2.9.9 *The Visual Images of the Therapeutic Spiral Model*

In this last section, we now present the original graphic images of trauma bubbles and the trauma and therapeutic spirals created to help people find ways to express their trauma when few words are available (Hudgins, 2002). We have now added an image of the autonomous healing center to our visual images. These graphics speak to trauma survivors significantly beyond theory.

2.9.10 *Trauma Bubbles and Projective Identification*

Trauma bubbles were introduced in writing in Hudgins (2002) and described as

...encapsulated spheres of active psychological awareness that contain unprocessed experiences. These experiences are split off from conscious awareness. Like bubbles, they can be popped unexpectedly, pouring images, sensations, sounds, smells, and taste into awareness without words. (p. 21) (Fig. 2.2).

This image provides an easy way to understand what is occurring when body memories, sensory flashbacks, or intense feelings seem to come from nowhere when people are triggered. People can readily recognize that something in the present popped the bubble that floats around with them as unprocessed trauma experiences. Alers (2013) also found this image was embraced by tribal leaders who were seeking help for their families, but who did not have any knowledge of the psychology of trauma.

New to this book on TSM is the connection of the image of trauma bubbles with the sophisticated psychological concept of projective identification. Anyone who has been a trauma survivor or who has worked with trauma knows that a group

Fig. 2.2 TSM Trauma Bubble. *Note.* From *Experiential Treatment For PTSD: The Therapeutic Spiral Model* (p. 22), by Hudgins, 2002, Springer. Copyright 2002 by M. K. Hudgins. Reprinted with permission



of trauma survivors often feels chaotic with intense emotions, survival defenses, and interpersonal difficulties. To explain this unbridled emotion, TSM practitioners describe to group members that trauma bubbles are being tossed out into space and others in the group are picking them up unconsciously because they have their own unprocessed thoughts or feelings that are similar. Hence, trauma bubbles are actually an easy way to understand the process of projective identification in a group.

2.9.11 *The TSM Therapeutic Spiral*

There are three strands of the therapeutic spiral, which were created from the experiences of early pioneers in TSM as they came together to give direction to classical psychodrama for safety and containment, as noted in Hudgins (2002):

The therapeutic spiral is a visual image to help bridge the gap between active experiencing of trauma bubbles and the narrative labelling needed to complete cognitive processing. As a first intervention, unprocessed and disruptive sensorimotor experiences can be understood in the simple terms of the three strands of the spiral: energy, experiencing, and meaning. (p. 41)

While the names of the strands have changed a bit, the image remains the same. The therapeutic spiral is a triple helix with three different strands and an arrow pointing upward toward post-traumatic growth. Purple is for safety. Teal eases the experience of trauma. Rose shines a light on post-traumatic growth. Here, we look back on the original therapeutic spiral and see its minor changes since 1992 (Fig. 2.3).

Fig. 2.3 TSM Healthy Spiral Image. *Note.* From *Experiential Treatment For PTSD: The Therapeutic Spiral Model*, by Hudgins, 2002, Springer. Copyright 2002 by M. K. Hudgins. Reprinted with permission



2.9.12 Energy and Safety

The first strand of the therapeutic spiral model is one of the biggest contributions to classical psychodrama as trauma-informed care. While it was infrequent 30 years ago for psychodramatists to direct scenes of strengths before going directly to enacting trauma, many now do such scenes without even knowing that this model came from TSM. As a trauma survivor myself, and also evidenced by the experiences of our clients, we all knew the need to find roles of self-regulation, containment, and resilience before moving into overwhelming trauma on the stage. In the next chapter, we describe the specific roles that are prescribed in TSM to promote safety with clinically modified psychodrama for trauma.

2.9.13 Conscious Experiencing and Developmental Repair

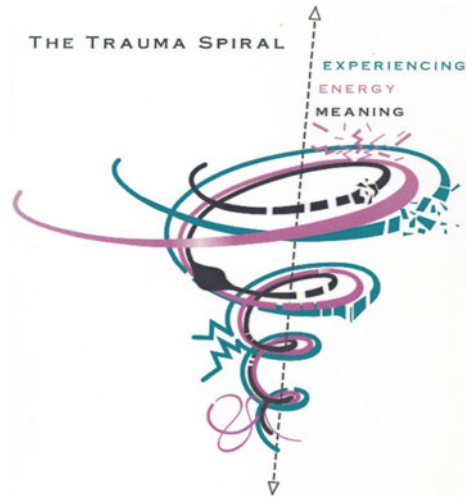
The second strand of the therapeutic spiral model focuses on enacting past traumas safely so people can experience new endings to old haunting images. The safe, active experience of internal self-organization is the key to TSM psychodramatic action. To prevent uncontrolled regression and unchosen catharsis, TSM clinically modified many of the standard classical psychodramatic interventions for safety and containment, as unprocessed trauma scenes are re-enacted with conscious awareness. Another main difference from classical psychodrama is TSM's emphasis to directors that they do NOT follow the protagonist when first starting to work on trauma. This prevents the protagonist from unwittingly leading the group into the trauma spiral that holds all their unprocessed experiences, leading the group into chaos. The TSM trauma survivor's internal role atom instead guides the experiencing of the enactment of trauma for safety and containment. This allows projective identifications to be used as roles in a drama in the service of the protagonist and the group.

2.9.14 The TSM Trauma Spiral

The original TSM trauma spiral image vividly shows the energetic disruptions of body memories, flashbacks, explosive emotions, and out-of-control behaviors.

When trauma hits, the spiral map is frozen in time. The stands of energy, experiencing, and meaning do not interact or blend. Instead, they become fixed, crushed by the trauma. Conscious movement up and down the spiral becomes struck, chaotic, and unpredictable. The image of the trauma spiral shows the uncontrolled energy. Experiencing becomes constricted or explosive and dangerous. Personal narratives are not connected to what really happened in life, and so provide poor guides for the future. (Hudgins, 2002, pp. 41–42) (Fig. 2.4).

Fig. 2.4 TSM Trauma Spiral Image. *Note.* From *Experiential Treatment For PTSD: The Therapeutic Spiral Model*, by Hudgins, 2002, Springer. Copyright 2002 by M. K. Hudgins. Reprinted with permission



2.9.15 *Meaning Making and Post-Traumatic Growth*

In the original conceptualization of the three strands of the spiral, the final one was called meaning and eventually, meaning making. This came from my experience as a clinical psychologist and followed the terminology of the three stages of trauma healing that started with Courtois (1988), and Herman (1997). Today, we call the third strand post-traumatic growth (PTG). It is more all-encompassing than meaning making, which can suggest a purely cognitive change. As PTG suggests, the entire self-organization is changed when new experiences cause positive changes in body, mind, heart, spirit, and relationships with self, others, and the world.

In 2013, we visually shared this image of the trauma spiral with a group of Playback Theatre members in Jenin, Palestine. A woman who had lost both her husband and son in the ongoing wars collapsed onto her knees and cried out, “Finally, someone understands how I feel. It is like I am both falling apart and exploding out into space. It feels like a vortex from the past that has the power to draw me without me even noticing. Please help me get back up to the therapeutic spiral.”

2.9.16 *Images of the Autonomous Healing Center*

One of the most exciting additions to the extensive writings on the therapeutic spiral model for the past 30 years is a recent occurrence. Steven Durost and Scott Giacomucci brought the autonomous healing center (AHC) concept to my awareness as senior students of TSM. I was fully won over when Steven adapted an easy art project to make the invisible AHCs visible, colorful, and alive. What we continually



Fig. 2.5 Photos of AHCs from around the world

see is that people around the world all have an AHC that can be accessed to start the spontaneity needed for full trauma repair in TSM psychodrama! (Fig. 2.5).

While this art project shows the beauty of a simple way to concretize and express the autonomous healing center, it is clear how it is woven, both theoretically and practically, into all the work presented in this book.

We now extend an invitation for you to create your own AHC through the straightforward directions given in Chap. 15 on the art of integration. Using just two pieces of paper and some simple pastels, you can continue to make your reading of this book more experiential for yourself. Art of integration projects help engage left and right brain learning for full-body knowledge.

2.9.17 Conclusion

This chapter is the bridge from the theoretical expansions of TSM psychodrama over the past 25 years to a return to the user-friendly descriptive style of the original Hudgins (2002) book. Keeping the concept of the self as continuously re-organizing in moment-to-moment awareness has provided many trauma survivors with an antidote to shame or blame, leftover from traumatic experiences. The exponential growth in research on the interpersonal neurobiology of trauma and attachment has only further validated TSM psychodrama as a trauma-informed model of experiential psychotherapy for trauma using clinically modified psychodrama. Most importantly, TSM psychodrama adds a clinical eye to directing psychodrama with trauma so it can be done safely and more effectively.

This chapter also expands on several concepts relevant to the current state of the therapeutic spiral model. We integrate the influence of clinical psychology on projective identification into the way we currently direct TSM sessions online and in person. This concept, while long used in TSM, has finally been fully expounded

upon, thanks to the work of Ina Hogenboom M.Sc., TEP from the Netherlands who writes the guest chapter that further delineates this core addition to TSM theory (see Chap. 6). From classical psychodrama, we introduce the additional concept of the autonomous healing center and its connection to current trauma literature on post-traumatic growth, ending with beautiful images of the AHC from around the world in one of our most recent art of integration projects.

Also seen in this chapter are the visual images that were first used, mostly in their original forms. Trauma bubbles, the therapeutic spiral, and trauma spirals have given thousands of trauma survivors ways to communicate a level of nonverbal distress not usually available to them. While we initially created these images to support women and men in the USA working on childhood sexual and physical abuse, we now see their extended reach of TSM across languages and cultures. Some things truly cannot be described in words, making visuals imperative to support trauma survivors to share the inner chaos they often experience without containment.

Most importantly, we not only introduced the concept of the autonomous healing center, but you are able to see the AHC come alive if you have the electronic form of this book. We have also invited you to draw your own AHC. We hope that you are feeling cognitively safe as your mind is filled with the theories and applications of TSM psychodrama.

The next chapter begins with a demonstration of the step-by-step system of TSM psychodrama for safety and post-traumatic growth, completing section I of the core of TSM psychodrama. We include an explanation of the clinical map to which we have been referring in these first two chapters and show it in action.

References

- Alers, V. (2013). Therapeutic spiral model perspective from South Africa—The rainbow nation. In K. Hudgins & F. Toscani (Eds.), *Healing World Trauma with the Therapeutic Spiral Model* (pp. 285–302). Jessica Kingsley Publishers.
- American Psychiatric Association (Ed.). (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- Baim, C. (2014). Integrating psychodrama with attachment theory: Implications for practice. In P. Holmes, M. Farrall, & K. Kirk (Eds.), *Empowering therapeutic practice: integrating psychodrama into other therapies*. London: Jessica Kingsley Publishers.
- Baim, C. (2017). Psychodrama. In C. Feltham, T. Hanley, & L. A. Winter (Eds.), *The sage handbook of counselling and psychotherapy* (4th ed.). Los Angeles, CA and London: Sage Publications.
- Bion, W. R. (2013). Attacks on linking. *The Psychoanalytic Quarterly*, 82(2), 285–300. <https://doi.org/10.1002/j.2167-4086.2013.00029.x>
- Blatner, A. (1996). *Acting-In: Practical applications of psychodramatic methods* (3rd ed.). Springer Publishing Company.
- Blatner, A. (2004). Psychodrama. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (7th ed.). Brooks Cole.
- Calhoun, L. G., & Tedeschi, R. G. (Eds.). (2014). *Handbook of posttraumatic growth*. Routledge. <https://doi.org/10.4324/9781315805597>
- Courtois, C. A. (1988). *Healing the incest wound: Adult survivors in therapy*. W. W. Norton & Company.

- Cozolino, L. (2010). *The neuroscience of psychotherapy: Healing the social brain* (2nd ed.). W. W. Norton & Company.
- Cozolino, L. (2015). *Why therapy works: Using our minds to change our brains* (1st ed.). W. W. Norton & Company.
- Dayton, T. (2016). Neuropsychodrama in the treatment of relational trauma: Relational trauma repair—An experiential model for treating posttraumatic stress disorder1. *The Journal of Psychodrama, Sociometry, and Group Psychotherapy*, *64*(1), 41–50. <https://doi.org/10.12926/0731-1273-64.1.41>
- Flores, P. (2013). Group psychotherapy and neuro-plasticity: An attachment theory perspective. In B. Badenoch & S. P. Gantt (Eds.), *The interpersonal neurobiology of group psychotherapy and group process* (1st edition, pp. 51–72). Routledge.
- Gantt, S., & Agazarian, Y. (2013). Developing the group mind through functional subgrouping: Linking systems-centered training (SCT) and interpersonal neurobiology. In B. Badenoch & S. P. Gantt (Eds.), *The interpersonal neurobiology of group psychotherapy and group process* (1st ed., pp. 73–102). Routledge.
- Gantt, S. P. & Badenoch, B (Eds.). (2013). *The interpersonal neurobiology of group psychotherapy and group process* (1st ed.). Routledge.
- Giacomucci, S. (2021a). Social work, sociometry, and psychodrama: Experiential approaches for group therapists, community leaders, and social workers. *Springer Singapore*. <https://doi.org/10.1007/978-981-33-6342-7>
- Giacomucci, S. (2021b). Traumatic stress and spontaneity: Trauma-focused and strength-based psychodrama. In J. Maya & J. Maraver (Eds.), *Psychodrama: Advances in psychotherapy and psychoeducational interventions*. Nova Science Publishers, Inc.
- Giacomucci, S., & Marquit, J. (2020). The effectiveness of trauma-focused psychodrama in the treatment of PTSD in inpatient substance abuse treatment. *Frontiers in Psychology*, *11*, 896. <https://doi.org/10.3389/fpsyg.2020.00896>
- Greenberg, L. S. (2013). Anchoring the therapeutic spiral model into research on experiential psychotherapies. In K. Hudgins & F. Toscani (Eds.), *Healing world trauma with the therapeutic spiral model: Psychodramatic stories from the frontlines* (pp. 132–148). http://www.123library.org/book_details/?id=58841
- Greenberg, L. S., & Van Balen, R. (1998). The theory of experience-centered therapies. In *Handbook of experiential psychotherapy* (pp. 28–57). Guilford Press.
- Greenberg, L. S., Watson, J. C., & Lietaer, G. (Eds.). (1998). *Handbook of experiential psychotherapy*. Guilford Press.
- Herman, J. L. (1997). *Trauma and recovery* (Rev. ed.). BasicBooks.
- Hudgins, K. (2002). *Experiential treatment for PTSD: The therapeutic spiral model*. Springer Pub. Co.
- Hudgins, K. (2007). Clinical foundations of the therapeutic spiral model: Theoretical orientations and principles of change. In C. Baim, J. Burmeister, & M. Maciel (Eds.), *Psychodrama: Advances in Theory and Practice* (1st edition, pp. 175–188). Routledge.
- Hudgins, K. (2017). PTSD unites the world: Prevention, intervention, and training with the therapeutic spiral model. In C. E. Stout (Ed.), *Why global health matters: How to (Actually) make the world a better place* (pp. 286–324).
- Hudgins, K. (2019). Psychodrama revisited: Through the lens of the internal role map of the therapeutic spiral model to promote post-traumatic growth. *Zeitschrift Für Psychodrama Und Soziometrie*, *18*(1), 59–74. <https://doi.org/10.1007/s11620-019-00483-7>
- Hudgins, K., & Toscani, F. (2013). *Healing world trauma with the therapeutic spiral model: Psychodramatic stories from the frontlines*. http://www.123library.org/book_details/?id=58841
- Hudgins, M. K., Drucker, K., & Metcalf, K. (2000). The containing double: A clinically effective psychodrama and sociodrama. *British Journal of Psychodrama and Sociodrama*, *15*(1), 58–77.
- Hudgins, M. K., & Drucker, K. (1998). The containing double as part of the therapeutic spiral model for treating trauma survivors. *The International Journal of Action Methods*, *51*(2), 63–74.

- Hug, E. (2013). A neuroscience perspective on trauma and action methods. In K. Hudgins & F. Toscani (Eds.), *Healing world trauma with the therapeutic spiral model: Psychodramatic stories from the frontlines* (pp. 111–132). http://www.123library.org/book_details/?id=58841
- Keltner, D., & Ekman, P. (2015, July 3). Opinion | The Science of ‘Inside Out.’ *The New York Times*. <https://www.nytimes.com/2015/07/05/opinion/sunday/the-science-of-inside-out.html>
- Kiesler, D., & Hudgins, K. (1987). Individual experiential psychotherapy: An initial validation study of the intervention module of psychodramatic doubling. *Psychotherapy: Theory Research, Practice, Training*, 24, 245–255.
- Lawrence, C. (2015). The caring observer: Creating self-compassion through psychodrama. *The Journal of Psychodrama, Sociometry, and Group Psychotherapy*, 63(1), 65–72. <https://doi.org/10.12926/0731-1273-63.1.65>
- Mcvea, C., & Gow, K. (2006). Healing a mother’s emotional pain: Protagonist and director recall of a therapeutic spiral model (TSM) session. *Journal of Group Psychotherapy, Psychodrama, & Sociometry*, 59(1), 3–22. <https://doi.org/10.3200/JGPP.59.1.3-22>
- McVea, C. S., Gow, K., & Lowe, R. (2011). Corrective interpersonal experience in psychodrama group therapy: A comprehensive process analysis of significant therapeutic events. *Psychotherapy Research*, 21(4), 416–429. <https://doi.org/10.1080/10503307.2011.577823>
- Megele, C. (2017). *The role of emotional labour, mentalization, empathy & mindfulness in practice education*. Retrieved October 11, 2021, from https://www.academia.edu/13656673/The_Role_of_Emotional_Labour_Mentalization_Empathy_and_Mindfulness_in_Practice_Education
- Molnar-Szakacs, I., & Overy, K. (2006). Music and mirror neurons: From motion to ‘e’motion. *Social Cognitive and Affective Neuroscience*, 1(3), 235–241. <https://doi.org/10.1093/scan/nsi029>
- Moreno, J. L. (1934). Who shall survive?: A new approach to the problem of human interrelations. *Nervous and Mental Disease Publishing Company*. <https://doi.org/10.1037/10648-000>
- Moreno, J. L., & Moreno, Z. T. (1959). *Foundations of psychodrama* (Vol. 2).
- Moreno, Z. (2013). A life in psychodrama. In K. Hudgins & F. Toscani (Eds.), *Healing world trauma with the therapeutic spiral model: Psychodramatic stories from the frontlines* (pp. 33–48). http://www.123library.org/book_details/?id=58841
- Moreno, Z. T. (2012). *To Dream Again: A Memoir*. Mental Health Resources.
- Nolte, J. (2014). *The philosophy, theory and methods of J. L. Moreno: The man who tried to become god* (1st ed.). Routledge.
- Nolte, J. (2020). *J.L. Moreno and the psychodramatic method: On the practice of psychodrama* (1st ed.). Routledge.
- Ogden, T. H. (1979). On projective identification. *International Journal of Psychoanalysis*, 60(3), 357–373.
- Orkibi, H., & Feniger-Schaal, R. (2019). Integrative systematic review of psychodrama psychotherapy research: Trends and methodological implications. *PLoS ONE*, 14(2), e0212575. <https://doi.org/10.1371/journal.pone.0212575>
- Panksepp, J. (1998). The periconscious substrates of consciousness: Affective states and the evolutionary origins of the self. *Journal of Consciousness Studies*, 5(5–6), 566–582.
- Perry, R., Saby, K., Wenos, J., Hudgins, K., & Baller, S. (2016). Psychodrama intervention for female service members using the therapeutic spiral model. *The Journal of Psychodrama, Sociometry, and Group Psychotherapy*, 64(1), 11–23. <https://doi.org/10.12926/0731-1273-64.1.11>
- Porges, S. W. (2017). *The pocket guide to the polyvagal theory: The transformative power of feeling safe* (Illustrated edition). W. W. Norton & Company.
- Schreiber, E. (2009). Psychodrama, sociometry, sociodrama, and sociatry. In B. J. Sadock, V. A. Sadock, P. Ruiz, & H. I. Kaplan (Eds.), *Kaplan & Sadock’s comprehensive textbook of psychiatry* (9th ed., pp. 2952–2957). Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Schreiber, E. J. & Barcroft, A. (2013). The enlightenment tradition of Jacob Levy Moreno and the legacy of sociatry. In S. B. Linden (Ed.), *The heart and soul of psychotherapy: A transpersonal approach through theater arts, drama therapy—Psychodrama—Transformational theater*. Trafford Publishing. ISBN: 978-1-4669-7335-0, 978-1-4669-7336-7

- Shapiro, E., & Carr, A. W. (1993). *Lost in familiar places: creating new connections between the individual and society* (Reissue ed.). Yale University Press.
- Siegel, D. J. (2012). *The developing mind, second edition: how relationships and the brain interact to shape who we are* (2nd ed.). The Guilford Press.
- Terr, L. C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*, 148(1), 10–20. <https://doi.org/10.1176/ajp.148.1.10>
- Tomasulo, D. J. (2020). *Learned hopefulness*. New Harbinger Publications, Inc.
- Toscani, F. (1994). The trauma survivor's intrapsychic role atom. Workshop handout. Madison, WI: Center for Experiential Learning.
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking Press

Chapter 3

The Trauma Survivor's Internal Role Atom: TSM's Clinical Map for Safety



Abstract This chapter details TSM psychodrama's three-stage model of experiential psychotherapy and clinically modified psychodrama to safely work with trauma in the global community (Hudgins and Toscani, *Healing world trauma with the therapeutic spiral model: Psychodramatic stories from the frontlines*, 2013). When the therapeutic spiral model was first published (Hudgins, Kellermann and Hudgins (eds), *Psychodrama with trauma survivors: Acting out your pain*. Jessica Kingsley Publishers, pp. 229–254, 2000; Hudgins, *Experiential treatment for PTSD: The therapeutic spiral model*. Springer Pub. Co., 2002), we described the trauma survivor's internal role atom that includes prescriptive, trauma-based, and post-traumatic growth roles. Here we discuss the progression from classical psychodrama's social and internal role atoms (Hale, *Conducting clinical sociometric explorations: A manual for psychodramatists and sociometrists*. Royal Pub., 1985) to one that is trauma-specific, with the roles representing internal and introjected parts of self. While many psychodramas for trauma now begin with concretizing strengths, roles of containment, and self-regulation, it is only TSM that created an entire clinically focused internal role map to guide both single sessions and long-term experiential trauma-informed care. This chapter presents the idea that spontaneity can be operationalized into roles, and that those roles can then be used to activate our autonomous healing centers. Only then does TSM's clinical map move to a second level, the TSM trauma triangle, which includes victim, perpetrator, and abandoning authority roles. Finally, roles of post-traumatic growth are presented that help to concretize developmental repair and provide guides for the future. You are invited to create your own TSIRA in action as you read along.

Keywords TSIRA · Trauma survivor's internal role atom · Trauma · Psychodrama · The therapeutic spiral model · TSM psychodrama · TSM · Post-traumatic growth · Trauma-informed care · Clinical map · Safety · Three-stage model · Social atom · Role atom · Internal role atom · Prescriptive roles · Trauma-based roles · Post-traumatic growth roles · Individual therapy · Group psychotherapy · Window of tolerance · International examples · Research

Imagine for a moment that you are traveling through a war-torn country. Many areas are still actively on fire, roads are washed away, mangled noises of sirens, screams, and gunshots fill the air, while buildings and structures are in desperate need of repair. Now imagine that there is a map that can lead you through this mess to safety. Trauma survivors, and those persons who work with them, know this scene intimately, and the relief of finding this map is palpable. That map is the trauma survivor's internal role atom (TSIRA) (Hudgins, 2019).

The trauma survivor's internal role atom was developed and defined over the course of three years from 1992–1995 as a trauma-informed guide for experiential psychotherapy for the treatment of PTSD and other trauma-related problems (Toscani, 1994). Through decades of practice, observation, and research, this map has only evolved through the years. The TSIRA is a clinical guide for trauma therapists, trauma workers, educators, and even clients to make sense of the internal and often chaotic reality of people's self-presentation following trauma.

The trauma survivor's internal role atom provides a clear, intentional, and clinical approach to working with trauma survivors by naming scenes, feelings, and thoughts, thus normalizing their experiences. The route laid out by the TSIRA helps increase strengths, attend to defenses, work on trauma, and reach post-traumatic growth. Just as in any map, there is terminology and background information that is presented to use the map effectively. See Appendix A for a full glossary of terms.

This chapter explains the foundational layers of theory upon which the TSIRA is built and guides you through the internal roles that trauma survivors can access to advance to post-traumatic growth. We detail these roles, their place, and the important clinical use of the TSIRA, as well as in the person's everyday life. We are most excited, also, to engage you in an experiential learning of the TSIRA. At the end of each role presentation, you will be invited to participate in a personal arts-based exploration of the TSIRA. Please take the time to follow the "Invitations," as they will only enhance your cognitive and body-based learning of the TSIRA, and your own post-traumatic growth.

3.1 Classical Psychodrama Role Theory: A Building Block of the TSIRA's Clinical Map

Steven relates his introduction and experience with the TSIRA.

I worked with Dr. Kate for years before realizing the letters in the word TSIRA were built on a good deal of theory. It was not just a made-up word with an odd pronunciation; it was not just some TSM psychodrama jargon. This moment of awareness happened during a TSM workshop in which the TSIRA role descriptions were printed on placards and laid out on the floor. Seeing the visual of someone standing amid the roles concretized the idea that Dr. Kate repeatedly stated, 'The TSIRA is a clinical map.' I then printed a set of my own floor cards and created a presentation in which I walk through the TSIRA, showing how it truly is the guide to all trauma work, including talk therapy, arts-based therapies, and action methods.

To understand the TSIRA, the trauma survivor's internal role atom, we need to break the acronym into its three component parts starting from the end. "Role atom": having developed from the Morenian concept of a social atom. "Internal": reflecting a focus shift from external social connection to internal concepts of self. And "trauma survivor's": holding the clinically attuned roles that reflect the survivor's inner reality as well as the inner structure needed to move to post-traumatic growth. In this section, you will see how TSM psychodrama has always utilized role theory to help make trauma-informed experiential therapy more user-friendly.

3.2 Role Atom from Moreno's Social Atom

A role atom is based on the Morenian concept of a sociogram, which depicts a person's social connections through a diagram (Hale, 1985). Initially, this diagram was drawn as a bull's eye pattern in which relationships were shown to be more important or not depending on how close or far away they were positioned in the diagram through concentric circles. Eventually, the image was changed to show the person in the center with lines going outward to connect with representations of their social connections. When drawn, the structure looks like a basic atom as it was known in Moreno's day...thus, the name (Hale, 1985).

A social atom shows a client's social connections, such as a parent, daughter/son, employee, caregiver, board member, car owner, artist, schoolteacher, or yoga student, and the impact of those relationships on the client's life.

3.3 Internalized Roles

Each role in the role atom above can be dissected to show its component parts. These parts are the inner qualities that, when assembled, comprise the external role. These internal roles live inside our heads and may show up as inner voices, giving us encouragement, replaying our trauma, or moving us to new possibilities. Hale's (1985) diagram and concept of internal roles was a formative building block in the TSIRA, helping the originators move from classical psychodrama's focus on the intersection of the social roles to a focus on the component internalized parts that comprise a trauma survivor (Hudgins, 2019; Hudgins & Toscani, 2013; Toscani, 1994).

3.4 Internalized Roles for Trauma Survivors

For many survivors, the sense of self as held by the internal role atom is heavily weighted by the trauma roles and the chaos of trauma bubbles. However, the survivor

has many remarkable internal strengths, as evidenced by the fact that they survived the trauma and have essentially progressed with their life. Often, they have lost sight of their stronger parts of self. They have forgotten the existence of their strengths, and need to be retaught, and/or need to have other strengths added to their internal role atom and psychic repertoire. In TSM, we begin with prescriptive roles, ones the clinician prescribes as needed for strength and support to progress in the drama or work. These roles move through the trauma triangle roles with spontaneity and creativity and emerge with new meaning making as part of post-traumatic growth. This is our map to connect with your autonomous healing center.

For clinicians, directors, clients, protagonists, and groups alike, knowledge of the internal map and the roles helps the trauma survivor's work to be intentional, clear, focused, safe, and productive. Following the TSIRA keeps the trauma survivor from moving to the trauma so quickly that they are re-traumatized. Rather, the TSIRA tells us we must have enough strengths activated for our autonomous healing center to move safely to and through the trauma to reach post-traumatic growth. The most recent update in visual form can be found in diagram 3.1 below thanks to Hong Kheng, a current senior student of TSM psychodrama.

3.5 The TSM TSIRA's Three-Stage Clinical Role Map

The TSIRA's basic structure is a three-stage process model of trauma-informed experiential change that works with inner parts of self and is based on the role theory already discussed (Hudgins, 2019). The three stages are:

Stage 1: Engaging the strength-based or prescriptive roles to increase spontaneity and activate the autonomous healing center,

Stage 2: Working through the internalization of the traumatic experiences as defined through the TSM trauma triangle roles, and

Stage 3: Expanding the transformative or post-traumatic growth roles.

As we move through this chapter, we invite you to develop a creative representation of your own internal role atom. This process provides both a cognitive and experiential understanding of the TSIRA, offsetting trauma with strengths, and leading to more post-traumatic growth. We will work with you to re-formulate your own internal roles as part of your experiential learning. It is a TSM belief that anyone who works with trauma, or has experienced it themselves, can benefit from creating their own internal role atom. Remember, our internal role atoms are always in motion, and working with them can help us create an internal self-organization that has great energy. Please take the time when invited to pause your reading and engage in the process for a fuller experience of the TSIRA.

TSIRA Invitation

We ask you now to gather some colorful markers, pens, crayons, and/or oil pastels, along with a good size piece of blank paper. In the center of the paper, draw a symbol to represent yourself. You may choose to show yourself as a heart, a star, a bird, some mountains, whatever feels right. Feel what symbol reflects the truest, positive you. Let yourself imagine your autonomous healing center.

You may be more inclined to represent the art project in three dimensions by finding objects and gathering them together in a place where you can observe them throughout your reading of the book. If so, then find an object in the room to represent you and place it near you.

We will invite you at the end of each section to add to your art piece. Do not worry about what it looks like. It is the process of building your TSIRA step by step that heals, not the product. By the end of this chapter, you will have an artistic representation of your own internal role and a good right brain/left brain understanding of the concepts.

3.6 Stage 1: Prescriptive Roles

Stage 1 prescriptive roles are roles everyone needs in order to face the impact of trauma with spontaneity, creativity, and a fully activated autonomous healing center. Trauma survivors often “fall into” the trauma spiral, repetitiously. Body memories, flashbacks, intense emotions, and survival defenses can take over one’s mind and actions unpredictably at times. It is by learning to engage in strengths and containment that people can hold their trauma with conscious awareness, allowing the space for developmental repair (Giacomucci, 2021). The prescriptive roles provide the psychological functions of observation, containment, and restoration to promote healthy self-organization.

This is one of our most profound additions to classical psychodrama. Many psychodrama directors now begin their work with some attention to building resources, and it was the therapeutic spiral model that first introduced that idea in a clinical manner. TSM psychodrama helps directors see their sessions through the eyes of a clinical psychologist. The experiential psychotherapist and trauma worker focus on what is psychologically needed to maintain safety for all.

The roles were developed when the original research group observed the cyclical nature of people re-traumatizing themselves with their trauma stories. We saw that trauma survivors often did not have the spontaneity and creativity needed to return to the trauma scene in a drama without dissociation, uncontrolled regression, and unchosen catharsis. Thus, much like a physician gives a prescription to a patient to decrease symptoms or improve health, so too does the director prescribe roles during the first stage of the TSIRA.

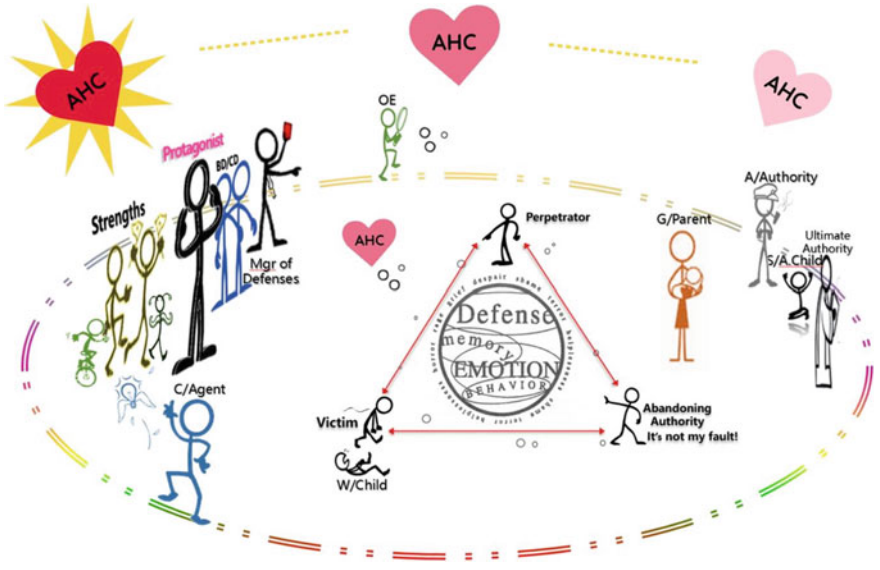


Fig. 3.1 Hong Kheng’s 2020 TSIRA Diagram. Note: From “TISIRA Diagram” by Hong Kheng, 2020

There are eight specific prescriptive roles in our clinical map of the TSIRA (see Fig. 3.1). Each role is a clinical action intervention meant to ground, stabilize, and resource the protagonist and group. Prescriptive roles follow the psychological functions to observe the self, to restore the self, and to contain what is there in terms of feelings and unprocessed trauma material. It is our belief that these roles concretize spontaneity and creativity and then activate the autonomous healing center to begin the trauma repair process.

During each of the three stages of the therapeutic spiral model (prescriptive, trauma-based, and post-traumatic growth roles), we present a description of all roles and the psychological purpose they serve. For each function, we present one example to show how we concretized one of the roles serving that function. At the end of each stage, we invite you to create your own TSIRA in action on paper with markers or as a three-dimensional experience with objects on hand.

3.7 Roles of Observation

When looking at the TSIRA, you will see that the first set of prescriptive roles is of observation. Roles of observation help the protagonist and the group to see and experience themselves objectively and neutrally, from a place of “no shame and no blame” in the here and now. The observer roles provide an unbiased cognitive container for people to see themselves and events clearly, even when triggered. The

roles of observation are the observing ego (OE) and the client role, used separately in a drama for specific reasons. Together, they immediately provide a safe place for the mind to stay present, aiding the participant in finding how to activate their AHC. Both roles help the participant notice, without shame or blame, what behaviors are spontaneous and creative, in contrast to repetitious trauma responses, so that change can begin. The roles are clinical in nature in that they are employed by the director and team as needed to help the participant move to a place of full-body mindfulness in the here and now. This is the first step in spontaneity.

Stage 1—Prescriptive Roles

Function: Observation

Role: Observing Ego (OE)

The first role in all TSM work. The OE establishes a physical space outside the action as a cognitive container. It neutrally sees the action without shame or blame. This role keeps people in the here and now.

3.7.1 Observing Ego

The observing ego (OE) is the first clinical role established in all TSM sessions. Trauma survivors are often so caught up in their trauma narrative that their response to any situation is colored by this story, thus change is a monumental task. The OE in TSM is a place of physical and cognitive self-awareness that helps the protagonist stay in or return to their window of tolerance while engaging in experiential trauma therapy. The observing ego helps the protagonist to see facts without judgment and to see what new options are available for spontaneity and creativity. The role can also help expand the client's window of tolerance by supporting healthy internal self-organization to hold emotional neutrality, even when triggered. This neutral observation of thoughts, feelings, and actions allows the brain's cognitive processing centers to remain present and engaged, leading to true long-term trauma integration. We believe this is the first step in the TSM formula to activate the AHC, since through the OE it becomes possible to see a new story of change. We hypothesize it increases cortical functioning in the thinking centers of the brain.

When participants walk into a TSM workshop for the first time, long before a drama will be done, they are asked to choose an inspirational TSM card, usually laid out on the floor around a pile of colorful scarves (Fig. 3.2).

TSM team members explain that the cards represent a place that can hold the role of "no shame and no blame", one of pure observation. Participants share with one another the reason they chose the card they did. Often role reversal is done with the picture on the card and the group practices a state of neutrality. This activity can be done in person or online as our example here shows.

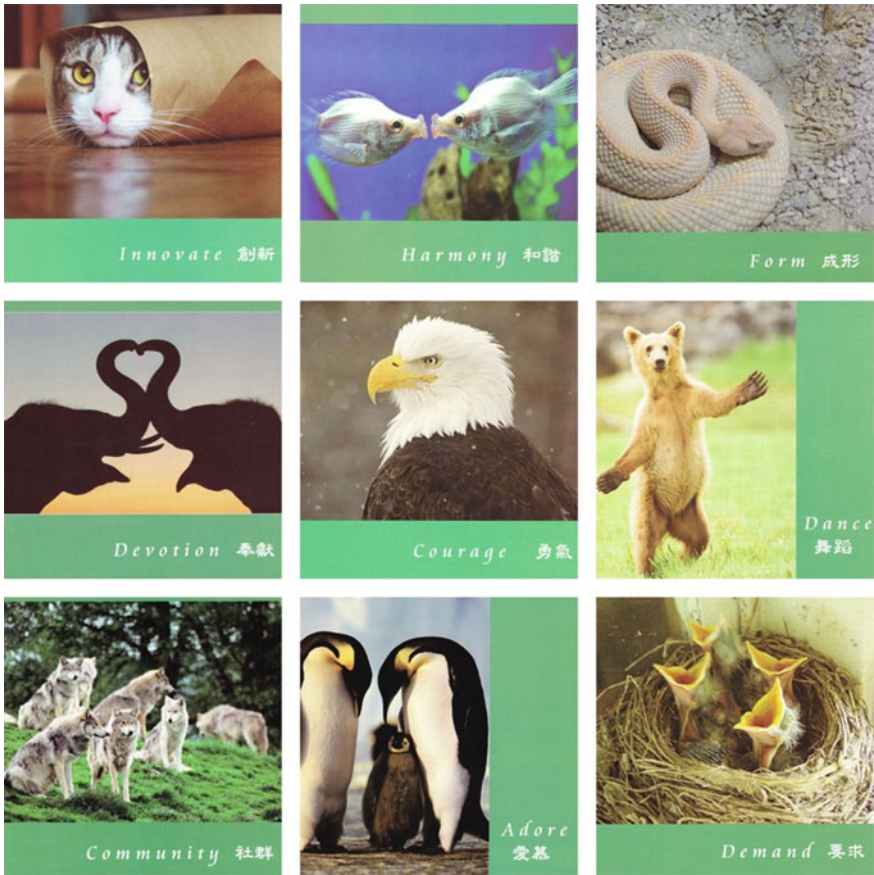


Fig. 3.2 TSI Animal Cards. Note: From “Animal Cards” by Therapeutic Spiral Institute, 2008. Images provided by Joshua Lee

In an online TSM Leadership Group following the home restrictions of the Covid-19 pandemic, we asked participants to pick an object in their own personal space to represent their observing ego during a Zoom session. They were familiar with this request, and could readily type the message from their OE into the chat function to share. However, we wanted to do something more embodied to increase spontaneity and ignite the AHC in our bodies, as well as stabilize our minds. Here are a few responses in a multicultural group online to the TSM call to become the OE through role reversal with the object to increase physical body awareness.

Director: “Please find an object in your room, the space you are sitting in, to represent your observing ego. Remember it is an object that holds the no shame no blame view of self. When you have found that object, please push your chairs back. Stand up and take the body posture from the object you have chosen. Hold the object you have chosen in front of your heart as you are now your own OE. Retain this posture. Let the image move and begin to energize throughout your body. Find where your OE, your neutral witness lives in your body.

It is there no matter what you have suffered. No shame or blame. Talk to yourself in the chair where you were just sitting. Everyone, do it at the same time. Now, hold... Let's hear a couple OE statements. Call out to the group."

Group Member 1: "I am from your culture. I am Romanian. I am a spiral made of wood and I am here to remind you to trust your intuition."

Group Member 2: "I am a Gumby. I am twisting and turning. I remind you to be flexible with your body and your mind."

Group Member 5: "I am from Spain. I bring the place of sitting on the Mediterranean sand, toes in the warmth, looking out on the infinite space of the sea. I tell you, 'All is well even when you can't see it.' Look beyond the horizon into the impossible. You can do it."

Group Member 8: "From India, I bring a picture of a beautiful goddess. I tell you, 'You can be at peace. Simply breathe and notice where life is good now.'"

Stage 1—Prescriptive Roles

Function: Observation

Role: Client Role (Optional)

This role holds the entire drama in awareness and provides a cognitive thread from an observer position of all the roles in the drama.

3.7.2 Client Role

This role was created when the first clinical teams were working primarily with people diagnosed with what was then called multiple personality disorder, now called Complex PTSD or dissociative identity disorder (APA, 2013). At times, we found that people who had totally unconscious and separate ego states would lose direction in a trauma drama. Periodically, they could even be triggered into ego states that did not seem to know each other. Given that our primary goal in TSM psychodrama is safety, we established a second cognitive role that could be held by one auxiliary throughout an entire drama. The client role is the part of the person who has come to the workshop to seek help in their journey. Reversing into this role allows a disoriented protagonist to return to a place of cognitive stability, even if ego states get triggered.

There have also been times when the protagonist is unable to continue the drama, so the client role takes over and "gives" the drama story back to the protagonist at the end, so that he or she can integrate the newfound realizations into their own life. Other times, the situation may be reversed—when the protagonist, with all their helpers, goes through a particularly disorganized and confusing piece of work. The director may then ask the protagonist to "explain the story that just unfolded" to the client

role. Through role reversal, the protagonist in the client role can get a clearer picture of what transpired and use this information in their continuing healing journey.

Additionally, this role is given a notebook to write down the different parts of self and the thoughts, feelings, and actions of these parts. This notebook can be given to a dissociative protagonist as a verbal record after the drama. This role is hypothesized to serve as the executive ego functioning of the left brain during the experiential change in the right brain. The client role does not walk beside the protagonist, yet can be on stage if needed. This is a fine and subtle role of observation.

3.8 Roles of Containment

The next category of psychological health the TSIRA prescribes is that of containment—roles that support contained expression of long-dissociated feelings and memories from the past without uncontrolled regression or out of control catharsis of dissociated effect. Here, we introduce the three clinical roles that draw on spontaneity and lead to creative solutions, while holding trauma in a window of tolerance. This aids in activating the autonomous healing center by building spontaneity and creativity.

Because of psychodrama's origins with physicians, actors, and deeply disturbed patients (Nolte, 2019), the idea of containment was difficult for practitioners of classical psychodrama. The belief was that a large, often uncontrolled, and emotional catharsis was necessary for healing. Through actualizing and training clinical roles of containment, TSM psychodrama created a form of experiential psychotherapy that is both safe and effective. TSM roles of containment create the psychological holding container for the entire experience, allowing self-regulation, stability, and a healthy release of emotions and memories from the mind and body.

It is important to note that these roles are of containment, not of confinement. Confinement restricts expression, whereas a container holds *and* allows expression simultaneously. Therefore, a process for safe, emotional, cathartic healing is the crowning achievement of TSM psychodrama. At times, TSM expands the psychological containers to become consciously aware of emotions and to find a way to express them from an adult role so that people do not retraumatize themselves.

Like classical psychodrama, we believe that all new roles start in the body when in a state of spontaneity and creativity. TSM encourages the release of emotions in a healthy and mindful manner. This release gives witness to the pain, and yet is not swallowed by the pain. Containment in this respect is a psychological term to describe a flexible-yet-firm emotional holding space that encourages people to stay in touch with their bodies, create a balance between emotional and cognitive processes, and protect them from resorting to survival defenses.

Stage 1 - Prescriptive Roles**Function: Containment****Role: Containing Double (CD)**

This role is a clinically modified double that creates a balance between thinking and feeling. Hypothesized to serve a similar function to the corpus callosum in action.

3.8.1 The Containing Double

The containing double (CD) was the first clinically modified psychodramatic intervention created in the therapeutic spiral model (Toscani, 1994). To make classical psychodrama safe for ourselves and others, the first TSM group of clinically trained certified American psychodramatists sought to prevent dissociation, uncontrolled regression, and/or unchosen catharsis during a drama.

We saw that the problem in classical psychodrama was that the director most often followed the protagonist into the trauma. Since the protagonists were often not well resourced, the dramas were triggering and could be re-traumatizing. A classical psychodrama double would often be brought in as the first role during the enactment of an interpersonal scene. In many cases, the double would poke, prod, and intensify unconscious yet long-held and dissociated feelings. This often resulted in the participants experiencing bursts of uncontrolled regression and unchosen catharsis without their conscious awareness. Dramas were done that were intense and dramatic—but not necessarily healing. Now, with advances in neuroscience, clinical psychology, and experiential trauma-informed care, we clearly understand the cost of intense, uncontained effect. We understand that it further harms a brain seeking to reorganize around healthy emotions and spontaneous learning.

The containing double has its antecedents in work with severely psychologically damaged and mentally ill people during Kate’s internship in psychodrama at St Elizabeth’s Hospital, where she learned the cognitive double (Buchanan & Swink, 2017). Patients were not encouraged to expand their unconscious, as they were often dominated by things others could not see or hear. Instead, most dramas in the day treatment program had a cognitive double that helped provide an internal voice of competency to do such things as get on a bus, put money into the meter, and ride to see family. This was clearly the seed for the containing double, which was the first role created in the therapeutic spiral model. This role fulfilled the psychological need for more containment within classical psychodrama.

The person playing the CD has a three-pronged role to exercise. First, it is to ground the protagonist in the present situation by expressing and affirming the reality of what is happening, even if it is negative. This reflection affirms the awareness of the body and emotions. For example, “I can feel my hands clenched and that I’m beginning to float away even while I’m in a drama.” The second statement will then affirm

that the protagonist can, with the supporting roles around them, maintain stability in the situation. The CD might say, "Even though I'm triggered by what is going on, I know that I have the support around me to be grounded and present." The last step is for the CD to lead the protagonist to a new action or realization that there is a possibility of a new, healthier action. For example, speaking as the containing double, the inside voice of the protagonist might say, "I can see with my strengths and the group's strengths, I can take a deep breath and begin to lift my eyes and see what is available for me to do right now. One small step."

The containing double, then, creates an emotional and cognitive balance that keeps people in the present. While speaking in the first person, the CD balances thinking and feeling in the moment. We hypothesize it holds the psychological function of the corpus callosum.

Stage 1—Prescriptive Roles

Function: Containment

Role: Body Double (BD)

This role is the clinically modified double that decreases dislocation and grounds the person in the here and now through body-based interventions. Hypothesized to serve a similar function to the amygdala in action.

3.8.2 *The Body Double*

The body double (BD) helps the protagonist to experientially track the body's response to trauma trapped in the limbic and parasympathetic systems, bringing them to a safe state of self-regulation in their poly vagal system (Carnabucci & Ciotola, 2013). By following the internal movement of the trauma held in the body, and by opening the spaces in the body that are holding stories, the body double speaks as the inner voice of the wise, healthy body, reminding the protagonist to breathe, ground, center, expand, loosen, relax, and breathe again. The body double's purpose is to create a sense of safety and containment within the realm of the physical body through limbic resonance, bodily attunement, and a self-soothing voice. It helps the traumatized brain to self-regulate even when triggered by body memories and sensory flashbacks. It also teaches the sensations of stabilization and post-traumatic growth.

The body double relies heavily on the connection they make with the protagonist through mirror neurons and listens to the limbic resonance that occurs during this deep connection. It often can sense body-based information the protagonist cannot yet experience, both positive and negative. Of all the roles, the BD can be the most instrumental in helping the protagonist to move through trauma work safely. Outside of a skilled team, a body double with a good connection to the protagonist is worth

their weight in surplus reality gold. We find the body and containing double roles so important that Chap. 7 is dedicated to an in-depth look at them as clinically modified TSM psychodrama interventions for trauma. This role provides direct access to the AHC at the bodily-based level of psychological awareness.

Stage 1—Prescriptive Roles

Function: Containment

Role: Manager of Defenses

This role helps the protagonist and group identify and manage survival defenses that are no longer needed in life today. It is a two-part intervention to first name the defenses and then create the role which manages them.

3.8.3 *Manager of Defenses*

There is an interesting story about how the manager of defenses role was developed. The early therapeutic spiral model teams noticed protagonists working on trauma in classical psychodrama often dissociated. So, we started asking protagonists to find someone to play the role of dissociation. What we observed, very quickly, was that both the protagonist and the auxiliary started to dissociate. Then trauma bubbles were soon popping on others and the group all became dissociated. You can imagine that this scenario was not helpful in moving the drama along. Looking through the lens of clinical psychology and experiential psychotherapy, TSM directors began asking that the protagonist pick someone to manage the survival defenses in action. Thus, a two-part clinical action intervention was developed to both honor defenses and help manage them at the same time. This role is the manager of defenses and it is the final role of containment.

The therapeutic spiral model respects defenses and the role they played in survival at the time of trauma, and even beyond. Directors establish and reiterate a “no shame, no blame” standard, which participants hopefully internalize. The goal is for those who have struggled with maladaptive survival defenses, including addictions, eating disorders, and other compulsive responses, to identify these defenses and create a new role of containment to stop them from happening unconsciously and automatically in the present. The manager of defenses helps the protagonist move from a rigid use and reliance on survival defense to a flexible and conscious use of healing coping skills to enable spontaneity and creativity, and to further help ignite the AHC. See Chap. 9 for a description of defenses and this intervention in greater detail.

During a TSM Men’s Retreat, the protagonist found his rage defense (identification with the aggressor) was getting in the way of seeing his trauma scene clearly.

Though anger was an appropriate response to the scenario at the time of trauma, the level of anger was now so intense he found it was spilling into all areas of his life. The director decided to prescribe a manager of defenses to help him move beyond this repetitive anger to a place of authenticity where he could activate his autonomous healing center.

Director: "It seems to me that this rage is intense and it is important."

Protagonist: "Yes, it is intense and important but it is not helping me right now."

Director: "Well, I don't know about that. Maybe that is something to explore later. Right now, I think it would be helpful to choose a scarf to represent your rage."

(Protagonist chooses a scarf which is a mixture of red, orange, and yellow.)

Director: "Good. Now pick someone who can hold your rage for you. We call this role the manager of defense and they will hold the rage so you can do your work. If you need some rage, you can always ask your manager for the amount you need. They will hold it safely."

(Protagonist chooses one of the larger men for this role and the director asks what character can play this role for him.)

Protagonist: "Yes, you can hold my rage for me."

Manager of Defenses: (Takes the posture of the statue.) "I will be honored to hold your rage."
(Opens his arms in welcome.)

Protagonist: "Yes, yes, hold it with honor." (The protagonist is deeply touched by the idea of holding the rage with honor. As he hands the scarf over, the protagonist becomes slightly tearful.) "That's important. I don't hold my rage with honor. I think you have something to teach me."

Manager of Defenses: "I will hold your rage so it doesn't get in the way and if you need some come to me."

Protagonist: "I am a little nervous without it, but I know it is in good hands."

The protagonist was able to turn back to the trauma scene and see it in a new way, with compassion for his younger self and a deeper understanding of his family dynamics.

3.9 Roles of Restoration

The final psychological function of the prescriptive roles is that of restoration. As you have seen, and possibly experienced for yourself, trauma survivors often seek help out of absolute necessity—when their resources are nil. They may literally be homeless from refugee migrations that include torture, imprisonment, and loss of home. They may be recovering from addiction and eating disorders. They may have lost or are losing a significant relationship due to their trauma bubbles. No matter the reasons, they come depleted of the needed spontaneity, creativity, and sense of spiritual connection that keeps the AHC moving when one is experiencing healthy

self-organization. Roles of restoration focus on engaging the second psychological cluster of prescriptive roles to enliven the depleted, trauma-based self. The three roles of personal, interpersonal, and transpersonal strengths belong in this category. They are simple in their definition and explanation, yet profound in their power for experiential change. Together, they add huge momentum to help an individual move up the therapeutic spiral, to increase their spontaneity and energy, and to continue to activate their AHC.

In physical and virtual surplus reality, we have found that recognizing other peoples' strengths increases tele and provides additional safety and group cohesion (Hudgins & Toscani, 2013). One participant recognizes the strength they see in someone else. If the receiving participant can acknowledge the strength in themselves, then they accept the acknowledgment in their heart. The person also has the option to alter the name of the gift for accuracy, and in this manner, the tele is fine-tuned. The receiver starts a sociometric chain, and the process continues through the group until everyone has had a strength of theirs named by someone else. As people are chosen for strengths, the interpersonal connections in the group are also strengthened. When this happens, people feel as if they are connected, further activating the group brain in action.

Stage 1—Prescriptive Roles

Function: Restoration

Role: Personal Strengths

Restoring personal strengths increases spontaneity and connection to the vital and alive energy of the autonomous healing center.

3.9.1 Personal Strengths

Personal strengths come from within us. They are the strengths we can identify as belonging to us at whatever level they might be present, whether in the past or in the moment. Survivors have great strength; otherwise, they would not be present today, seeking help for themselves and their families. Often, survivors lose sight of their inner strengths and need to be reminded, since trauma overwhelms their ability to cope at the time. Naming and experiencing personal strengths is an important part of the process of concretizing new prescriptive roles—especially with new and emerging strengths that need both experiential reality and meaning making.

Adding descriptors helps this process. In a drama, what may start out as a personal strength of “bravery” may shift to “courage” and then be clarified as “steadfast courage.” The experiencing of the strengths through naming and renaming deepens the process of re-organizing self in a positive direction of health. One can have resilience, but how much richer to have “intense resilience,” “joyous resilience,” and “hard won resilience.” This is what role theory from classical psychodrama teaches

us. Roles have adjectives and nouns, each one bringing us closer to our AHC. Make them into a character and they become even more alive.

Stage 1—Prescriptive Roles

Function: Restoration

Role: Interpersonal Strengths

These are roles that foster connection to others. They are the internalized positive voices of real or imagined persons who gives strength and encouragement. This role can also be a quality that needs a second being to be exhibited.

3.9.2 Interpersonal Strengths

A significant change that the therapeutic spiral model made to classical psychodrama was to turn from the enactment of interpersonal psychodramas to TSM dramas that focused on internalized roles, including the roles introjected from trauma. It is here, in the internal world of self-organization, that TSM focuses on change.

However, even though TSM is an intrapsychic process that explores the internalized trauma survivor's role atom, the protagonist always needs connections to "others" who can walk positively with them to face direct trauma work. These roles can be real or imagined, alive or dead, people, pets, etc. Examples include an encouraging partner, a loving grandmother, wise knowing Zerka, a hero from a book, a faithful dog, etc. Along with these roles, interpersonal strengths can also be those strengths one has in relationship with other people. Strengths that only show up when there is someone else present. For example: empathy, communication, and connection. Again, it is helpful if the strength is given a descriptor to make the role more tangible to the self and others.

Stage 1—Prescriptive Roles

Function: Restoration

Role: Transpersonal Strengths

These roles foster a connection to something greater than oneself. Examples include a spiritual guide, a religious figure, or the use of music, creativity, and nature.

3.9.3 *Transpersonal Strengths*

In TSM, the last role of restoration is that of spiritual strength. Transpersonal strengths are a power that is greater than self. Many people around the world think immediately of a spiritual being like God, Gaia, Buddha, Jesus, Mohamed, and such. However, TSM transpersonal strengths can include anything that is larger than self—roles such as music, creativity, nature, dance, etc. Most traumas are caused by humans; some traumas human abilities cannot prevent. TSM creates room for spirituality to support full spontaneity and restoration of the AHC through the action and support of the transpersonal roles. Transpersonal strengths help reorganize the self after trauma. For some people, the roles aid in making meaning of the trauma in a new way. Thus, the protagonist gains a sense of restoration at all levels of post-traumatic growth.

We have seen many dramas in which the transpersonal strength was not a spiritual being, but rather it was nature, music, or the blue heron in the marsh. This is where TSM connects with classical psychodrama as a method of spiritual healing and an alignment of our autonomous healing centers. We also connect across cultures, as this view of transpersonal strengths makes it clear that there is no judgment on what people hold to be greater than themselves.

Though the below example is of transpersonal beings, we are not sure these are all the client's transpersonal strengths; they might be the group's transpersonal strengths. However, TSM does not distinguish between an individual and the group—i.e. whatever is happening in the individual is also part of the group reality.

A group in an Asian country, years ago, provides an excellent example of how rich the addition of the transpersonal strength can be to a TSM trauma drama on suicide. While teaching there, a well-known local person had committed suicide right before a workshop started. During the enactment of a TSM trauma drama, a colleague who felt deeply betrayed was designated as the protagonist for all, as everyone in the group knew the person who had died personally.

After we had created the prescriptive roles to “say goodbye” to this friend, many group members simultaneously added their voices to feelings of betrayal, anger, loss...and the question of why did she die? Emotional catharsis was shared as a group, and the energy of the group mind moved to this question of why do bad things happen to good people? This was a group of about 40 people and included Christians, Buddhists, yogis, shamans, secular, and even agnostic members. The protagonist chose people to play gods from different religions, and group members added their voices to help with the enlivening of the roles. There was a great moment of “aha” for the formal protagonist and the entire group when two sub-scenes emerged. One was the suffering of humans on the earth; the other was a world of the gods interacting with each other as they saw the suffering of humans.

The auxiliary playing a Buddhist figure said, “it is the nature of humans to suffer. It is how you learn.” The Christian god was a bit unsure and had several people portraying different versions of beliefs. An auxiliary as Jesus said, “Believe in me. I love you. You are a child of God. Learn as a human and then come to me.” As 10 gods danced and more humans suffered in the scenes, the student director did

an amazing job of bringing what we now see as the first and second universes fully together, and everyone's AHC flamed for group healing in the here and now.

Before we move onto Stage 2 in the TSM three-stage process of addressing trauma directly, we invite you to meditate on these roles for yourself. As you can see, first you were able to build roles of observation (OE, and client role), roles of restoration (three types of strength), and roles of containment (BD, CD, and MD). Let's concretize your own creation of a TSIRA.

TSIRA Invitation

Now that you have read through all the prescriptive roles, we hope you feel energized and curious to start your own TSM TSIRA in action. We ask you to add symbols to represent several of them on the sheet of paper that has a representation of you in the middle as your AHC. Imagine a symbol, simple or complex, to represent each of the following prescriptive roles. Once you have an idea, draw them into your art piece where they feel appropriate regarding the representation of yourself.

- Observing Ego: Neutrally observing with "no shame, no blame"
- Body and/or Containing Double: Your wise body/mind
- Inner Strength: Positive quality about yourself
- Interpersonal Strength: Someone who supports you or a quality that increases connection with others
- Transpersonal Strength: Something larger than yourself that supports you

Draw a line from each role to the representation of yourself, thus starting your TSIRA. If you are doing this with objects, then place the objects that represent each of the above in relation to how close they are to you in the center. Remember to take some pictures in case you cannot keep the objects set up between readings.

Take a moment to add any other strengths you like to acknowledge. You do not need to include all your strengths. You need to only identify enough of them to support an exploration of the trauma roles in stage two. Take a mindful moment to witness your strengths before moving on to Stage 2 and the concretization of the TSM trauma triangle. If you were a TSM protagonist, this would be scene one. Take a breath and practice in your life as you read. Role reverse with your OE. Take a body double breath. Feel your spiritual strength.

The trauma survivor's role atom gathers the chaos shown in the earlier graphics of trauma spirals and trauma bubbles (see Chap. 2) and provides additional clinical structure to promote self-organization. We now present our simple TSM triangle trauma and introduce you to the three trauma-based roles of victim, perpetrator, and abandoning authority with their psychological functions and path to change.

3.10 Stage 2: The TSM Trauma Triangle

3.10.1 The Internalization of Traumatic Experiences

In Stage 2, trauma bubbles are often popping all over inside and out. Interpersonal relationships are rife with transference and projective identifications, and this can create relationship chaos. Survival defenses keep getting repeated and you miss out on your life through dissociating or being angry or hurt all the time. The trauma survivor's internal role atom gathers the chaos shown in the earlier graphics of trauma spirals and trauma bubbles (Chap. 2) and provides additional clinical structure to promote self-organization. We now present our simple TSM triangle trauma and introduce you to the three trauma-based roles with their psychological function and path to change.

The therapeutic spiral model has created a simple way to classify the roles that are automatically internalized by trauma and psychologically re-arrange one's internal sense of self. The TSM trauma-based roles are victim, perpetrator, and abandoning authority. While most people who write about trauma patterns speak of the victim and perpetrator, TSM has added the internal role of the abandoning authority, which, as you will see below, is crucial to change in trauma work.

In classical psychodrama, there was always the protagonist and antagonist in interpersonal scenes from life in the present (Moreno and Moreno, 1969). Karpman (1968) has long been known as the developer of a triangle that looks at the interpersonal dynamics of alcoholic families, emphasizing the rescuer role toward others.

Closer to our concept is that from Dusty Miller (1992), as she writes about the unprotective adult during trauma and how this role is internalized into women who hurt themselves. In the therapeutic spiral model, we name this role the abandoning authority, which is internalized and acted out toward self and/or others on a spectrum from mild neglect to major harm. The shift from the interpersonal scenes of classical psychodrama to TSM's understanding of internal roles frames our entire concept of the TSM trauma triangle.

3.11 The Importance of the Trauma Roles

While the internalized experience of the victim, perpetrator, and abandoning authority is often extreme and debilitating, we believe each role also holds a positive psychological function in terms of self-organization—that of communication. TSM trauma roles are very important since they hold parts of the story of trauma until they are safe to be shown to self and others. The victim role carries the experiential and often fragmented details and dissociated feelings of trauma until they can be authentically witnessed. The perpetrator role holds the protagonist's power until the protagonist can safely take their power back through appropriate expressions of anger, as well as setting boundaries to the discordant internalized voices. And the abandoning

authority role holds the sense of abandonment until a person can grieve their losses and safely name the ways they've abandoned themselves.

3.11.1 Use of an Action Trauma Teams

In a TSM psychodrama, there is always a clinical contract to explore the impact of trauma only after prescriptive roles and the autonomous healing center are activated. Trauma survivors often live in a state of constant repetition of the TSM trauma triangle and do not, in fact, need to further experience the roles of victim or perpetrator as they begin trauma repair. What they need is to have a strong TSM action team member to hold roles that risk re-traumatization for self and other group members. A team member often initially holds these roles, which are highly likely to re-trigger the survivor, because they are trained to release the roles at the end of the drama.

One of our TSM maxims is to *not* follow a traumatized protagonist who wants to take the group to the depths of despair, without having adequate resources. Having trained auxiliaries, as the Moreno's had in Beacon, truly makes a difference in the depth of work that can be done safely. We will discuss the TSM action healing team and their roles in further detail in Chap. 5. Chapter 9 shows how and when to safely role reverse with the trauma-based roles of victim and perpetrator to prevent uncontrolled regression and unchosen catharsis with original three-part directions.

Stage 2—Trauma Roles

Function: Communicates the trauma story when it is safe to do so

Role: Victim Role

This role communicates the trauma story that has been held in the body. Demonstrates the dissociated feelings, survival defenses, and repetitive memories until it is safe for feelings to be consciously expressed in the present.

3.11.2 The Victim Role

It is important to remember as we look at the trauma roles that they all serve a positive psychological purpose, in that they guide the trauma survivor toward post-traumatic growth in TSM psychodrama. We honor the importance of the victim role when we acknowledge it holds the experiential reality of the trauma story until it is safe for it to be expressed with its dissociated feelings and fragmented memories held safely in the window of tolerance. In the therapeutic spiral model, we quickly support people to use their prescriptive roles, particularly the observing ego, to see the victim role

as covering the state-dependent experiential feelings of a wounded child. It is then that this role can begin to be accepted.

Wounded Child Role. The experience of original trauma wounds is held in the limbic and parasympathetic systems of the brain and body—where the intense emotions of horror, terror, rage, grief, and despair had to be pushed for survival. These often-fragmented, body-held stories seek release in any way possible, including flashbacks, nightmares, anxiety, depression, powerlessness, helplessness, despair, and more. Remember (Chap. 2) that the trauma spiral and trauma bubbles visually show this internal state of chaotic self-organization with spikes of intrusion, overlapping ego states, and survival defenses. However, when the trauma survivor’s internal role atom is followed, the story finds safe expression with a healthy release of emotion without uncontrolled regression.

Clients often hear internal voices of victimization saying, “Why does this always happen to me?” “Why do I have to be the one like this?” “I am such a loser.” Again, we must remember that our brain does not want to hurt us; it wants to help us. It is trying to remind us that it is holding onto our needs and feelings and memories that it would like to release. So, when the story is finally and appropriately shared and witnessed in action, a conscious release of feelings can occur. With the prescriptive roles by their side, the protagonist can respond to past trauma with new spontaneity and creativity and an activated AHC. The protagonist now sees with compassion the vulnerabilities of the wounded child who is beginning to feel it is safe to tell their story. The wounds of the trauma experience are now accessed without shame and blame, and with comfort all around. A new connection is made between the autonomous healing center of the adult self and that of the wounded child so that psychological integration can occur.

Importance of Rescuing the Wounded Child before Working with Perpetrator Roles. Before any trauma work can proceed in TSM psychodrama, we must first rescue the wounded child inside, thus breaking the pattern of abandoning yourself. Otherwise, there is the highest risk of re-traumatization from this perpetrator role when using any experiential therapy to treat trauma. TSM psychodrama has a clinical protocol for all TSM trauma dramas: do not go beyond the concretization of the wounded child before the protagonist has demonstrated that they can rescue the auxiliary playing the role of their wounded child. Our firm clinical rule is that we do *not* role reverse the protagonist into the wounded child role until we see clearly in action that the adult protagonist self, fully resourced with strengths and containment, can get themselves out of the trauma scene in the brain and on the stage. The wounded child role is often held by a trained action team member until the protagonist rescues them, thereby keeping the action safe for the entire group.

You can look forward to Chap. 9 that presents examples of controlled regression into the wounded child’s role in the service of the ego. Chapter 13 describes a full TSM trauma drama, showing how to rescue the wounded child before moving on to engagement with the internalized perpetrator.

Stage 2—Trauma Roles**Function: Communicates the trauma story of neglect and abandonment****Role: Abandoning Authority**

This role communicates the experience of being abandoned during trauma. It identifies the internalized voice of the one who abandoned the protagonist and how the protagonist repeats this cycle until they can rescue themselves.

3.11.3 The Abandoning Authority Role

If the victim/wounded child role communicates the trauma story, then the abandoning authority role communicates the experience of neglect and abandonment. This story is held until the self is organized in such a way to accept that no one saved them at the time of trauma. The abandoning authority role comes from the fact that during a trauma event there was some agent (a person, family, community, church, government, etc.) that was not present. No one paid attention to the screams for help or the silence of abused people. No one provided safety or help to stop abuse, neglect or oppression, whether in the family or in the culture. This often-unconscious internalization of abandonment results in people abandoning themselves. They lose their self-agency, and this leads to a lack of self-care, dissociation, addictions, eating disorders, self-harm, suicidal thoughts, and behaviors. At times, self-abandonment also shows up as hyper-spirituality, workaholism, perfectionism, rescuing others, and so on. Since no one rescued the protagonist, they do not know how to attend to themselves in a healthy manner.

Trauma survivors are familiar with the internalized voice of the victim and perpetrator roles. However, it is the abandoning authority role that often creates a moment of “aha” for survivors. Often, the survivor has been so internally focused on traumatic experiences that they have not noticed this second role in the TSM trauma triangle. The abandoning authority has lurked unseen in the internal dynamics of the survivor and yet holds an important part of every trauma story. It is essentially the silent perpetrator/enabler. If you listen to your internal voices, you might hear one that says, “I’m outta here.” “Let’s just go get a drink.” “I am going to eat this entire bowl of ice cream.” “I’m not worth self-care.” “I have to work, work, work all the time.” These are the words of the abandoning authority.

If there had been appropriate care, the trauma would never have occurred, or the effects would have been mitigated. In many cases, this second arm of the TSM trauma triangle is even covered up by seeing the people who should have helped as victims themselves, such as a mother who stays in domestic violence. The child then takes on the role of rescuing others at a very early age, often not even learning what their own needs are.

By bringing the abandoning parent, partner, friend, family, church, agency, government, society, or culture into the light and dealing with them directly in a TSM trauma drama, the protagonist regains self-agency through spontaneity, creativity, and a connection to the AHC. As this happens, the wounded child experiences an external rescue by a protagonist and group fully resourced with prescriptive roles for full developmental repair. New self-organization comes alive again as the wounded child is given a chance to experience and express long-dissociated feelings of abandonment, betrayal, unworthiness, and despair in the arms of a truly caring and enlarged self. Through role reversals, the abandoning authority role begins to change. Learning what is needed for self rather than others, people regain their ability to take personal power to their story and create change. By accepting authority for their own life, the protagonist moves toward post-traumatic growth.

Stage 2—Trauma Roles

Function: Communicates trauma story and holds power

Role: Internalized Perpetrator Role

This role communicates the power of the protagonist that has been stuck in reliving the trauma until it is safe to be reclaimed through boundaries and self-care.

3.11.4 The Perpetrator Role

The final role in the TSM trauma triangle, that of the perpetrator, also holds parts of the trauma story with its own fragmented memories, survival defenses, and dissociated affect until they are able to be communicated. In TSM, we understand the role of the perpetrator also holds the protagonist’s power until the protagonist, stabilized and held by the prescriptive roles, can reclaim it without acting it out toward self or others. In the same way, we honor the victim role for holding the trauma story, we acknowledge and understand that the illusory power felt through the internalized perpetrator role can be lifesaving.

Like the other TSM trauma-based roles, the perpetrator role is internalized from a traumatic experience and often plays out through internal and external messages and actions toward self or others. The violence seen and experienced is internalized and repeated in many forms from subtle judgment to extreme self-harm. Toward others, violence is enacted from family brutality to wars that produce ethnic cleansing and refugee migration in search of a safe place. People lose touch with their healthy autonomous healing centers. Spontaneity and creativity for movement are beaten down externally and the pain is internalized. The internal language of the perpetrator often starts with “you.” “You are such an idiot.” “You will never amount to anything.” “You are the worse person ever.” “You don’t even deserve to live.” “You are not even human.”

What is often not taught or realized is that this identification with the aggressor internally is also a protective defense against the pain experienced by the wounded child from the perpetrator or from the abandoning authority. This role's importance is why we discuss it last in the TSM trauma triangle. Most people who experience trauma carry around a persecuting voice inside that they know well. Some may even say it keeps them on task, denying feelings, or pushing them to work obsessively to meet internal expectations from the past. However, the role is always about communicating the helplessness of abandonment and its resulting rage.

By confronting the internal image of the perpetrator during a TSM trauma drama while surrounded by prescriptive roles, a new self-authority emerges to listen to the wounded child with respect and boundaries. A protagonist moves from self-hate, self-criticism, and their urges to act out violently toward self and others, to a place of healthy personal power and self-empowerment. This is a vital step in reclaiming the power that was taken by victimization at the time of trauma. This reclaiming brings back the spontaneity and creativity needed to set boundaries with internal voices of perpetration and external violence in interpersonal relationships. When the power held in this role of perpetrator is safely accessed and embodied, the person is truly ready to move onto the final stage of TSM psychodrama.

One of the most powerful confrontations with the role of internalized perpetrators was also done at the psychodrama theater of protection during the early years of TSM clinical observation and research. We had at that time several clients who came for residential retreats more than once, building up a sense of safety with our TSM action healing teams and other group members. One of the women was a survivor of Satanic cult abuse in New Zealand. Even after concretizing the prescriptive roles of observation, restoration, and containment to help support this protagonist to confront decades of ritualized sexual abuse, we all became overwhelmed as she named people she needed to confront from her lived experience as a child. While just naming a dozen perpetrators was huge, she also wanted to have them all on stage. During these early days of the therapeutic spiral model, we allowed her to pick people, both trained team and group members to be these evil people.

As soon as five were on the stage, everyone became frozen in terror. Evil felt palpable to everyone in the theater. After a moment, the team recovered, and the protagonist was directed to use the rest of the group to be "warriors" to move these perpetrators off the stage and out of her internal self-organization in order to claim back her power. At that moment, we learned the need to match the prescriptive roles even more strongly to the violence of the internalized perpetrators as a psychodramatic war ensued. The protagonist was directed to use her prescriptive roles and the newly added warriors to not only get the bodies (safely) off the stage, but also to reclaim the power they still held over her inside. To stop the scene from becoming a repetition of violence, the director slowed the action down. Warriors were gifted, by the roles of strength, with scarves they could use to banish these perpetrators forever. In slow motion, each of the five perpetrators was encased in scarves of containment and boundaries, so they could not intrude in the protagonist and group's reality as we ended the TSM trauma drama.

In Chap. 5 on team roles, we address the safe use of trained auxiliaries, especially for these highly charged roles. Chapter 9 describes the three-part structure to safely role reverse with TSM trauma-based roles. Chapter 13 demonstrates a TSM trauma drama to show how these intense trauma roles are enacted with safety and clinical intentions.

We hope that you have been able to filter the TSM trauma triangle roles safely through your own internalized world experiences. However, if you are being flooded or triggered in any way by your own realizations of the abandoning authority role or the voices of the victim and perpetrator roles, then we ask you to return to your prescriptive role atom and ground yourself in your strengths, listen to your wise body/mind, and observe yourself with compassion.

Invitation

When you are ready, take the drawing you have started or return to the objects you have laid out and represent only one of the three internalized trauma roles: internal victim self, internal abandoning self, or internal perpetrating self. Draw a line from the image to the representation of yourself in the center. If your representation has been in objects, then find the one that represents one of the three internalized trauma roles and place it among the other objects.

Take a moment to be curious about what is coming up for you. Remember you can re-order your internal role atom. You can change your internal self-organization. You do not have to be bound by the internal voices that have outlasted their usefulness. Allow your AHC to work its wonder, activate your creativity and spontaneity and claim the true post-traumatic growth roles as we continue to Stage 3 of the TSIRA.

Stage 3: TSM Roles of Transformation

3.11.5 Post-Traumatic Growth

It is rewarding for a director in a TSM psychodrama to strengthen a protagonist for their trauma work, and the most rewarding part is to witness the advancements the protagonist achieves as they emerge into post-traumatic growth. This category of roles used to be termed “roles of transformation,” which is a wonderful description of the internal process of developmental repair through corrective emotional experiencing and new meaning making that the trauma survivor undergoes. Here, we focus on concretizing the participants’ “aha” moments and practicing ways that they can use these insights in the future. Transformation conveys the concept of the autonomous healing center igniting the body for self-healing when the conditions are right. These experiences feel like transformation because they are based on roles that already exist, yet until now have not realized their potential. Self-organization is changed, in a good way, hopefully forever.

Interestingly, the prescriptive and trauma-based roles have stayed the same in the trauma survivor's internal role atom since the original introduction of the therapeutic spiral model in Hudgins's seminal writings on experiential therapy (2000, 2002). In fact, no more than the original eight prescriptive roles of observation, restoration, and containment have been necessary, even as advances in clinical psychology, neurobiology, and attachment have shown the primary need for self-regulation and stabilization in any good trauma therapy. However, the TSM trauma triangle's roles of victim, perpetrator, and abandoning authority have evolved into a clearer containment structure to support the conscious re-experiencing of trauma-based roles for them to develop.

More recently, there has been an expansion to the Stage 3 roles. Roles of transformation are now called post-traumatic growth to signify their evolution based on the literature on post-traumatic growth (PTG) by Calhoun and Tedeschi (2014). This latest research details the clinical finding that there is natural and beneficial growth after trauma for over two-thirds of people who have traumatic experiences. Though no one chooses to experience trauma, there are qualities about self, our relationships, and connection to something beyond which are only gained through suffering. TSM acknowledges and honors this growth by enacting the new resources the protagonist has built in the wake of trauma.

If you have read the earlier book (Hudgins, 2002), you see we have kept the same psychological functions of autonomy, connection/correction, and integration. The roles of the sleeping-awakening child, the change agent, and the manager of healthy functioning reflect changes in autonomy, while the roles of the good enough parents, significant others, and spirituality have been streamlined into corrective emotional experiences. We found that integration happens through finding one's own appropriate authority and a meaningful purpose following trauma. The roles of integration emerge from here, and each will be discussed as they are used today.

Post-traumatic growth roles emerge when prescriptive roles and trauma-based roles are enacted with the addition of spontaneity and creativity and the activation of the autonomous healing center. From this combination, new meaning is made. New levels of healthy self-organization are concretized in new roles and then internalized through TSM psychodrama. The autonomous healing center is enlivened, creating spontaneity and self-healing. Some of the most exciting and encouraging concepts in the TSIRA are found in this section. We are pleased to present them to you here.

3.11.6 Roles of Autonomy

The roles of autonomy emerge as the protagonist's healthy internal self-organization awakens and becomes truly spontaneous and creative for the present and the future. As the protagonist develops strengths through processing their trauma, their internal abilities are amplified, and their past traumas move to the past, rather than remain in the now. The shift in perspective is one from "this is who I am" to "this is what happened to me." The roles of autonomy want to appear in all people, and given the opportunity,

they reveal new positive roles for the protagonist. Here we name them: the sleeping-awakening child, the change agent, and the manager of healthy functioning.

In all cases, these roles spontaneously show up as we guide TSM psychodrama enactment with the TSIRA. Time and again, we have found our formula brings the body-based trauma in contact with the autonomous healing center through the spontaneity and creativity embodied by the prescriptive roles. It is in this way, with the proper support, that people can change from the chaos of trauma bubbles and unresolved trauma to new, life-changing behaviors for the future.

Stage 3—Post-traumatic Growth Roles**Function: Autonomy****Role: Sleeping-Awakening Child**

This role holds the original gifts of the protagonist and waits to be awakened in a place of safety and love.

3.11.7 Sleeping-Awakening Child

A favorite TSM story is of the role of the sleeping-awakening child emerging during an early precursor of the therapeutic spiral drama in the early 1990s (Hudgins & Sheridan, 1990). I, Kate, was picked by the protagonist to be the wounded child, and I was left at one end of the room in a “sleeping nest with a good enough mother.” The director then proceeded to use our newly modified clinical doubles and strengths to help the protagonist express his rage and betrayal from decades of sexual abuse by his father, who eventually killed himself, leaving the man with no chance for truth. While this intensely emotional TSM trauma drama happened, I fell asleep and had a rich, emotional experience that included unconditional motherly love, celestial music, and a total feeling of creativity and safety. When the protagonist returned, he expected to meet his wounded child. Gently he awakened me, and he was amazed to discover that he now had a part of self that had never experienced the trauma. This part was just waiting to be given space to come alive. Untrammelled and unaffected, this role truly holds the autonomous healing center in all its glory.

In TSM psychodramas, people come to believe that all the wonder of their inner self was not lost or stolen when the abuse, neglect, or trauma happened. What this TSM role tells us is that all our natural talents, creativity, gifts, and original potentials have not disappeared. The wounded child receives the impact of the trauma and holds the story with honor. The sleeping-awakening child stays protected in sleep, not dissociated from wounds, but simply there to be claimed and accessed when the time comes. When the wounded child is rescued and feels safe, the sleeping-awakening child spontaneously starts to wake up. Then, the best parts of self can be accessed for the future.

As people come into the therapeutic spiral model, they are introduced to this PTG role as a potential experience. However, they often do not believe there is any part of themselves that is not damaged. This happens especially when people have experienced extreme trauma, such as wars and their resulting consequences on the human condition. It is only by using the prescriptive roles to concretize spontaneity and creativity to activate this original autonomous healing center that one can have the personal experience of bearing witness to the reality that the self, and/or the brain, has kept a sense of wholeness, despite experiencing trauma.

Stage 3—Post-traumatic Growth Roles

Function: Autonomy

Role: Change Agent

This role emerges spontaneously during the interaction between prescriptive and trauma-based roles.

Is unique to each person's experience of growth. This role creates healing change and a return to self-agency.

3.11.8 Change Agent

In each drama, there is a role that develops that is so necessary that without it, change would not happen. We call it the change agent because, using the prescriptive roles, it engages with the trauma triangle and emerges with new and creative solutions. This role uses spontaneity and creativity for movement as the autonomous healing center is further developed into yet another resource for post-traumatic growth. The change agent role, however, can never be named or predicted at the start of the drama because it is unique for each person as they engage their strengths with their old story and come out with a new role. The change agent role is the turning point in healing self-organization, whether in a single session or over long-term psychotherapy. It is the outgrowth of the return of self-agency to the protagonist—instead of abandonment, the protagonist moves to actualization and change.

There are two ways that the change agent role emerges in a TSM psychodrama, in which all group members are engaged with their own simultaneous healing process. Often, when the protagonist becomes fully spontaneous through the prescriptive roles and the opening of the AHC, they will just naturally experience a new role as they confront past scenes of trauma. The change agent may be one of self-care, comfort, and rescue for the wounded child, boundary setting with one's internal and external voices of harm, or any unique role that the protagonist discovers.

Anyone who has experienced a TSM psychodrama knows the moment of “aha” that occurs when the experiential reality on the stage comes together with cognitive integration and safe emotional release. The role that brings the “aha” moment is what

we clinically call the change agent, and we see it every time a TSM psychodrama is safely enacted.

A second way we have found the change agent can occur is when the protagonist is stuck in their trauma scene and movement is not happening, no matter how much the prescriptive roles give containment, support, and encouragement for change. In simple terms, it is when the protagonist cannot contain a particular trauma bubble with all its dissociated feelings and defenses. The trauma bubble starts to psychologically move around the room until it pops on someone else in the group who unconsciously picks up and experiences an emotion the protagonist cannot. When this happens, the action healing team can help the group member label the projection and either put it into action or give it back to the protagonist. Thus, they become the change agent for the group.

Stage 3—Post-traumatic Growth Roles

Function: Autonomy

Role: Manager of Healthy Functioning

This role keeps people in the present through healthy adaptive responses such as self-support and connection to others.

3.11.9 Manager of Healthy Functioning

The final role of autonomy and self-agency in the therapeutic spiral model is that of the manager of healthy functioning. This role develops naturally through the course of a TSM drama, a single session, or long-term recovery for families and communities. It is a higher, more evolved form of manager of defenses. Primitive survival defenses needed at the time of trauma are gradually replaced with healthier coping skills as we learn the prescriptive role that manages defenses. With the manager of healthy functioning, people learn to leave behind reliance on old defenses, such as dissociation, uncontrolled regression, addictions, and eating disorders as they find the inner resource of the observing ego and the energy of autonomous healing center. Self-healing happens and people naturally begin to reach out to others and create new ways of self-soothing and co-regulation with others.

This role is often needed for addiction and eating disorder recovery to be maintained and lived fully. Early on in recovery, people who struggle with addictions and eating disorders are often isolated because of their own shame about these ways of responding to psychological pain. First, they create a new manager of defenses, often with the help of inpatient treatment, a sponsor, and other organized supports for sobriety or abstinence. They find safety in developing their own new internal prescriptive roles of self-soothing and self-regulation that do not depend on external substances. Self-esteem improves, and interpersonal relationships begin to feel safer.

Old defenses are left behind and new, healthy adaptive responses to old situations become embedded in new ways of living with self and in the world.

3.11.10 Roles of Connection/Correction

While Hudgins's (2002) book stopped after the description of the above three roles of transformation, we have come to find several more important roles that spontaneously showed up in moments of TSM dramas of post-traumatic growth. The original TSIRA (Toscani, 1994) does mention that the psychological goal of roles of transformation includes connection to others, though at the time the question of to whom these connections should be was not defined any further than good enough parents and good enough significant others. An interesting change in the description of these roles appeared in Hudgins and Toscani (2013). While they were originally named roles of connection, they naturally evolved and were spontaneously renamed roles of correction in the second book. This change represents the new knowledge from interpersonal neurobiology that experiential methods can powerfully facilitate corrective emotional experiencing.

Like all TSM roles, these roles of correction begin as internalized roles of positive experiences through TSM psychodrama and experiential psychotherapy. Each of these roles helps restructure internal roles and creates full developmental repair for people who have been betrayed by others. In fact, the roles of connection provide healthy corrective emotional experiences by which the protagonist can hear a comforting voice from a good enough parent, can lean and cry on the shoulder of a good enough friend or be held in witness by a good enough spirit. These corrective experiences increase the protagonist's ability to re-parent themselves, self-comfort, and lean into the inner unknown in creative ways. Their AHC is fully activated to receive and believe what is experienced during a TSM psychodrama, and then in real life.

In this book, we make a further change in what we are now calling the "good enough roles." Rather than dividing the roles into that of parents, friends, partners, and others, we are collapsing them under the one title with a description that can be applied to all internal and external significant others. Good enough roles that show up in Stage 3 of post-traumatic growth can be from any of the spheres of experiencing and self-organization. The most important thing is to assess if the messages from these good enough voices can now maintain the state of the autonomous healing center as they spontaneously offer comfort and support to the wounded child, as well as boundaries with the internal perpetrator.

Stage 3—Post-traumatic Growth Roles

Function: Connection/Correction

Role: Good Enough Roles

These roles engage the power of the healthy internal parent, partner, friend and/or spirit we experienced in TSM psychodramas.

3.11.11 Good Enough Roles

These PTG roles come from positive corrective experiences that create new fully internalized voices of a good enough parent, friend, partner, or others from active interactions in TSM psychodrama (Winnicott, 1964/2021). Interestingly, the brain does not know the difference between someone role-playing a good enough parent or the real-life person you'd like to become a good enough parent or spouse (Giacomucci & Marquit, 2020). We again hypothesize the corrective emotional experience is internalized into new neuronal patterns that change attachment systems through action methods.

While it is almost always essential to come full circle from harm by others to internalized helping voices, we find that often it is the good enough parents who are needed the most, no matter what the culture or the trauma. As you saw in the TSM trauma triangle, it was the very abandonment by parents, friends, spouses, neighbors, companies, societies, cultures, and spiritual beings that leads to self-abandonment because there were no good enough voices to help at the time. During post-traumatic growth, trauma survivors come to trust these good enough voices, and they help restore access to the AHC.

In many dramas we have witnessed, there is a spontaneous need of the protagonist to be comforted by a good enough parent, held and to be re-parented. The role can represent a mother, father, or grandparent who has now been transformed into surplus reality to be able to listen, apologize, and respond to the protagonist. If the protagonist cannot envision a part of their real parent speaking from an undamaged part of themselves, the role can be of any good enough partner, friend, teacher, mentor, workmate—any corrective experience that can begin the re-parenting work.

With the protagonist internalizing good enough parents and other interpersonal roles, they gain the ability to re-parent themselves and subsequently find the inner security to reach out to others. The roles of the good enough friend or partner arise in dramas when there have been breaches in trust with those around the client. The good enough “other” role restores the relationship to an internal image of a friend as well as allows repair completion for relations outside of self. This role leads the way to the protagonist being a friend to self.

3.11.12 *Roles of Integration*

The two roles of integration hold the emerging and transformed roles of empowerment, which we have named the appropriate authority and ultimate authority. We use the word authority, even though for some people or cultures it can hold loaded meanings. In these cases, we often qualify “authority” with terms such as “the ability to direct your own life,” as a reminder to participants to stop abandoning themselves and stand up for themselves with the new combination of prescriptive and trauma-based roles to better balance. Where the other PTG roles focus on self and others, another role of integration holds the power to affect change outward. We call this the ultimate authority, as those who experience this feeling that they are powerful enough to use their own healing to help others in the world. Wielders of ultimate authority can not only advocate for self, but also work toward safety in the world. A connection with the ultimate authority yields a power that is transpersonal and universal, without depleting resources and reserves.

Stage 3—Post-traumatic Growth Roles

Function: Integration

Role: Appropriate Authority

This role engages the survivor's empowerment, resilience, and post-traumatic growth to set boundaries for a healthy self-organization.

3.11.13 *Appropriate Authority*

The appropriate authority was added to the TSIRA in Hudgins and Toscani (2013) and later written about in Hudgins (2017, 2019). Time and again we observed another role spontaneously would appear in TSM dramas as a figure that could, in fact, stop the trauma from repeating internally, and possibly externally. It quickly became the antidote to the TSM trauma triangle role of the abandoning authority and was added as a clinical goal to show psychological integration during TSM psychodrama.

When the appropriate authority is engaged and internalized, the protagonist breaks the cycles of self-abandonment and stands up to the traumatic situation internally. It also stops the trauma externally if needed and establishes healthy boundaries inside and out. When the protagonist's self-organization can incorporate the appropriate authority, they experience a transformation from internal chaos to an empowered and cohesive story. Those internal shifts can then be externalized in the life of the survivor.

Due to differences in languages and the negative connotations of abusive authority, this role is often called “the director of one's own life,” “an appropriate guide,” or “my essential nature”—names that do not carry the term “authority.” Yet these individually

developed roles serve the same function of providing an internal guide to continue to take responsibility for one’s own life, essentially, to “author” one’s life.

TSM trainer Mario Cossa, MA, BCT, TEP created a simple action structure that TSM often uses to role test post-traumatic growth during short vignettes that can be used regardless of culture or language. It is usually done in 15-min vignettes, making it an action structure that can be used for many people as a workshop ends and completions are needed. Here we show an Australian protagonist who was of mixed race, carrying both traditional beliefs and living life in the Western world, not the bush. He illustrates the power of becoming the director of his own life and an appropriate authority in TSM terms.

Director: “Jarli, you have certainly come a long way in this TSM workshop here in Adelaide, Australia. As a man with indigenous roots, you have naturally emerged as the leader you are meant to be and we thank you for the privilege of walking beside you on this unusual “walk about.” This last structure is simple and can anchor in your commitment to yourself to take what you have gained here and become the director of your life. Are you interested?”

Jarli: “Of course, I am happy both to represent the group and to see my own future. Please give me your directions.”

Director: “You have told us that your name means ‘wise owl.’ I wonder if you would like to create an image of this wise owl with all the gifts you have gained this weekend and have a final moment of respect between the two of you?”

Jarli: “That sounds great. I immediately know I am going to pick Margaret to be my wise owl self! She has shown me her wisdom throughout the weekend as a grandmother and a daughter and this has brought me valuable lessons for my own life.”

Director: “Please role reverse with Margaret and become your wise owl self. What do you want to say to yourself today, in this moment of time?”

Jarli in role reversal as Wise Owl: (Jarli climbs up onto a chair, standing steady, and begins to flap his arms like big wings, and then to settle and look around. Turning his head from side to side, he playfully lands on Margaret, now playing himself in the protagonist role. His stare becomes direct.) “Jarli, it is time for you to stop hiding your power. You carry the traditions of both of your races and your family. Bring it forth today and never let it go.”

(Margaret in role as protagonist is deeply touched and tears form as she reaches out toward the wise owl.)

Jarli in role reversal as Wise Owl: (Climbs down from the chair and embraces Margaret and his self from the role of the embodied wise owl. After a full embrace and more spontaneous words of wisdom, the director asks for a role reverse back to self and the scene is repeated with new spontaneity and creativity, anchoring the role in from both sides of the experience.)

The appropriate authority manifested in the form of the wise owl, and Jarli internalized it through the role reversal.

<p>Stage 3—Post-traumatic Growth Roles Function: Integration-Transcendence Role: Ultimate Authority</p>
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This role engages the survivor's empowerment, resilience, and post-traumatic growth extending to others and to the world.

3.11.14 *Ultimate Authority*

Post-traumatic growth includes many areas of self-advocacy held in the appropriate authority role. For some trauma survivors, the process of making meaning of the trauma events includes contributing to others and advocating for something better in the world. The survivor comes to feel secure in their reinforced prescriptive and PTG roles, and they realize their personal power by looking beyond self to their families, community, and the world. The survivor can then create something beyond self that is meaningful and that sustains themselves and others. When this occurs, they step into the ultimate authority role.

This new role of post-traumatic growth was added to the therapeutic spiral model's TSIRA in Hudgins and Toscani (2013), as a response to people asking how the internal role atom can include others as part of their newfound strength. After having built a cadre of internalized positive roles to create new creative solutions to old trauma responses, people become resilient enough to be able to offer themselves to others, both close to them and far away. Essentially, they gain a connection to a power they experience greater than themselves, to something transcendent, from which their autonomous healing energy flows. When this connection to the ultimate authority is truly integrated, a person can dedicate themselves to many projects and tap into a global resource, always able to reinvigorate themselves. This role or power is the antidote to burnout and the source of healing on a global level.

Now that you have arrived at the last role, we invite you to add some post-traumatic growth to your creative TSIRA art project of integration. Maybe you have found your sleeping-awakening child stretching, or perhaps you have felt the nurture of a good enough friend, or perhaps the ability to be an appropriate authority for yourself.

Invitation

Wherever you have felt growth through the trauma, create a symbol or picture to represent that in your picture. Then, draw a line connecting the symbols to the representation of you at the center.

Now take a moment to look at all the prescriptive roles that have supported you to move through the trauma with spontaneity and creativity. In doing so, you have activated your autonomous healing center. Notice what you have experienced and learned along the way in this chapter that has helped you in your own reading, application, and healing of yourself and others.

As a closing exercise, take some time and complete your art piece in any way that makes sense. Add, connect, cut, paste, rework, and renew what you have done to honor

your journey. Do not take more than 15–30 min. Do not make it perfect. It shows your journey and is good enough.

Once you have stopped, step back. Become your observing ego. See the work and your process with compassion and with no shame, no blame. From the observer role, make an observing statement of what has come out of your own traumatic experiences once you brought your strengths to them, and most importantly, what has come out of your experiential healing and post-traumatic growth. The statement should be short and concise.

Role reverse back into self. Receive deeply the statement. Find a place in your art to write it out and a place in your body to store your re-organized self with honor.

3.12 Conclusion

3.12.1 *The TSIRA: From Map to Formula*

At the beginning of this chapter, we discussed the immediate clinical understanding of the TSIRA when seeing the roles printed on cards and placed as a map on the floor. In walking through the roles, group members and trainees can understand the path through trauma work. The TSIRA allows for movement forward and back. If the protagonist is not in their strengths, then the work is to continue to develop the strength roles until they are resourced before moving forward to work on their trauma roles.

We have laid out in great detail throughout this chapter an introduction to all the component parts of the trauma survivor's internal role atom and have shown how the TSIRA builds on the formula that Moreno proposed for igniting self-healing. The AHC comes alive inside a protagonist, and group, when the right component pieces are brought together in the right amounts. We have led you through the TSM process which starts with and returns to, if needed, the protagonist's strengths before attending to trauma stories. If the internalized strength roles are activated and spontaneous, then the AHC begins its self-healing process and the protagonist can move forward through the trauma story, making new meaning along the way. From this, the AHC creates post-traumatic growth with roles as varied and wonderful as the sleeping-awakening child, the good enough parents, the appropriate authority, and the ultimate authority.

To recap briefly, we have worked with thousands of people around the world and seen how TSM psychodrama creates a safe holding space both externally and internally when working with trauma. This safe space allows participants to observe themselves from a place of "no shame, no blame." From there they can name and bring forth personal, interpersonal, and transpersonal strengths. When fully engaged, these parts of the protagonist's internal role structure have the healing power to shift the trauma roles that also live within. When the right formula of strengths and containment of trauma is found, then the post-traumatic growth roles begin to emerge

on their own. The AHC is a strong beacon—healing comes from within through the new rearrangement of the trauma survivor's internal role atom. We have found this process exciting, rewarding, wonderful, and promising. We hope you will agree with us as you read through other remarkable stories we share in the chapters ahead. You will see how the TSIRA is put into action to guide the dramas, the warm-ups, and even full TSM psychodramas weekends.

Finally, we hope you accepted our invitations to help ignite your autonomous healing center. These interactions with your observing ego, strength, trauma, and post-traumatic growth roles are the foundation of the TSIRA. In doing the activities, we hope you learned the TSIRA through the experience and not just from the reading. If we should meet at some point in the future, we would appreciate your sharing pictures of your projects with us.

References

- American Psychiatric Association (Ed.). (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). American Psychiatric Association.
- Buchanan, D. R., & Swink, D. F. (2017). Golden age of psychodrama at Saint Elizabeths hospital (1939–2004). *The Journal of Psychodrama, Sociometry, and Group Psychotherapy*, 65(1), 9–32. <https://doi.org/10.12926/0731-1273-65.1.9>
- Calhoun, L. G., & Tedeschi, R. G. (Eds.). (2014). *Handbook of posttraumatic growth* (0 ed.). Routledge. <https://doi.org/10.4324/9781315805597>
- Carnabucci, K., & Ciotola, L. (2013). *Healing eating disorders with psychodrama and other action methods: beyond the silence and the fury* (1st ed.). Jessica Kingsley Pub.
- Giacomucci, S. (2021). Social work, sociometry, and psychodrama: Experiential approaches for group therapists, community leaders, and social workers. *Springer Singapore*. <https://doi.org/10.1007/978-981-33-6342-7>
- Giacomucci, S., & Marquit, J. (2020). The effectiveness of trauma-focused psychodrama in the treatment of PTSD in inpatient substance abuse treatment. *Frontiers in Psychology*, 11, 896. <https://doi.org/10.3389/fpsyg.2020.00896>
- Hale, A. E. (1985). *Conducting clinical sociometric explorations: A manual for psychodramatists and sociometrists* (1st workbook ed edition). Royal Pub.
- Hudgins, K. (2002). *Experiential treatment for PTSD: The therapeutic spiral model*. Springer Pub. Co.
- Hudgins, K. (2017). PTSD unites the world: Prevention, intervention, and training with the therapeutic spiral model. In C. E. Stout (Ed.), *Why global health matters: How to (Actually) make the world a better place* (pp. 286–324).
- Hudgins, K. (2019). Psychodrama revisited: Through the lens of the internal role map of the therapeutic spiral model to promote post-traumatic growth. *Zeitschrift Für Psychodrama Und Soziometrie*, 18(1), 59–74. <https://doi.org/10.1007/s11620-019-00483-7>
- Hudgins, K., & Sheridan, M. J. (1990). *The three-child model of recovery*. The Center for Experiential Learning.
- Hudgins, K., & Toscani, F. (2013). *Healing world trauma with the therapeutic spiral model: Psychodramatic stories from the frontlines*. http://www.123library.org/book_details/?id=58841
- Hudgins, M. K. (2000). The therapeutic spiral model to treat PTSD in action. In P. F. Kellermann & K. Hudgins (Eds.), *Psychodrama with trauma survivors: Acting out your pain* (pp. 229–254). Jessica Kingsley Publishers.

- Karpman, S. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin*, 7(26), 39–43.
- Miller, D. (1992). Are we keeping up with Oprah? *Journal of Feminist Family Therapy*, 3(3–4), 103–126. https://doi.org/10.1300/J086v03n03_07
- Moreno, J. L., & Moreno, Z. T. (1969). *Foundations of psychodrama* (Vol. 3). Beacon House.
- Nolte, J. (2019). *J.L. Moreno and the psychodramatic method: On the practice of psychodrama* (1st ed.). Routledge.
- Toscani, F. (1994). *The trauma survivor's intrapsychic role atom*. Unpublished paper. The Center for Experiential learning.
- Winnicott, D. W. (2021). *The child, the family, and the outside world*. Penguin Books Limited. (Original work published 1964).

Part II

Evolution of TSM Psychodrama

Part II presents a new model of TSM psychodrama with simultaneous protagonists and the use of a TSM action healing team. All three chapters here are an expansion on the original (Hudgins 2002; Toscani 1994) integration of classical psychodrama and the development of TSM psychodrama over the past 20 years.

Chapter 4 fully introduces you to the depth and sophistication of TSM psychodrama as it developed under the influence of Zerka Moreno as mentor, colleague, and friend. Of particular interest in this chapter is a letter that Zerka sent to Kate and Francesca Toscani that includes original thoughts from J. L. Moreno. Zerka introduced us to the term “emergent psychodrama” and quotes from the 1934 edition of *Who Shall Survive* and connected this form of psychodrama to Moreno’s original vision. We describe TSM’s development from dramas with individual protagonists, to multiple protagonists, and finally to our term of simultaneous protagonists. We explain how drama participants can use projective identification as a tool of connection. We also present two new concepts, that of immersive tele and interpersonal spontaneity that were created to describe the brain in action when the group is working as a whole.

Chapter 5 demonstrates the use of these new concepts as we share the roles of a TSM team and their roles as team leader, assistant leader, and trained auxiliary egos. Learn how group members and auxiliary egos support the positive use of projective identification to increase stability for all. This chapter is only a slight shift from the original conceptualization of a TSM team, which was guided by Zerka Moreno through many stories of the early, residential teams at Beacon, NY, where they had their residential teams.

Chapter 6 is an invited guest chapter by Ina Hogenboom, M.Sc., TEP that provides sociometric diagrams to not only describe how the trauma bubbles of projective identification work, but also how they are used with the team throughout a drama. Her diagrams provide exciting new information about the process of how a drama of simultaneous protagonists emerges from the group. We are deeply grateful for Ina’s contributions to TSM over the past 2 years.

Chapter 4

Emergent Psychodrama and Simultaneous Protagonists



Abstract This chapter introduces the original TSM clinical action structure of simultaneous protagonists, in which all group members work together to face trauma with restoration and containment at one time, as one “group brain.” We trace J.L. Moreno’s concept of emergent psychodrama, thanks to personal communication with Zerka Moreno who said the therapeutic spiral model was today’s form of psychodrama in situ (Moreno, Z., personal communication, 1995). “In situ” psychodrama is defined as a drama whose action emerges from moment-to-moment spontaneity of the “here and now,” not the “there and then” (Moreno, Nervous and Mental Disease Publishing Company, 1934). During the therapeutic spiral model’s early days, it quickly became clear that groups of trauma survivors were often chaotic, filled with transferences and intense feelings, which we call trauma bubbles, and which could become triggered at a moment’s notice. People would compete to become protagonist when using sociometric selection, and this often resulted in a TSM director directing multiple protagonists in a single session. Projective identification is detailed as the underlying psychological concept that needs to be understood to turn chaos into the increased power of co-created spontaneity and creativity. The transformation from multiple protagonists to simultaneous protagonists emerged naturally through TSM’s psychological observation and constant redefinition of what works in action. Advances in interpersonal neurobiology, including research on mirror neurons and polyvagal theory (Porges (2017) *The pocket guide to the polyvagal theory: the transformative power of feeling Safe* (Illustrated edition). WW Norton & Company), give us the understanding of how a group or community works as one mind. This understanding is the basis of TSM’s concept of simultaneous protagonists. Through this understanding, we have named new exciting concepts, such as immersive tele and interpersonal/interconnected spontaneity. Examples of emergent psychodrama and simultaneous protagonist are presented from a men’s sexual abuse survivor’s group and an online TSM women’s group. In these examples, we can really see the group brain and TSM concepts in action.

Keywords Trauma · Group psychotherapy · Experiential trauma therapy · Trauma-informed psychodrama · TSM psychodrama · Emergent psychodrama · The therapeutic spiral model · Protagonists · Multiple protagonists · Simultaneous

protagonists · Autonomous healing center · Projective identification · Interpersonal neurobiology · The trauma survivor's internal role atom · TSIRA

One day when Francesca Toscani and Kate arrived for lunch at Zerka's cottage in Charlottesville, Virginia, Zerka greeted them with great excitement. Zerka had typed up quotes on her computer from the Prelude to (Moreno's 1934) edition of *Who Shall Survive* that she wanted us to see on "emergent psychodrama." Emphasizing certain parts through emboldened type, she proceeded to share that the therapeutic spiral model fits the description of what J.L. Moreno himself called the original form of psychodrama (Moreno, personal communication, 1995). We will share that exciting correspondence with you. What is important is that J.L. Moreno envisioned an enlivened, spontaneous form of psychodrama that is different than what is currently called classical psychodrama. In addition, it was Zerka Moreno who made the link between J.L.'s ultimate vision for psychodrama and a fulfillment of that vision in the therapeutic spiral model.

In this chapter, we will take you through several key concepts which differentiate TSM psychodrama from classical psychodrama. In classical psychodrama, the action of the protagonist story is rooted in past events with applications to the present. In TSM psychodrama, the protagonist story lives in the present, for the story endlessly repeats in the protagonist's mind (see Chap. 3). Since the story is internalized, the action is alive in the "now," and can be changed, adapted, altered, and amended in the present.

Additionally, new material is added to the main protagonist's story from the projective identifications that land on group members (see Chap. 6). These additional unconscious and projected materials are like improvisational cues which move TSM dramas in new, creative, and spontaneous directions. This process alters a psychodrama's plotline from simply re-creating a past event to a plotline that emerges from the whole group brain's consciously and unconsciously projected materials. This is what we call emergent psychodrama and will talk about it in this chapter.

With TSM psychodramas emerging from the exchange of the protagonist's and group's spontaneous materials and projective identifications, another phenomenon occurs which we call simultaneous protagonists. One participant's story is overlaid onto another participant's story and those are connected to the main protagonist's theme. Each layer is viewed as its own story, and visually would look like the side of a multi-dimensional game of chess. When seen from the side, each individual layer is clearly defined, and when looked at from overhead, one sees the whole immense interconnected structure. Each group member participates in the drama, playing roles that touch parts of their own stories. When this is authentic to the drama and to the self, the group members heal as if they were the main protagonist. Additionally, because TSM psychodrama in an all-inclusive form of action-based and trauma-informed therapy, everyone in the group eventually is brought into the drama in some way, even if that is as observer. In service to the protagonist, everyone becomes a protagonist. As TSM trainer Joshua Lee likes to say, there is no wasted space in a TSM psychodrama.

We will expand on all these concepts in this chapter and provide psychodrama examples. We will discuss briefly how interpersonal neurobiology (Cozolino 2014, 2015; Porges 2017) supports TSM psychodrama. We show the connection between projective identification and simultaneous protagonists. We describe the importance of emergent psychodrama as Moreno’s vision for all psychodrama. This chapter also introduces new terms and concepts, such as immersive tele and interpersonal/interconnected spontaneity. These concepts have been validated by decades of TSM psychodramas. Here they are brought forward, named, and presented with the honor they deserve.

4.1 Emergent Psychodrama

Emergent psychodrama is a concept unique to the therapeutic spiral model and presents itself much like improvisational theater. In improv theater, there is a main narrative structure and additional narrative elements, props, verbal suggestion, etc. are offered and incorporated into the story. The action of the presentation, though prescribed by certain improv guidelines, moves with the spontaneity of the actors and audience. In much the same manner, the trauma survivor’s internal role atom (TSIRA) is TSM psychodrama’s clinical structure which guides the psychodrama narrative. Participants offer alternatives to the narrative based on the projections they contribute. These projected roles are then brought to life through connections to the participants’ personal narratives. Thus, drawing all participants into one narrative and creating simultaneous healing.

TSM psychodrama and improv theater diverge in purpose. Improv’s aim is creative entertainment. TSM psychodrama’s aim is intrapsychic healing. By using material as it emerges in the moment, TSM psychodrama moves to increase individual and group spontaneity and decrease their anxiety. Emergent psychodrama works in the now, and heals self-organization in the present. TSM’s emergent form of psychodrama, though relying on the TSIRA structure, is unplanned. We think that this here and now psychodrama crafts what Moreno was looking to create in his original version of psychodrama.

4.1.1 *Emergent Psychodrama in His and Her Own Words*

Returning to that day in Zerka’s living room that started this chapter, imagine how amazed Francesca and Kate were to have Zerka, herself excited, while presenting them with a list of quotes relating TSM psychodrama to J.L.’s original concept for psychodrama. Zerka titled the page she gave Kate and Francesca “building a trauma team.” She did this since they often discussed TSM psychodrama’s use of a team and related it to the original model at Beacon. Here is a picture of the page of quotes that Zerka gave to Kate and Francesca that day (Fig. 4.1).

BUILDING A TRAUMA TEAM:

NOTES: from Preludes from 1970 Who Shall Survive (pp.lxxi - lxxvi)

CLASSIC VERSION OF PSYCHODRAMA, 1937:

- I (Moreno) was entirely spontaneous. **The spontaneity of the group was as important as the spontaneity of the director**, completely unplanned so that it was in "here and now, not there and then."
- From this "here and now and we" 3 versions developed: emergent psychodrama *in situ*, group-centered psychodrama, leader-centered psychodrama
- EMERGENT, *in situ* psychodrama like treating group as individual, completely without prejudging. In this psychodrama it is the immediate situation which determines the chain of events. **All other forms introduced later are dilutions, modifications, compromises and reductions of this, the CLASSIC FORM.**
- GROUP-CENTERED PSYCHODRAMA, certain principles remain unchanged. **The cornerstone is still the principle of spontaneity.** The second principle is the **involvement of the entire group** in this operation; the third, to avoid giving special therapeutic status to any member of the group, including the chief therapist, he is just another member. The usual therapeutic hierarchy is brought to a zero. In such a "**conductorless psychodrama**" a leader emerges, rises and fall, as the opportunity and the situation demands. It is a free-for-all type of session.
- LEADER-CENTERED PSYCHODRAMA has advantages of a central agency which itself has no opinion, no biases, it is entirely neutral, working as a **catalyzer** of the entire group, protecting the weak against the strong, the shy against the aggressive, trying to give all an equal opportunity for expression. From the collective comes the protagonist freely by just allowing room for acting-out. *It comes spontaneously to an acting out unless the atmosphere is purposely restricted and unless there is a silent consensus that actions are taboo.* Otherwise, acting out will take place within the group itself and thus the action portion of a psychodrama session begins. Idea arose to give such acting out a special vehicle within the auditorium, a psychodrama stage. Without a special vehicle for their acting out tendencies the group members may be inclined to consider them illegitimate. **The use of acting out techniques makes the responsibility of the director greater and requires a special skill of direction, but their inclusion has therapeutic and research advantages.**
- **The spontaneity-counterspontaneity chain between protagonist, director and audience has to be kept in constant flow** in the here and now of the production in order to attain the maximum of involvement and unity of all the participants concerned. To maintain the balance of spontaneity in the total field depends upon a number of factors, last not least upon the **vigilance** of the director that the "**principle**" is not sacrificed to any extraneous objective, for instance smoothness, flawlessness. If the audience spontaneity drops, the protagonist feels this and his spontaneity drops. The spontaneity of the audience response depends largely upon the spontaneous chain reaction among the members. The more prepared and planned the production is, the more a psychodramatic session resembles a production in the legitimate theatre. Dr. Wellman Warner, Chair, Sociology, NYU stated: "The response of an audience grows in inverse proportion to the smoothness of the production."

From the Notebook of a Psychodramatist, 1937.

- There are psychodramas "conceived in ecstasy" and there are psychodramas which should never have been born. Nothing is so deadening as rehearsed spontaneity.
- Do not pay the price of spontaneity for smoothness, regularity, orderliness, continuity and elegance. Do not sell the principle for a mess of pottage.
- Remember that the greatest liability of therapeutic psychoanalysis was its formlessness. The greatest asset of psychodrama and the psychodramatic arts (spontaneous dance, music and painting) is the rise of *form and beauty* from the ashes of spontaneous production.

Fig. 4.1 Note from Zerka Moreno to Kate Hudgins. *Note* Zerka incorrectly indicated that J.L. Moreno's book, *Who Shall Survive?*, was originally published in 1937. The work was published in 1934

It is easy to see in this correspondence why, even now, Kate and I (Steven) are encouraged reading it. Through these chosen quotes, Zerka declares that TSM psychodrama's emergent approach to a drama is what J.L. Moreno intended all psychodrama to be. Zerka brought forth that the therapeutic spiral model is the fulfillment of J.L. Moreno's concept for psychodrama. It is a way of reaching all of humankind. The following statements are of particular importance, and worth repeating from Zerka's letter.

- "I (Moreno) was entirely spontaneous. **The spontaneity of the group was as important as the spontaneity of the director**, completely unplanned so that it was in the 'here and now,' not there and then.
- From this here and now, 3 versions developed: emergent psychodrama in situ, group-centered, and leader-centered psychodrama.
- EMERGENT, in situ, psychodrama is like treating the group as an individual, completely without prejudging. In this psychodrama, it is the immediate situation which determines the chain of events. **All other forms introduced later are dilutions, modifications, compromises, and reduction of this.**
- Remember that the greatest liability of therapeutic psychoanalysis was its formlessness. The greatest asset of psychodrama and the psychodramatic arts (spontaneous dance, music, and painting) is the rise of *form and beauty* from the ashes of spontaneous production."

(Moreno, Z., personal communication, 1995).

Following Zerka's thinking through the emphases she provided, we can see that she noted that spontaneity was not only a quality of the director but also of the group. And working with that spontaneity keeps the drama in the here and now. This form of psychodrama is emergent, emerging "in situ" or, in other words, emerging from the situation at hand at that moment in the drama. Everything else, including "group-centered and leader-centered psychodrama" (Moreno, personal communication, 1995) is a reduction of the original concept. Zerka clearly saw TSM psychodrama as an authentic fulfillment of J.L.'s original vision for psychodrama because TSM psychodrama finds its healing power rise from spontaneous production.

Another influence on psychodrama in situ was the central-concern model that was used at St. Elizabeth's Hospital when I (Kate) interned from 1980 to 1981 (Buchanan and Swink 2017). Here, working with severely mentally ill inpatients, the group arose spontaneously from what was happening in the present, even if the patients were psychotic. As interns, we were taught to look at the group as a whole and find a theme that everyone could join in on. The goal of increased spontaneity and creativity was always at the core of the work done at the NIMH training program in psychodrama, sociometry, and group psychotherapy.

4.1.2 *Emergent Psychodrama Choice Point Examples*

Above, we have described how emergent psychodrama works in TSM psychodrama. However, unless you have seen a TSM psychodrama, it may be unclear as to how spontaneity looks in practice compared to traditional psychodrama. So, we are providing a comparative example. Here, we will present two internal monologues on the same drama. One is the internal monologue we might have had if directing the drama as a classical psychodramatist. The other is the internal monologue we had as a TSM psychodramatist. We want to acknowledge that classical psychodramatists are as varied in background and training as are the choices they would make in this scenario. They are a wonderfully creative group of people who would make many interesting and diverse choices given the same scenes. Our purpose here is to contrast how one would direct through classical psychodrama eyes versus our TSM psychodrama mindset. We are hoping you will see how decisions at key choice points differ depending upon which perspective we approach directing this drama.

This example comes from my (Steven's) male sexual abuse survivor's group during a special weekend healing retreat day. The men had been meeting weekly for several years. The group had formed a solid core connection, and they were ready to do some safe deeper work together. They were very connected to their strengths through the work we did in the weekly group. In addition, we worked together for several weeks beforehand to create a deeper sense of safety and connectedness among the members and to warm their state of interpersonal spontaneity. The group was excited and anxious, as this full day psychodrama retreat was the next step in their individual and group healing process.

When the day came, we preceded through the safety structures, creating a fully realized state of immersive tele. We worked with the trauma triangle roles to process in action how the three roles become internalized through trauma. Then, we chose a protagonist for the drama.

At this point, I am going to move back and forth between the two internal monologues. The first soliloquy is written as if I had worked within a classical psychodrama model. Then I will go back in time and restate the drama through my internal monologue as a TSM psychodramatist. I will be using terms that we have only touched on at this point and become more fully developed as the chapter moves on. So, look for them there. Let's begin.

Steven's Director's Soliloquy from the Classical Psychodrama Perspective: We are at the beginning of the drama and setting up the scene the protagonist would like to work through. He states he is having an issue at work with his boss that is impacting him a lot. He says there is an office with a desk and several chairs. His boss is talking to him and he is becoming anxious. I am going to have him choose someone to play the boss. Once that is done, I will role reverse the protagonist in order to train the group member playing the boss in what he should say.

Steven's Director's Soliloquy from the TSM Psychodrama Perspective: We are at the beginning of the drama. Because I know we are exploring what is inside the protagonist's head, we will not be creating an actual scene but working with internalized roles that live in the brain. So, I need to help the protagonist remain in his body and engage in his strengths.

I will first have him pick someone to be his body double. Then, I will have him name a strength and pick a group member to play that role. I will role reverse him into his strengths until the protagonist is fully spontaneous in the role. I am taking this action to positively strengthen the protagonist's neural pathways. I am also aware that while the group member holds the protagonist role, he is warming up to his own material. He can then authentically respond to himself when he is speaking from the strength role, even though he is in service to the protagonist.

Steven's Director's Soliloquy from the Classical Psychodrama Perspective: The scene is going well and I can see that the protagonist's anxiety is clearly tied to something in the past. I have asked him who his boss reminds him of. The protagonist says the boss feels like his abusive father. With the protagonist leading, I will create an earlier scene at home when the protagonist and his father were together when he was a child. My goal is to help the protagonist have a different experience that he can then take back to the scene with the boss.

Steven's Director's Soliloquy from the TSM Psychodrama Perspective: I now have the body double well established and connected. The protagonist is fully spontaneous in his strength of courage. In addition, he has brought in another strength named perseverance. I have role reversed him there and he became easily spontaneous in that role also. Now I will check in with the assistant leader about what the group members have to offer through the projective identifications. I know that the drama may take any number of turns from here, and I know it will move in a familiar direction along the TSIRA. I seek the drama to emerge from the collective group brain. There are several members offering to play the strengths of joy, peace, and calm. There is one group member with tears, obviously holding sadness. A team member is being their body double. I have been told that one of the members is holding an anger projection identification. I will bring joy, peace, and calm into the strengths cluster and have the protagonist hear them speak from their own authentic selves. I know that when the auxiliaries speak from their own material truthfully, there is a resonance with the projection identification, and both the protagonist and the auxiliary heal. In fact, the auxiliary is no longer a side player with a rehearsed role but a simultaneous protagonist in his own parallel drama.

Steven's Director's Soliloquy from the Classical Psychodrama Perspective: The scene in the living room is set. We have picked people to hold the roles of father, mother, sister, and even the dog. I have role reversed the protagonist into each role so all the participants have the lines they are going to say. It is time to engage the scene. I will have the protagonist enter the scene and then ask all the members in role say their lines separately, then together, and have the dog bark through it. I aim to have the protagonist experience the emotions and feelings of their childhood home scene again so we can rework the scene and gain new insight.

Steven's Director's Soliloquy from the TSM Psychodrama Perspective: The protagonist is moving around the inside of the circle of safety, which represents the inside of their brain. This circle includes the protagonist, their body double, and their strength cluster of courage, perseverance, joy, peace, and calm. I am pretty sure that the group member who is weeping is the wounded child part of self who has held the abuse. I have asked the team member to create a sub-scene in which the weeping member is being held by a group member who felt a protective/nurturing projection identification. The team member will hold the energy in that sub-scene until I need it. It is possible we will not get there. In the meantime, it looks like we need to work with the anger that has shown up. I encourage the group member in the role of anger to say what they need to say from their own material, trusting that there are parallels with the protagonist's story. As anger increases his volume, the weeping increases in the sub-scene. The protagonist seems distraught to face the anger while the strengths spontaneously start to make statements of encouragement. It looks chaotic, but now we have a fully activated brain in action.

Steven's Director's Soliloquy from the Classical Psychodrama Perspective: The protagonist starts to feel overwhelmed and I ask everyone to hold in their roles. I ask the protagonist what he is feeling. He states that the scene is exactly how it was, or at least how he remembers it. I ask him to pick someone in the outside group to hold his role, which he does. I have the protagonist step away from the scene, and I set the scene in motion again with the protagonist looking on. I ask him what he notices. He says he notices how small and helpless his child self was. I am going to have the protagonist make a short statement to each of the people in the scene. We are moving from sister, to mother, to father. With the father, the protagonist is confronting his abuse perpetrator with emotion and catharsis. The protagonist finishes with his father and makes a statement to his child self. I am noticing he has not made a statement to his dog. I call the dog over and have the protagonist say something. The dog is happy and there is some laughter. I think this is a good point to move back to the scene with the protagonist's boss.

Steven's Director's Soliloquy from the TSM Psychodrama Perspective: The brain is noisy and not kind at times. It seems chaotic at the moment, and I am here to help the protagonist safely through his own inner landscape of self-organization in the here and now. With the encouragement of his strengths and the grounding statements made by the body double, the protagonist is able to identify the anger as a reaction to the truth that he did not want to face. I did not foresee this emerging and am glad the authenticity of this moment allows this important projection identification to arise. Since this is not the internalized, negative, and intrusive voice of the protagonist's father, I can safely role reverse the protagonist into the anger while asking the assistant leader to have a team member prepare to hold the role of the internalized father. The protagonist in the role of anger warms up and becomes spontaneous in the truth that needs to be spoken out loud about his father's abuse. I role reverse the protagonist back into himself and am going to have him confront his father. I believe he is able now to do this safely from this role, rather than from the once removed role of anger/truth. With his body double, strength cluster, and anger transformed to truth-speaker, the protagonist moves forward to the team member who has warmed up to the role of internalized abusive father. The protagonist addresses this image of father with emotion and passion. I encourage each of the group members to speak authentically from their role, and also to reflect on what they themselves need to say to their negative internalized authority, whether parental or elsewhere. I tell the protagonist to repeat any statements that resonate with him. There are many. I ask the protagonist what he would like to do with this internalized father role. He says he would like to push it out of his brain. I ask the team members to spot the person in the father role, and I prompt the protagonist with his strengths to push this negative role out of his brain by pushing the father out of the circle of safety. The internalized father cannot resist the protagonist with all his strength. The internal father is moved out of the brain. In this action, I am aware how each of the members of the strength cluster, and especially the body double, find that they are themselves, as simultaneous protagonists, moving negative internal roles out of their brains too.

Steven's Director's Soliloquy from the Classical Psychodrama Perspective: I am moving us back to the original scene with the boss. We are getting rid of the family living room and re-establishing the desk in the office. I engage the scene with the boss and ask the protagonist to address the boss from his new place of understanding. The protagonist says he is now able to see the boss' feedback as helpful and actually caring. He is stating that the boss has invested time in him and is hoping for him to succeed. The protagonist states that he can see the boss now as separate and different from his father. Because of that, I have the protagonist role reverse with the boss and speak what the boss is thinking out loud. The protagonist as boss is saying "I hope he can see I am trying to help, not hinder him. I may not always get it right, but I do have a lot to hold together here at the office." I role reverse the protagonist back into himself, and let the protagonist have one last statement to the boss. He says, "I can see you better now, and thank you." I could have the protagonist obtain an outside perspective

in a number of ways, but we do not have any more time. Since we have achieved the goal for the drama and the protagonist states that he feels good, we will stop the drama here.

Steven's Director's Soliloquy from the TSM Psychodrama Perspective: Having moved the internalized father out of the brain, I am aware that the new emerging scene is with that of the wounded child who has been weeping and is being held by a nurturing presence. I do not know who this presence is for the protagonist. I trust the projective identification that brought the group member into this role. I am offering to the protagonist that there has been a part of him that has been sad through this entire psychodrama, and that maybe with the truth told and his head clear, he might now be able to attend to this wounded child part of self. I remind myself that this is an offering to the protagonist. I do not know if he is ready. I know we don't have time for a rescue scene. So, I will wait for what emerges in this moment and work with that for the time we do have.

I notice the protagonist as he moves toward the wounded weeping self, and it looks like he is going to be overwhelmed. I direct his strength cluster to speak up and encourage him to keep moving and stay present. I ask who the nurturing presence is. The protagonist states it is his aunt who was always there for him. I role reverse him into his nurturing aunt and have the protagonist hold his wounded self. His body double goes with him. I turn to the strength cluster and ask the group members to place themselves into grief pods of nurturer, receiver, and supporter. I instruct that they change positions periodically so all have an opportunity to be nurtured and to be held. The entire group has become part of the drama. I am aware that everyone is engaging in protagonist work simultaneously from this scene that emerged from the spontaneity of the psychodrama. Though there are many directions this scene could continue, due to time, we need to stop here. I role reverse the protagonist back into himself. He feels satisfied with his work in the drama and decides to leave his wounded part of self in the nurturing embrace of his aunt until he can continue his work on another day.

Steven's Director's Soliloquy from the Classical Psychodrama Perspective: I have the protagonist de-role the stage by putting all the furniture and items back where he found them. I know that having the protagonist physically move the items helps their body to move from surplus reality into present reality. I have the group members who held roles de-role themselves by shaking their bodies of any and all residues of the roles. I thank the protagonist and instruct the group that we are moving to our time of sharing.

Steven's Director's Soliloquy from the TSM Psychodrama Perspective: As the scene closes, I am having the group members de-role one by one through a "scarf wash" that the team members have created by waving scarves over the group member, like a washing machine, to remove any of the role that might still be lingering. As each group member moves away, the protagonist is left with his body double. They embrace and part. I thank the protagonist and instruct the group that we are moving to our time of sharing.

The sharing for both the classical and TSM psychodrama runs the same. Group participants refrain from giving advice and, rather, share how the main protagonist's story touched their story. The sharing is rich, full, deep, and connected for both classical and TSM psychodrama.

This comparative example of classical psychodrama to TSM psychodrama highlights how director's decisions are different when one is working within the concept of emergent psychodrama, allowing scenes to unfold from conscious, unconscious, and projected materials. Emergent psychodrama relies on what arises from each moment to guide the action, and it truly embodies J.L. Moreno's original concept for psychodrama.

TSM psychodrama engages an informed and clinical use of emergent psychodrama, which then becomes the basis for another TSM psychodrama

phenomenon known as simultaneous protagonists. The concept of simultaneous protagonist, as well as its naming, proactive use, and clinical understanding, were developed over a period of time. What follows is the evolution of the simultaneous protagonist phenomenon, from theory to practice. We will also present some new concepts to the already exciting vision that J.L. Moreno had for psychodrama, as found in the therapeutic spiral model.

4.2 TSM Simultaneous Protagonists

The introduction of the term simultaneous protagonists has only evolved in the therapeutic spiral model during the last dozen years, stemming from work with large communal groups around the world and solidifying their effect. We have also gained a fuller understanding of the reality of simultaneous protagonists during our recent work on Zoom, as we responded to the pandemic of 2020 online. Steven created this term.

According to the dictionary, simultaneous means something that occurs or operates at the same time. In TSM psychodrama, it means that each group member lets themselves experience and feel their own authentic reality during a TSM group, putting that into action with the help of the team and the TSIRA. This is further demonstrated in the next chapter. Everyone is told that they are to be themselves in whatever role for which they are chosen, or to add spontaneously when asked or when they feel it is appropriate. When they speak to the protagonist from a role, they are told that they are talking to themselves, as TSM is always an internal dialogue with parts of self. While it sounds confusing, it is quite magnificent to watch in action, as the whole group does truly come together as one brain with all parts operating at the same time.

In the 30 years we have worked with trauma around the world, we have consistently seen the unpredictable internal chaos many traumatized people experience as the biggest interruption in their lives. In Chap. 2, you saw how the therapeutic spiral model originally sought to visualize the structure of the intense feelings and primitive defenses that people experience as a natural response to any trauma. This was done through the image of “trauma bubbles.” While watching or participating in a drama, you could almost literally see and feel trauma bubbles of dissociated rage or grief pop onto other group members, while others would dissociate or regress uncontrollably. This is what we found naturally emerges in situ in psychodrama with trauma survivors. So much is going on at the group process level that it often impedes the clinical work of a drama. Thus, the therapeutic spiral model created a structure to allow that chaos with form and clinical structure as we work off the spontaneity of the entire group.

The TSIRA and the prescriptive roles and clinically modified doubles were the first step in putting structure and form to the chaos that would often interrupt group process or individual dramas (see Chap. 3). During sociometric selection of protagonists, competitions would often emerge, rampant, and emotionally charged. More than

once, this resulted in the group choosing multiple protagonists and the TSM director learning how to direct them. As we developed the first action healing teams, we added a full clinical support system to provide containment throughout TSM psychodramas, which you will see in full in the next two chapters.

4.2.1 Multiple Protagonists

There were two important reasons for the increasing use of multiple protagonists in TSM psychodramas. From 1992 to 2000, groups of international trauma workers and clients came to do their healing with the therapeutic spiral model on the psychodrama stage at Black Earth that was a replica of the original Moreno stage (see Chap. 1). Dedicated to, blessed by, and visited by Zerka Moreno once a year, the stage allowed the opportunity for dramas to become physically more expansive. This was due to the addition of a balcony and a three-tiered stage. With an entire theater, including a balcony for role players, it became easier for a TSM director and team to offer the opportunity for multiple protagonists to work.

The second influence was working in large groups in person, especially during the years that TSM expanded into Asia and particularly China (2004-present). When there are 100 people in the group and the TSM goal is to have everyone involved in the drama, we most often face the group choosing multiple protagonists during sociometric choosing. To reduce the sociometry to a single protagonist in these cases would become the drama itself, again and again. Also, in these communal cultures, we found it became natural for there to be several protagonists in a single drama. This became the norm for the therapeutic spiral model beginning around 2008.

For years, we directed multiple protagonists using the TSIRA as we saw them walk side by side on similar journeys together. For example, when working in South Africa, the final drama of a four-day workshop was with two protagonists, both of whom had been raped at age eight. One protagonist was White and the other Black, and while they had very different experiences in very different circumstances, they chose to work together for healing, and they naturally flowed together. The director asked each to pick a double, a strength, and subsequent roles following the prescriptive role of the TSIRA (see Chap. 3). When one would be choosing or in a role reversal, the other would be witnessing the work and seeing their own self dealing with that part of the trauma. The dramas would spontaneously flow from one stage to the next, from one theme or feeling to the next, as each completed an intervention. In the end, these two very different women came together and decided to hold a justice tribunal for the rapists, demonstrating how two minds were better than one.

As time has gone on and we have worked with even larger groups, we have observed that it is imperative to involve the whole group in action to keep the group's spontaneity and creativity alive. Thus, we added the concept that there is no audience in TSM—everyone is a protagonist from whatever role they have in the drama. In action, people need to be taught to *not* role play when chosen, but to speak spontaneously from whatever they are authentically experiencing and trust that if it

is wrong, the director will direct a role reversal or intervene in another way. While often difficult for people trained in classical psychodrama to begin to trust their own spontaneity in this way, we have clinical evidence and amazing stories of post-traumatic growth from decades of working with people in what we now call “the group brain,” once again returning to Moreno’s (1934) reference to the group as a whole.

4.2.2 The Group as a Whole: The Brain in Action

As you have seen the therapeutic spiral model uses the foundation of academic research on experiential psychotherapy to not only understand the use of action methods, but also as a way to look at personality structure. Research by Greenberg (2013) describes the experiential self as always organizing in the moment and thus it is able to change with the right active interventions. The therapeutic spiral extends that concept to groups and sees that the group mind is always organizing and re-organizing during an experiential session. When guided by the structure of the TSIRA, the group mind can emerge with spontaneity and creativity time and again accessing everyone’s autonomous healing center and supporting all group members to do their own work simultaneously.

4.2.2.1 There is no Audience in a TSM Psychodrama

The therapeutic spiral model teaches group members that there is no audience in TSM because each person is an important part of the group brain, or the brain in action as we call it. In classical psychodrama, scenes are set in interpersonal spaces like living rooms and kitchens, while in TSM psychodrama scenes are concretized as the “brain in action” through internal scenes. Even clients who do not have a sophisticated understanding of psychology can understand that a group is made up of individuals coming together for the same healing, and that when it works well, together we co-create better resourceful solutions than when it is only one person’s experience. Everyone becomes a protagonist in this model where there is no audience, and everyone is invited to follow the TSIRA. The form and structure of this model allows participants to authentically express themselves without chaos taking over.

4.2.2.2 The Intentional Engagement of Mirror Neurons in TSM Psychodrama

What is exciting to us is that new research into interpersonal neurobiology affirms what TSM psychodrama understands clinically. Interpersonal neurobiology reveals that our brains have the ability to receive and to respond to information interconnectedly as if when we are together we are one brain. It may seem strange to imagine a

community of people functioning as one collective brain. However, the front of the biological brain has a set of neurons which mirror unspoken patterns in other people (di Pellegrino et al. 1992; Gallese et al. 1996). We are constantly receiving information through these mirror neurons, and we are constantly giving information that is being received by others' mirror neurons. Thus, humans are constantly linked and transferring information through interpersonal neural receptors, mimicking neurons and sending information over synaptic gaps. If we could take an overhead scan of a group with the interpersonal, sociometric, mirror-neuron, and telic connections lighting up, then the ability to see a group's connections igniting as neurons in a brain would be clear and evident.

We can closely approximate this currently by doing TSM psychodramas online. As we observed when looking at the Zoom screen, one sees all the parts of the group brain represented through each of the members of the group. Each person's square holds important healing information that becomes activated in the drama and then sent through cyberspace, much like chemical electricity moves a synaptic gap. One can watch the Zoom screen and witness the group brain igniting, connecting, and healing.

TSM psychodrama acknowledges the healing power in these connections and works to increase the flow of information between participants' mirror neurons. Two ways that this is done is by first providing safety and interconnected environments for healing work. The methods used to create safety and foster interconnectedness are described in the chapter on TSM's six safety structures (see Chap. 7). The safety structures work systematically to lessen group anxiety and increase spontaneity so interconnectedness can bring healing. The second method to increase the flow of information is by encouraging the group members and training the team to listen, trust, and respond authentically to the information they are receiving and sensing. TSM knows that these resonances are what each group member, the protagonist, and the drama truly need. TSM psychodrama encourages this naturally occurring brain function to link people and to create a healthy, functioning, communal brain, which then helps each part of the individual brain heal as well.

When we see the group as one communal organism linked in thought, action, and feeling by mirror neurons, then it is easier to understand the concept of a group moving towards healing as a unit. As I (Steven) observed Kate's directing over the years, I became aware of what I termed the "group brain." I could see Kate skillfully work with each group member's story as it was overlaid on every other group member's story so that everybody's work was done at the same time. I have often said, if we could map a psychodrama on transparencies and then lay each transparency over another, we would see that each participant had been the main character in their own drama while also being a piece in the full psychodrama. We would see how each member benefited by the role they played, as they were the protagonist themselves.

This, then, is the difference between multiple protagonist and simultaneous protagonist dramas. Multiple protagonist dramas have many protagonists chosen by the group and the director works to keep the multiple stories buoyant and clear. Simultaneous protagonist dramas have all members working on their own healing story while in service to the main story. The director's focus is less on the story

and more on keeping the group spontaneous and authentic in their roles. In doing so, simultaneous protagonist dramas can rely on the amazing mirror neurons-driven group brain to ignite the collective AHC and create healing for all.

4.2.3 Immersive Tele and Interpersonal Spontaneity is the Environment

As we participated and directed TSM psychodramas over the years, we became aware that the best dramas occur when the right environment is created. For neurons in the brain to ignite properly, the environment has to be right. This is also true when coalescing a group to function as a self-healing entity. In order for there to be a full emergent psychodrama and simultaneous protagonist, the environment of the psychodrama has to be ripe with healthy and corrective spontaneity, tele, and interconnectedness.

TSM psychodrama achieves this healing environment through its six safety structures. These structures are action methods that help a group move slowly and safely closer to problematic material. The six safety structures were clinically crafted and are detailed in Chap. 7. When followed, these safety structures skillfully enfold the group in a safe and non-judgmental environment from which members' interconnections are sparked and the group starts interacting as one spontaneous, self-healing "brain."

This self-healing happens naturally when two states of spontaneity are achieved. They are what I (Steven) named "immersive tele" and "interpersonal spontaneity." Immersive tele is based on the Morenian concept that there are unseen, accurate, two-way connections that exist among people (Moreno 2006). Immersive tele, then, is when the accuracy of the unseen real connections is high enough, and group anxiety low enough, to allow the natural interpersonal healing processes to occur. When the group is in the state of immersive tele, the group members, as it were, are swimming in sociometric connections. The fear of being judged for responding to one's healthy accurate spontaneity is low. Group members trust that they are safe to act from their most authentic self. In these moments, personal and interpersonal healing reaches a tipping point, healing exchanges spread exponentially among the members, role playing becomes authentic, group members become their own protagonists, healing projective identifications abound, and the psychodrama emerges spontaneously.

In these moments, the group achieves a state of interpersonal spontaneity. The personal anxiety about interpersonal connections is low enough to allow for healthy spontaneous interaction. Group members work freely from their own material while in service to the protagonist. They role play generously from their own authentic selves. They receive projections with accuracy, enroll them with no shame and no blame, and respond in role with truthfulness. The group works as one and it is a beautiful phenomenon to witness.

From the two states of spontaneity—immersive tele and interpersonal spontaneity—all the healing gifts of emergent psychodrama flow. They are the reasons all participants can engage in their own healing process as simultaneous protagonist. And, from these states of spontaneity, projective identifications can be employed as clinically significant emergent material for healing.

4.2.4 Projective Identification as the Glue

As already mentioned in Chap. 2, projective identification is the psychological mechanism that is seen as the popping or transmission of trauma bubbles from one group member to the other. This was certainly not a formulation that we had during our first writings on the therapeutic spiral model (Hudgins 2002). However, it has become the bedrock of our understanding of how to make emergent, in situ, psychodramatic action not only safe, but also what creates developmental repair among a group of like-minded trauma survivors. The use of projective identification is further described in detail in the next two chapters in this section.

While projective identification, or PIs as we call them, are often demonized as the cause of much chaos in groups of traumatized people, their bad reputation is not deserved. Defenses are a natural and primary part of psychological development. Projective identification is described as a normal developmental process that helps a baby learn how to self-soothe and begin to identify different feelings. Projective identification is a way for one person to communicate emotional distress to another person with the unspoken expectation that this other person can help. When these needs are met at a normal developmental stage, projective identification is rarely needed as a defense in the present. However, when trauma survivors have experienced the intense effects held in trauma bubbles, they throw projections out into the group, also hoping someone will help.

This connective function of projective identification serves to communicate the hidden parts of self as people pick up on the energy, feelings, and defenses that start floating around the room when any psychodrama starts. If people are asked to stay in an audience role, they stay as an observer and get their catharsis of integration as in a theater play. When people are given the chance to spontaneously add their own authentic here-and-now experience, under the guidance of the TSIRA and the action healing team, they find their own moments of experiential change and “ahas.”

We use the positive function of projective identification in prescriptive roles during all scenes, as you will see throughout the rest of this book. After a clinical contract and choice of a double, the TSM protagonist is asked to pick a strength—personal, interpersonal, or transpersonal—to support their goal in action. This is the first role reversal in a TSM drama (see Chap. 9).

While the director does the role reversal with the protagonist and chosen auxiliary, team members interact with the group and ask if they have other strengths they might want to bring to the drama. As you will see in the next chapter, the assistant leader collects this information of the other roles that have spontaneously emerged and

gives it to the director to share with the protagonist. Alternatively, some directors invite group members to spontaneously come to the scene and offer their strengths as they feel ready to do so. Of course, the protagonist can decline, but very quickly TSM groups accept the norm that the inclusion of others is helpful for maintaining authenticity, rather than with scripted roles. This becomes the glue that creates and holds the group mind as we see PIs used to connect in positive directions.

In TSM dramas that include the trauma triangle, projective identification again communicates feelings and defenses that the protagonist is either unable to hold or needs for protection. We often find clinically that if a chosen protagonist, with a cadre of strengths up on stage with her, is finding and expressing grief, another group member feels the act hunger to join the scene as a good enough mother to comfort both the adult and child roles in the scene. Alternatively, anger may be picked up by another group member, either as a healthy expression of anger for the hurt caused to the wounded child, or as identification with the aggressor to defend against the grief. With the use of PIs, these feelings and defenses become integrated into the drama in situ, rather than seen as disruptive or problematic.

Finally, in roles of post-traumatic growth the use of projective identification only increases the joy found in the sleeping-awakening child, the love of the good enough parents, and the power of the appropriate authority to direct one's own life. Many times, TSM dramas of post-traumatic growth show the best of using emergent psychodrama to support the full-bodied development of the group mind in action. Recently, I (Kate) held a five-session supervision group online with counselors from Hua Qiao University, where I have been Visiting Professor since 2008. In the final scene, everyone swirled a scarf around their head like a spiral, and called out in Chinese "clearing the shame!" This was a communal clearing of shame with one brain, alive with spontaneity and creativity.

Let me (Kate) now share with you another example from an ongoing weekly TSM psychodrama group for women that has been online for over a year. The experience of this group, and other online groups during the stay-at-home period of 2020 brought on by Covid-19, helped us to concretize the brain in action concept, since we could literally see different Zoom squares light up with strengths, trauma-based roles, and ultimately post-traumatic growth. In Chap. 6 you see the full use of an action team in real-life working the TSIRA to demonstrate the group brain in an in-person workshop.

4.2.5 TSM Women's Group on Zoom

I want to thank Ina Hogenboom, MSc, TEP for her assistance in co-leading this group and helping to develop the technology to increase the power of the experience of simultaneous protagonists online. See Chap. 6 for her full contribution to the understanding and use of projective identification throughout a TSM drama, with the sociometric, substantive diagrams.

Each week, Ina and I meet at 7:30 AM my time and 1:30 PM in the Netherlands for a brief team meeting. We decide clinically where the group brain is following

the TSIRA, as the group has moved from prescriptive role dramas to ones focused on defenses. In the session, we create a warm up to identify defenses and then move quickly into a 30-min online TSM drama with simultaneous protagonists. Currently, this group has at least 10 women from five different countries who come into the Zoom room and spontaneously chat with each other until everyone is there. For this session, Ina offers pictures of the TSM Mask cards, developed by Mario Cossa, on screen, and each person picks one to represent their “most used and/or preferred defense”.

For the online group, they are arranged in a circle on the screen and we see photos of the cards and the avatars of the women who chose them. This group example does not include real names or experiences, but a composite of many groups held over decades using the TSM Mask cards in action (Fig. 4.2).

The group is helped along by the procedure and technology of the renaming process. As each person experiences themselves internally, they share the role through the chat function. Role transitions naturally occur as projective identifications are labeled, and new roles emerge through the renaming process. As this occurs, it is as if the brain in action is lighting up on an MRI. You see the strengths that immediately show up, now supporting a chosen protagonist to face their defense or trauma in new ways.



Fig. 4.2 TSM sociogram of defenses using mask cards

Several themes and defenses emerge during this simple warm up to choose the observing ego of defenses in this online TSM group. Sociometric choosing is used in TSM psychodrama because it truly creates a protagonist who represents the central concern of the group, and this process also supports the simultaneous protagonist experience. Here, the majority of the group opted for a woman who had often taken notes during the previous groups and was ready to put down this intellectual defense. The clinical contract for the drama was to gain the strengths necessary to peek behind this defense of intellectualism and see what feelings might be held underneath. The scene quickly progresses since the group, being in its twenty-fourth week, well understands the experience of simultaneous protagonists.

Director: “Georgiana, can you pick someone to be your body double?”

Protagonist: “Yes, I pick Isabella because she is always in her body.”

Director: “Now pick the main strength you need to just have a peek under the intellectualizing. We have 25 minutes, so it’s just the first look.”

Protagonist: “I know I need my sense of humor or I will never get through it and will just keep on reading and writing! I choose Rabia as she is always funny in the group.”

Director: “As Georgiana begins to interact spontaneously with her double and her sense of humor, I invite all of you to rename yourself with the strength you need to get a peek under your defenses.”

(People quickly rename themselves. Now the whole group can see we have courage, tenderness, understanding, a friend, a tree, compassion, and authenticity available in the group, as well as Georgiana’s chosen strength of a sense of humor.)

Director: “Georgiana, look at all these beautiful strengths you see others offer to our group brain to look under our favorite defenses. Everyone, please speak out loud the words you need to say to yourself from your strength to peek under your defense for a few brief moments all together. Wash her brain in positives. Say to her what you need to say to yourself.”

Now we have full simultaneous protagonists online with everyone using their own strength to support Georgiana, while also knowing they are talking to themselves. Meanwhile, the TSM team’s assistant leader, Ina, has noticed that two online participants had not renamed themselves as strengths, and she has chatted with them to see what they are experiencing. They rename themselves as wounded child and anger. We trust they are the next step in the TSIRA and we test that with the group first.

Director: “Ah, I see some of the feelings from your wounded child have shown up. Before we go there, please pick one of the strengths you see that maybe you need and didn’t know was there.”

Protagonist: “I pick compassion. I often hate myself for even having a wounded child. And I am most often so angry that I still feel like a child. I just try to push those feelings away with reading and writing. I actually did that as a child to get away from all the violence in my family growing up in Russia.”

Director: “Let’s listen briefly to what compassion wants to spontaneously tell you before you role reverse.”

Compassion: "I am your compassion and mine also. I want to offer care for the wounded child, for me and for you. We all need compassion for mistakes we made, and especially for the ones that we didn't make, but others still blamed us for."

Director: "Role reverse with this universal voice of compassion and tell yourself, who is here now, how to bring compassion where there has only been self-loathing. Look around and see your TSIRA. You have a body double to go with you into the role of compassion. Look at your whole self that is strong and ready to help rescue that wounded child from the past. You have all the strengths on the screen, and you also have anger. But not anger at yourself, anger at someone who hurt you. Now role reverse, take your double with you, and speak to your whole self."

Protagonist as Compassion: "It's really hard to look at my wounded child and feel compassion. I have hated myself for so long."

Body Double for Compassion: "And today, I can see all the strengths I have here and I can just begin to look through my defenses of intellectualizing and just see one thing about my wounded child that I can honor today. I can center myself and take two deep breaths as I really look at the person who has picked up the wounded child role in the drama. I see the fear. I see the need to not be blamed. Don't I see that?"

Protagonist as Compassion: (Takes deep breathes with the body double.) "Ok, right, yes. I can look into the eyes of my wounded child and I can see the fear. (Starts to cry gently.) I see you and I am sorry that I have not attended to you and have blamed you. I know you enjoy books. Maybe we can read a book together?"

Director: "Role reverse back to your adult self and see what your wounded child says to compassion. Wounded child, please speak spontaneously to compassion. Do you want to read a book? Or do you want something else?" (Remember this is a simultaneous protagonist, so the director asks for authentic responses in the back and forth of role reversing).

Wounded Child: "Yes! Yes, I would like to read a book! Can we read something about monsters and winning?"

Director: "So, we see a new beginning from your adult role as we look at the spontaneity of the group that came together and as we peeked under defenses for the first time in this group. I hope everyone will go home and find a good book to read to their inner sleeping-awakening child this week. What's your final statement to yourself and to the group brain, Georgina?"

Protagonist: "I am ready to take the next step and stop talking about having an inner child and begin to pay attention. I can do that. This is not overwhelming. It is a good first step."

While this is a composite example from the TSM Women's group and other online training groups of 2020, we want to thank all the people who have come together around the world as we have discovered even more deeply out of necessity. TSM trainers and group leaders have found the jump to online experiential work a challenging yet creative process. Nowhere has it been more exciting than watching how the practice of simultaneous protagonists has become the norm when working in TSM groups in 2020 during the Covid-19 crisis.

4.3 Conclusion

Moreno envisioned psychodrama as “in situ,” meaning it is created in the here and now as the drama proceeds. TSM psychodrama is an embodiment of Moreno’s original concept. This statement is validated by Zerka Moreno’s direct correspondence. Moreno considered other forms of psychodrama, including what is considered classical psychodrama, as diluted, modified, compromised and reduced (Z.T. Moreno, personal communication, 1995).

TSM psychodrama works in much the same manner that improvisational theater works. An improv can have a main story, but where that story goes is often determined by the actors’ spontaneity in the moment. Though not obvious, there is a list of guidelines, maps, and theater instructions that make improvisational theater work. In much the same way, TSM psychodrama relies on the TSIRA as the foundational structure from which creativity and spontaneity emerge. TSM psychodrama follows the main protagonist story while incorporating the projection identifications into the psychodrama as they emerge in situ. Thus, TSM psychodrama is truly emergent psychodrama and can be seen as the fulfillment of Moreno’s vision for psychodrama.

TSM psychodrama mindfully and proactively engages the information known about mirror neurons, interpersonal neurobiology, and unconscious projections to present the idea of a group brain. The group brain concept helps the leader and team to see the group as an individual who needs healing. The team can then assess, moment by moment, which part of the membership of the brain needs to come more online, be more spontaneous. With these ongoing assessments, the team can then provide “in the moment” interventions to individual members, or the team can create a group intervention to attend to the need of the “brain” as a whole.

Awareness of the group brain also allows for another phenomenon to emerge. That is the phenomenon of simultaneous protagonists. As described in the chapter, simultaneous protagonist dramas occur when all the stories of the participants are seen as overlapping, important, contributing to the whole, and are fully spontaneous and authentic. When participants bring their own materials into the drama through the roles they have been asked to play, or the ones that landed on them through projection, the entire drama serves everyone as if they were the chosen protagonist. When we trust and are authentic in the process, then amazing healing can be done and everyone’s AHC is ignited.

For this to happen, a state of spontaneity needs to be reached in which there is immersive tele followed by interpersonal spontaneity. Immersive tele, as described, is when the telic accuracy in a group is high enough and the group anxiety low enough to allow natural interpersonal healing to occur. This creates a freedom in the group for members to work spontaneously from their authentic selves. Group members interact with each other as if they are neurons responding for a common purpose of healing. This phenomenon is named interpersonal spontaneity, and from this state of spontaneity, emergent psychodrama and simultaneous protagonists emerge.

In order for all of the amazing phenomena in this chapter to be achieved, the TSM team is instructed and trained in all these concepts, and the team members actively

work together to bring them into action. The TSM team is the focal energy of all work in TSM psychodramas, healing retreat weekends, trainings, workshops, and seminars. The team model was created and refined from the beginning of TSM. The next chapter presents the power of the TSM team and how the team both engages all the concepts presented in the previous chapters and puts them in action. The team is the strength and container of TSM work. You will see in the next chapter how much time and effort is allotted to create the team container so the group's container can be strong, nurturing, and productive.

References

- Buchanan, D. R., & Swink, D. F. (2017). Golden Age of Psychodrama at Saint Elizabeth's Hospital (1939–2004). *The Journal of Psychodrama, Sociometry, and Group Psychotherapy*, 65(1), 9–32. <https://doi.org/10.12926/0731-1273-65.1.9>.
- Cozolino, L. (2014). *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain* (Second edition). W. W. Norton & Company.
- Cozolino, L. (2015). *Why Therapy Works: Using Our Minds to Change Our Brains* (1st edition). W. W. Norton & Company.
- Di Pellegrino, G., Fadiga, L., Fogassi, L., Gallese, V., & Rizzolatti, G. (1992). Understanding motor events: A neurophysiological study. *Experimental Brain Research*, 91(1), 176–180. <https://doi.org/10.1007/BF00230027>
- Hudgins, K. (2002). *Experiential Treatment for PTSD: The Therapeutic Spiral Model*. Springer Publishing Company.
- Gallese, V., Fadiga, L., Fogassi, L., & Rizzolatti, G. (1996). Action recognition in the premotor cortex. *Brain*, 119(2), 593–609. <https://doi.org/10.1093/brain/119.2.593>
- Greenberg, L. S. (2013). Anchoring the Therapeutic Spiral Model into Research on Experiential Psychotherapies. In K. Hudgins & F. Toscani (Eds.), *Healing World Trauma with the Therapeutic Spiral Model: Psychodramatic Stories from the Frontlines* (pp. 132–148). http://www.123library.org/book_details/?id=58841.
- Moreno, J. L. (1934). Who shall survive?: A new approach to the problem of human interrelations. *Nervous and Mental Disease Publishing Company*. <https://doi.org/10.1037/10648-000>
- Moreno, Z. T. (2006). The function of “Tele” in human relations. In T. Horvatin & E. Schreiber (Eds.), *The quintessential Zerka: Writings by Zerka Toeman Moreno on psychodrama, sociometry and group psychotherapy* (First issued in paperback, pp. 289–301). Routledge.
- Porges, S. W. (2017). *The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe* (Illustrated edition). W. W. Norton & Company.

Chapter 5

TSM Action Trauma Teams



Abstract TSM psychodrama teaches that the safest experiential trauma therapy is done with the use of a team of trained professionals who are both clinicians and certified psychodramatists. Continuing the enactment of emergent psychodrama, we detail Zerka Moreno's writings (2006, 2013) on the use of auxiliary egos as they were used in Beacon for many decades. We continue our discussion on trauma bubbles and the use of projective identification, as well as how we use our action healing teams to support our model of simultaneous protagonists. We describe the TSM roles for a clinical team working with trauma that are based on Kellerman's (1992) four roles of the director (Toscani (1994) Wholeness of the action trauma team.). We present the four roles of analyst, therapist, sociometrist, and producer, and demonstrate how these functions are held by the TSM roles of team leader, assistant leader, and trained auxiliary egos. Integrating these two frameworks demonstrates the dance team members choreograph to prevent uncontrolled regression and unchosen catharsis among those who participate in these experiential methods for treating trauma. Specific clinical and directing skills are clearly stated, and clinical examples enrich the chapter. We also present how to use the team principles even when a TSM action team is not fully available (Baratka (1995) Incorporating principles of the therapeutic spiral model when an action trauma team is not available.). A brief note on research on TSM teams and auxiliary work completes this chapter.

Keywords Trauma · Experiential trauma therapy · Psychodrama · TSM · TSM psychodrama · Trauma informed care · Group psychotherapy · Projective identification · Trauma teams · Trauma action healing teams · Trained auxiliary ego · Assistant leader · Team leader

Being on a TSM action trauma team is an experience unlike any other. The team is managing many moving parts, is interacting in a healing way with each of the participants, is checking in with their own processes, is fielding projections and transferences. Team members gather information, work spontaneously and authentically in service to the protagonist and group. The assistant leader brings all the information to the team leader to secure the container the group needs to do deep

trauma work safely. The team acts as one therapist with multiple sets of eyes, a large variety of strengths, a breadth of clinical and psychodrama experience, with a combined focus on healing, and all connected to a single heart.

The work of the team appears seamless to participants. Yet, there is a large amount of work before, during, and after that is needed to make a safe group experience seem effortless. In other chapters, we have talked about the theory and safety structures that are readily noticeable to participants, and that create the interpersonal healing space. In the background, and hardly noticeable, it is the collective work of the TSM action trauma team that truly creates the container needed for deep group work. In this chapter we go “behind the scenes” and present to you the theory, practice, comradery, and healing of the TSM action trauma team experience.

When the therapeutic spiral model first started out, we called our first TSM teams “action *trauma* teams,” with an emphasis on the word trauma, both in theory and in action. During our early clinical work from 1992 to 1995, we found time and again that trauma survivors became triggered from classical psychodrama and quickly realized the need for a director accompanied by trained auxiliary egos. As trained clinicians, we saw the need for additional containment and sought out ways to provide that in group psychotherapy.

At the same time, Zerka Moreno was coming to the psychodrama theater of protection each year, and this prompted her to share many stories about the trained auxiliary egos at the original psychodrama theater in Beacon, NY. She shared her early writing on the function of the auxiliary ego and stated there were three ways someone could portray a role. The first was to “draw on his or her own private resources” and lived experience (Z.T. Moreno, 1946/2006, p. 38). The second was to draw on the role training from how the person portrays the other, and the third was to use information known about the other person being portrayed. In 2013, Zerka clearly listed the 5 functions of a good auxiliary ego:

- 1 To portray any role that is needed in order to complete a drama.
- 2 To come as close as possible to what the protagonist’s reality is.
- 3 To reach into and explore what is the hidden dimension of what is being enacted.
- 4 To interpret feelings that are underneath the behaviors on the stage.
- 5 To be a guide for future behavior through role training.

Given that TSM auxiliaries do all of the above and more, as you will see below, it seemed only natural to move to developing a three-part team structure. Additionally, we integrate the use of projective identification further into the team structure, as we support our trained auxiliaries to use their own spontaneity and creativity. Reading Zerka’s words from 2013, which was her last written chapter on psychodrama, the connection to using auxiliaries spontaneously is clearly made when she says, “As director, I give my auxiliaries a certain amount of liberty to be as inventive as possible, provided that this is of assistance to the protagonist, not intended to show off their cleverness” (p. 39).

After presenting clinical considerations and directing tips, we then demonstrate the concept of projective identification further and the need for the team to support simultaneous protagonists in any TSM setting working with trauma. All team members

follow the clinical map and formula of the trauma survivor's internal role map (TSIRA), to decrease the likelihood of uncontrolled regression and unchosen abreaction. Clinical examples are given in this chapter and the next adds sociometric diagrams of group process.

5.1 Trauma Bubbles and Projection Identification

While TSM action healing teams serve many functions, it is the concretization of the dissociated and intense feelings, defenses, and memories that are held in trauma bubbles that the therapeutic spiral model has always sought to concretize with safety and effectiveness, during the most intense moments of emergent psychodrama. Using the spontaneity and creativity of the team as director-as-a-whole, we concretize the prescriptive roles to stabilize the group as we begin to create a container for projective identifications to be enacted in situ. People are invited to add their own spontaneous strengths as the group warms up or during this first scene, concretizing all the positive connections that could be called projective identifications or, in psychodrama, tele.

Then, when the group is ready with its strengths, we begin to find the wounded child, abandoning authority, and internalized perpetrator roles as they emerge in the group. Team members learn to pick up the projective identifications as they happen in group, identify them, concretize them if needed, and, most importantly, always give back a new understanding and experience of dissociated emotions and how they can be safely expressed. It is only through the use of a TSM action healing team that tele can find its way through projective identifications, transferences, and countertransference and truly ignite the AHC to become stronger and more steadfast.

5.2 TSM Action Healing Team Roles

Full TSM action healing teams include the roles of a team leader, an assistant leader, and at least two trained auxiliary egos. Each professional is trained in traditional or alternative methods of healing—medicine, psychology, social work, counseling, trauma-informed care, acupuncture, energy and body-based therapies, expressive art therapy, etc. most with post-graduate education in psychodrama, sociometry, and group psychotherapy. Additionally, many team members are trained in other experiential methods, from hypnosis, bodywork, and gestalt therapy, to EMDR and somatic experiencing therapies. Together, team members share their skills, hearts, and, many times, their souls to help others stay in the present where trauma can be healed, so our autonomous healing centers can guide the present and the future.

5.3 Team Leader Role

Originally called the “director,” as in classical psychodrama, this TSM role evolved into being much more than that of directing a psychodrama as the therapeutic spiral model developed its three-stage model of the treatment of trauma (Hudgins 2002, 2019; Hudgins and Toscani 2013). As we learned to work with simultaneous protagonists in emergent psychodramas, the role of the director became one of directing a team to both support the spontaneity and creativity of the group and anchor them in the here and now.

The TSM team leader (TL) is the main director of all TSM dramas. However, they communicate with the assistant leader to become conscious of the projective identifications floating around the group and strategize how to bring them into the drama, since trained auxiliary egos provide containment for anyone triggered in a TSM drama. Working together with the assistant leader, the TL uses clinical timing to know when to integrate others’ perceptions into a chosen protagonist’s drama, thus making it safe for everyone to do their own personal work as simultaneous protagonists.

It is the team leader who needs to keep the big picture, not just of the drama enacted by a chosen protagonist, but to act like a maestro leading an orchestra or a choreographer directing a ballet—in the moment as new roles emerge from the group. The TL sees the group as a whole and the action team as the roles needed to keep people in their windows of tolerance throughout a drama so that the drama becomes one brain-in-action.

5.4 Assistant Leader Role

This role was not one of the original ones when we were first developing the therapeutic spiral model to treat trauma using experiential methods. It emerged during an intense drama in which Francesca was playing the prescriptive role of the containing double for a client who was holding the role of a wounded child locked inside a surplus reality refrigerator made of two interlocking chairs. However, as you can imagine, that client also flashbaked to her own confinement as a sexual abuse survivor even with a containing double, and we found ourselves faced with basically directing two dramas at the same time. This was one of the moments we understood how everyone can be connected in one group, and how much a team was needed to hold the trauma bubbles and projective identifications that popped unexpectedly on others. Francesca had one of the trained auxiliaries work with her and the wounded child, while I (Kate) worked with the main protagonist to resource her with prescriptive strengths and roles so she could go back to rescue this child part when the team had stabilized the protagonist in a sub-scene.

The assistant leader role was named after this drama, as the nonverbal communication between Kate and Francesca created a positive resolution of a tense drama.

This role is essential to a deep and safe TSM psychodrama. In many ways, the AL's role has expanded into the group therapist, as they are responsible for being the communication channel between the team leader, the auxiliaries, and information about the group. In action, the person playing the role often describes it as "very active and busy, like running around on roller skates." The role of AL was originally one of additional clinical support for safe enactment, as the assistant leader became the gatekeeper between the action among group members and a chosen protagonist as the model developed. As we have moved onto Zoom, the assistant leader role has expanded once again to now include the chat function and other ways to communicate with both group members and trained auxiliary egos.

5.5 Trained Auxiliary Ego Roles

As mentioned, the original TSM trauma teams included a director and trained auxiliaries. Their main functions have been maintained and are expanded upon from Zerka Moreno's original writings on auxiliaries (2006, 2013). TAEs have three clinical functions on TSM action healing teams.

- 1 During Stage 1 of the prescriptive roles and throughout the drama, team members provide support for self-regulation as body and containing doubles, or as a manager of defenses if group members are triggered during the drama. Strengths can be brought in through doubling or even by moving into a sub-scene, so that all group members can be included in the drama when it is safe.
- 2 During Stage 2, team members are asked to play the difficult trauma-based roles of victim, perpetrator, and abandoning authority until the protagonist and group members have shown the ability to rescue themselves from the trauma triangle and take these roles safely for themselves.
- 3 In order to play the trauma triangle role themselves, team members are trained to pick up and hold the intense emotions that float around the room in trauma bubbles and projective identifications, and label them so that they too can be used for action in a drama as it emerges from the group. In turn, they use what they experience to help progress the group process for full developmental repair.

5.6 The Four Roles of the TSM Psychodrama Team as Director

In Kellerman's (1992) description of the roles of the director, he focuses on the clinical and psychodramatic tasks of each of the roles described: analyst, therapist, sociometrist/group therapist, and producer. Here we show how the three roles of the TSM teamwork as a whole in emergent psychodrama using the therapeutic spiral model. We have found through decades of processing with live, and now Zoom teams, that the first roles of analyst and therapist are inherent roles in any good



Fig. 5.1 The 4 professional roles of Psychodramatist. *Note:* From *Focus on Psychodrama: The Therapeutic Aspects of Psychodrama* by Peter Felix Kellermann (1992) Copyright 1992 by Peter Kellermann. Reprinted with permission. Graphic adaptation and integration with TSM roles created by Chan Cho Kin, 2019

therapy, whether experiential or not. The roles of sociometrist and producer are more psychodramatic in nature, helping to create group connections in action, and facilitating safe action that can provide concretization through production methods. Let's see how we translate these roles into different functions for the TSM action trauma team roles and how they function as a whole (Fig. 5.1).

5.7 Analyst

The analyst is an empathic listener who attempts to understand the component parts of any psychological situation, whether in talk or experiential psychotherapy. As Toscani and Hudgins (1998) state:

Kellermann suggests that the ideal analyst is involved in hermeneutics, the uncovering of hidden meaning. This very word stems from the classical Greek God, Hermes, who was a guide to souls in the underworld. Ideally the analyst is comfortable with the darkness and provides safety during this search. They adopt a Socratic ignorance for what might emerge, withhold judgement, and hold a cognitive structure for descent into the *trauma* spiral and the emergence out of it. (p. 2)

This role of the analyst is most important when working with trauma, as one must first understand what is happening in the internal reality of trauma survivors before they can be safely brought into experiential trauma therapy. The analytic part of any therapy is to relate what is happening to a philosophical or therapeutic "theory";

hence, it is primarily a cognitive or mental function. The analyst makes mental notes and brings cognitive understanding into the drama at appropriate times to assist in the healing and attainment of the contract—the reason for the drama. The TSM trauma survivor's internal role atom helps guide all members of the action team using their ability to analyze where the protagonist and group are on the clinical map at any moment. Thus, gaining the information of what is needed next to conduct a safe TSM psychodrama.

5.7.1 TSM Clinical Team Notes for the Analyst Role

While it is the team leader's job to be the path finder, the guide from start to finish of an experiential trauma session, it is up to the rest of the team to contribute what they see, feel, and experience from their own analytical perceptions. When the action healing team is working smoothly, the trained auxiliaries stay in good contact with vulnerable group members and collect information from all participants and then pass it onto the assistant leader. As the assistant leader communicates with the team leader, together they clinically decide what is best to support the integration of the whole group into simultaneous protagonists. Only in this way can the greater whole of the group-as-one-brain be truly supported.

5.7.2 TSM Psychodramatic Notes for Analyst Role

It is here that the clinically modified interventions of the TSIRA and its prescriptive roles come into play. Using clinical assessment in the here-and-now, TAEs quickly learn how to slip gently into a momentary body or containing double to assist a vulnerable group member who may be starting to be triggered. Team members know how to be the manager of defenses or to concretize the restorative roles of personal, interpersonal, and transpersonal strengths with full spontaneity and creativity.

When playing the trauma-based roles, it is essential that trained auxiliaries use their clinical judgement to know how far to take the action as victim, perpetrator, or abandoning authority, not just for the protagonist but also for the entire group as a whole. Of course, it is here that the assistant leader uses all their clinical knowledge to orchestrate the times to introduce roles to the team leader or directly into the drama. At times, the AL is also asked to direct sub-scenes with simultaneous protagonists, which are then all brought together as one. The unification of these scenes occurs when the spontaneity and creativity emerges from the use of our clinically modified interventions for trauma-informed care.

5.7.3 TSM Team Example

The integration of the role of analyst is seen most directly in the establishment of both the observing ego and client roles in the TSIRA's prescriptive roles. When we began attempting to make psychodrama safe for the most vulnerable protagonists, it was this analytical function that we found most often missing. Let us demonstrate how concretizing the observing ego at the beginning of a group helps everyone anchor into a cognitive role that functions to keep the analytic function of the role active, no matter the depth of experiencing in a drama.

These animal cards are spread out on the floor when the group arrives (Fig. 5.2).

Director: "As you come into the room today, look at the TSM animal cards that are around the pile of scarves in the center. Pick one that speaks to you of your ability to spend this weekend together, always looking at yourself and others with an attitude of no shame and no blame. We call this your Observing Ego and truly believe if you cannot look at yourself this way, you cannot change.

"Next, please find a partner and discuss with this new person you are just meeting, or someone you know, how this card can help you look at yourself and see your actions objectively, without judgment."

"Put your OE animal card on the wall to observe you today and throughout the weekend. Now role reverse with your card and please offer a cognitive, non-judgmental statement to yourself, sitting in the empty chair in the center of the room, to help hold you into a safe space, your window of tolerance, and continues."

Group Member 1: "I see you are a bit scared today, and I know you can look at yourself in a new way."

Group Member 5: "Wow, this is something new. I can't judge you. Hmm, what do I say?"

Fig. 5.2 TSM animal cards and scarves. *Note:* Animal Cards, Therapeutic Spiral Institute, 2008. Image provided by Joshua Lee



Director: “Ah...that is the question here in this new role of the observing ego. Just look at the situation, your behavior, and don’t judge it. Just observe yourself and your reactions. See how that feels. If you don’t like it you can always go back to judging.”

Group Member 5: “Interesting...hmm...I can say, I see you often do your best. It may not be good enough sometimes, but I see you always try. I give you support to keep on doing that.”

Director: “Thank you. Let’s hear from the next person.”

Group Member 7: “I am very curious how I might support you to go forward in this new way—without shame or blame. Let’s go!”

As you can see in this example, both the group members and the director or team leader interventions are to clarify and analyze what is an accurate description of what is happening most importantly in the here and now. Clear, non-judgmental observation is the first developmental step necessary before any behavioral changes take place.

The establishment and placement of the OE role gives a physical place for group members to walk over to visit or role reverse with at any moment in the drama, and this helps stabilize their dysregulated emotions by facilitating cognitive labeling. This means that the AL can walk someone over to their OE during an intense emotional scene and that person becomes the OE for the group and supports simultaneous protagonists who are being overwhelmed with emotion. A TAE can use this same space to double someone as they look at their OE card to help them emerge from dissociation.

5.8 Therapist

While the analyst can be seen as the surgeon, the therapist role is that of a healer. As team members analyze what is happening in the group and what needs to happen, it is the therapist role that emerges to attend to the healing of the wounds that appear. It is the therapist role’s ultimate responsibility to use the self in active interventions to nurse, to cure, and to facilitate healing through an extensive repertoire of knowledge, clinical skills, and our clinically modified psychodramatic interventions from the TSIRA. It is in these moments, when the team leader or other group member is on the floor with a group member in the wounded child role, reaching out in loving support, that the healer is truly seen. Or when the perpetrator is told to “Stop” by the authority of the team leader, the use of self is felt by one and all. It is here that the TSM team members meet all group members in equality as trauma survivors who can guide others to the next step. This is a very important function for all TSM action healing team members.

5.9 Clinical Team Notes for the Therapist Role

Most humans have suffered trauma at some point in their lives. Those on action healing teams are asked to look at their own level of recovery and to learn to use their own life experiences through a clinical lens to decrease shame for others. A key clinical skill of the assistant leader is to know the vulnerabilities of team members so the AL can support them as they grab projective identifications and bring them into the here and now where they can be labeled and given back to group members.

Learning to pick up sensitively on what the surplus reality is for a healing scene often comes from one's own healing and can be offered through any role on the team as needed. Working under live supervision, trained auxiliaries learn to discriminate what may be triggered from their own past and what belongs to clients who are experiencing floating trauma bubbles of emotion and defense. They are trained to hold these projective identifications that they have received, even in a triggered state, and use them in service of the group.

5.10 TSM Psychodramatic Notes

The creativity of role theory allows the therapist role to truly come alive in all TSM psychodramas and all team roles. A scene can be set in the group brain that brings the autonomous healing center alive, such as a warm up where everyone is a flower in a garden of gratitude. Many TSM psychodramas set up safe places for wounded children to come together to play and become spontaneous so that the sleeping-awakening child can emerge from blanket forts, caves of crystals, or waterfalls of love.

When team members are playing the trauma-based roles, they can search inside the role as experienced spontaneously in the moment of the here and now action of the group, and see if the abandoning mother turns around and reaches for her child during a drama of developmental repair. Or the perpetrator energy turns from that of defense and projection, to that of sorrow and even apology. Finally, the wounded child experiences being fully held in moments of here and now healing with all team and group members around in new and productive roles.

5.10.1 TSM Team Example

One of the poignant moments in a group in China was when a number of group members were having a hard time during a personal growth workshop on transgenerational trauma. Even during the beginning stages of the TSM workshop with the six safety structures (see Chap. 7), people were being triggered and needing support

to stay in the present just to label in words the multiple life traumas they had experienced, much less in action. In a group of 60 people, several groups began to coalesce around certain topics of trauma, particular to China in many ways. As team leader, I (Kate) moved in with my own presence to connect as therapist with three distinct clusters that the assistant leaders had organized in Chinese. TAEs were serving as TSM doubles and good enough mother roles that were supporting people to stay in the present and do something differently. The interpreter helped connect all of us across language through our autonomous healing centers.

Team Leader: (Approaches a group of people by sitting on the floor with about 15 people in wounded child role, supported by 2 TSM doubles and a universal good enough mother holding them with comfort and containment). “Ne hao. I see you all are stuck in the past. All of you are telling me and the group about horrible early traumas: forced abortions, and the witnessed death of siblings; separation from your mothers and family; continued repetition of beating your own spouses and even children. Please, please, listen to your doubles. Listen to the good enough mothers. See me, here on the floor with you in the here-and-now. You do not have to be stuck in the past. As Zerka always said, ‘Bring the past into the present, and we can change the future.’”

Group Member in Cluster 1: (Moving into regression even as we are just asking for labeling of traumas). “I see my father taking my baby sister...and he is taking her to kill her. I know that. My mother knows that. We all know that. And no one can stop him. She is the second daughter to our family already born without sons. I am lucky to still be alive.”

Team member as Body and Containing Double: “I can take a deep breath since this is not happening now. I know it’s a memory that hurts me so much. Today I can begin to let go of it. I was not responsible.”

Group Member 1: “I wish I could believe I was not responsible but I was five years old. I could have stopped him.”

Team Member as Good Enough Mother. “Please little girl...there was nothing you could do to stop that horror. It is in no way your responsibility. It is even not your parents’ fault. It is what they were taught to do. In many ways, none of you had any choice. It’s OK. Let it go for a moment. None of you need to keep suffering by going back to the past.”

Team Leader: “Stay here with me. Let me look in your eyes as you feel your TSM doubles and your good enough mother hold you tightly in the here-and-now. Hold onto my hands and look in my eyes as you all do that. Together, as a team and as a group we can do this.

As you can see in this TSM example, the use of the team as therapist using themselves is crucial in going to the depths of TSM psychodrama and touching the roles of the trauma triangle, as well as coming back up safely. I still remember the feeling of tele and connection as this and other simultaneous protagonists in this cluster each spoke out. They were held in the increasing power of the group, and the team supported each person to name their experience while staying in the present. This was a full use of the therapist role from all members of the team as they helped the protagonist leave behind regression and be met in the moment with true empathy and support.

5.11 Sociometrist/Group Leader

As mentioned above, it is here that the more classical group therapist and sociometrist role is activated with TSM action healing teams. In emergent psychodrama, the whole team must use all their sociometric skills to bring together people to find the strengths they need as a group. This is so everyone can face the traumas that will spontaneously emerge through safe sociometric structures and prescriptive roles. The group therapist role is especially valid in the therapeutic spiral model in which a chosen protagonist is clearly a representative of the central concern and where group members are encouraged to participate in each drama in roles that emerge or are chosen for themselves as simultaneous protagonists. This is one of the guiding lights that brings the TSM action healing together: to be the catalyst and container for the group, not just individual protagonists, thus dealing equally with all that spontaneously in our emergent psychodrama.

5.11.1 TSM Clinical Team Notes

On TSM action healing teams, the assistant leader has the primary role of sociometrist. The AL is the conductor of information gathered by TAEs about group members to the TL so the projective identifications can be integrated with spontaneity and clinical safety in the here and now. This, of course, means that TAEs also hold this role as they seek to cluster people on shared feelings, defenses, and responses to the TSM psychodrama as it emerges. The TSM team begins and ends with the role of sociometrist when the team comes together to share their own strengths and vulnerabilities before a drama, workshop, session, or training. It is here that the first group container is built. The team and assistant leaders are aware of team vulnerabilities, either because of their own trauma histories or countertransference, or because of present stressors. The AL is trained to help the auxiliaries learn to work with their vulnerabilities in service of the client, while discriminating what is theirs and what is the clients' material and maintaining clinical boundaries as needed on their own personal work. When a good clinical team is functioning in action, the group sociometrist is given to the assistant leader to look at all group members, through the information the TAEs give them. In this way, all group members and their issues can be integrated in a timely fashion into the drama to enhance the simultaneous protagonists' experience with the least amount of disruption to the ongoing drama.

5.11.2 TSM Psychodramatic Notes

When people first see a TSM psychodrama, they are often confused by the spontaneous inclusion of other group members as prescriptive roles, or the use of triggered

group members to represent a disowned part of self. Many people are startled and often say how chaotic it looks. Yes, that is true. This “chaos” appears because what we put out on the TSM stage is clearly representative of the trauma survivor’s internal reality, which, as we have noted, is often chaotic when trauma healing is first started. Look at the trauma bubble diagram again, filled with dissociated effects, defenses, and unprocessed memories (see Chap. 2). Only when there is a strong team working together, from whatever roles they find themselves in, does the drama have the safety to trust that everyone in the group can experience full developmental repair without re-traumatization. This is where the TSIRA comes in to guide the TSM drama. Spontaneity and creativity are catalysts for individuals and the group to connect with their autonomous healing center.

5.11.3 TSM Example

The role of sociometrist has become enhanced in our online work. TSM assistant leaders have learned to use the chat function to check in with group members, or to ask trained auxiliaries to do so. In reality, the technology makes the use of this team function more easily accessible, even in groups of several hundreds, as shown here from our international online gatherings in 2020.

As our team began to implement our TSM safety structures (see Chap. 7), the sociometrist role was primary, asking people to rename themselves to include where they came from for our gathering. 21 different countries were represented. The next question was about the time, as participants from time zones that were up to 15 h apart came seeking support for the acute trauma of Covid-19. Finally, we broke the groups into breakout rooms of 10 and gave them 15 min to create a moving sculpture of the personal, interpersonal, and transpersonal strengths they brought to the group. Team members, from trainers to trained auxiliaries, were randomly assigned to the breakout rooms by the computer as were the group members.

Next, the team mobilized for a post-traumatic growth drama focused on the question of how we keep connected to our autonomous healing center while faced with an acute trauma, unlike others in life. TAEs and the AL alike began to look at the microfacial movements and nonverbal behaviors of the participants as they scrolled through their screens. When a few people became dysregulated thinking about the present and all they had lost, TAEs reached out to double them in the chat and keep them in the here and now. The AL communicated to the TL the different feelings, defenses, and projective identifications found by the TAEs in this large group format.

Together, the team was able to weave a tapestry of deep sorrow, fear, and anger with the feeling of connection and the experience of hope as the drama culminated in a spontaneous song and dance to the sound of a guitar playing “We Are the World.”

5.12 Producer

While all experiential methods use some method of production to be actively involved with their clients, it is only in classical psychodrama that there is the well-defined role of producer. In the earlier days of psychodrama, before much was known about trauma, production was often a primary role for that of a director. In fact, when I (Kate) was a student at Beacon in 1980, there was a place to do rage work to the side of the main stage area. It was a pile of broken metal chairs that could be picked up with gloves on and thrown against the wall in uncontrolled abreaction and regression. I know because I did it once. It surely did feel powerful, but I never could remember why I did it or who I was angry at. A psychodrama trainer told me that the act was one of spontaneity, my clinical psychological professor said it was an act of dissociation. From then on, we looked at the producer role from a more clinical standpoint.

The producer's function in a TSM psychodrama is to assist the protagonist and group to use production to first create the safe space of the prescriptive roles. Then, when it is safe, the trauma triangle is enacted from an internal memory so that the closed, self-perpetuating circuit of energy can be changed. Finally, roles of post-traumatic growth are enlivened with the spontaneity and creativity of the autonomous healing center and all that has been produced to bring it into action.

5.12.1 TSM Clinical Team Notes

All team members are responsible for the safe production of all trauma-informed scenes in the therapeutic spiral model. Production is used to enhance spontaneity and creativity, as well as to prevent uncontrolled regression and unchosen regression. This is the main reason that members of the action team are first asked to take the trauma-based roles and produce them in a clinically sound way, so that the protagonist and group members are not overwhelmed by the pull of the trauma spiral.

While the team leader uses the TSIRA to know the next step in producing scenes that are safely within group members' windows of tolerance, it is up to the assistant leader to help bring people together who share similar feelings or experiences in group. As TAEs move around to collect information on what group members are experiencing, they sometimes take the role of body or containing double. At other times, they may sit there and become a good enough mother or a father with good power.

5.12.2 TSM Psychodramatic Notes

It is in the role of producer that trauma-informed therapists and workers need to be most careful when using experiential methods of change. Production for production's

sake is not safe for anyone. All methods of production must follow the safety of the TSIRA, where creativity can be added to create amazing scenes of surplus reality and healing. It is most important to know how to play the trauma-based roles from the view of the analyst, therapist, and sociometrist, so that production enhances spontaneity and activates the AHC. If there is over production, then scenes can easily become unsafe due to increased affect and unconscious actions. Whenever there is a scene of pushing a voice or role out of the brain in a TSM psychodrama, we always make sure that the team member playing that role is slowly pushed, with intention and conscious choice.

5.12.3 *TSM Example*

In a residential TSM training group held in the USA with all American and one European member, the age range was from 28 to 78. The group included all women and men, all of whom were cisgender, and one lesbian student. Racial makeup included Black, Brown, and White participants. It was a TSM workshop for people in training, so everyone had a good understanding of TSM. Many of them had worked together on teams, or at least had been in workshops together. After enacting the six safety structures, we did a prescriptive role drama. When we asked for people warmed up to do a TSM trauma drama with simultaneous protagonists, the European woman was chosen to represent the central concern of the group. This concern was freedom from oppression, whether from family or society.

Everyone's clinical goal for the drama was to safely produce a conscious experience of her long-dissociated rage. The team was responsible for making this a safe experience. After TSM strengths and doubles were produced in action, there was a strong physical container of enlivened bodies connected to their autonomous heart, and positive messages and voices connecting everyone.

As we moved into the scene in which the woman wanted to express her now conscious and righteous anger to the internalized image of her father, the depth of safe clinical production became paramount. With careful directing, the team and group kept everyone safe to express rage without being triggered into uncontrolled catharsis or regression.

Director: "OK, you are ready to bring in your internalized father now. You want to honestly and authentically tell him your righteous anger as you stay in your body. Please pick someone to be your father."

Protagonist: "I pick Jane as she is actually about my father's age today." (Jane is one of the original team members from the 1992–1995 group of pioneers who started TSM . . .)

As you will see in Chap. 9, we do not immediately role reverse the protagonist into the perpetrator role as one step in using production from a clinical standpoint. Instead, the director interviews and gets a description of body posture and one or two triggering sentences. After this cognitive step is done, the spontaneity of the

group guides what is created as a new solution to an old situation. In this case, it was replying to, not speaking up to, an expression of conscious anger to her father.

At the height of the action, Jane as father (a woman who is at least six inches shorter than the protagonist) is inches from her face yelling and demeaning, putting into feeling what the words and body postures given to the TAE are holding. As director, I too am close to the scene, ready to intervene with “a command voice of STOP” if necessary. I observe they are both looking in each other’s eyes and staying present as the protagonist yells her truth of oppression, gender discrimination, lack of support for her dreams, and finally her hatred of the way he had always treated her.

TSM Double: “I can feel myself breathing deeply and strongly as I tell my father the truth.”

Courage: “I have the courage to tell you I hate how you have held me down. I hate you! I hate you!”

(As other group members add their voices to righteous rage and we reach a catharsis of integration where the father actually stops for a moment in shock. The final scene is the production of a slow push of the images, voice, messages and other introjects from the father out of the group brain, which is a circle of scarves.)

Director: “Pick two people from the team, a TAE and a group member, to hold roles of receiving your internal father when you push him out of the brain so he can’t get back in.”

Protagonist: “I pick James from the team. He can be a good enough father for my wounded father. I have always understood my father. Only now I no longer have to be ruled by him in my mind. And I pick Deandra because of her sharing earlier about her history of oppression as an African in America. I ask her to play a sense of the cosmos and history that goes backward and forward at the same time.”

Director: “As you know, we will trust the spontaneous use of what they experience from their AHC in these roles as they receive your father from your brain. They stand outside the circle. Listen to your double and your strengths as you slowly and consciously push him out of your brain and the group and the group brain.

(Group Chorus of a multitude of voices, several speaking in different languages that are a part of their history, emerges as the protagonist slowly pushes a whining, manipulating father out of her brain.)

Protagonist: “You will never rule my life again (pushing slowly). I am in charge of my life and all that old BS in my head from you...(pushes more with voices all around, each member saying what they need to say to whomever they are simultaneously pushing out of the brain). I am and *will* stay free of you!”

5.13 Developing a Strong TSM Team: The Structure Behind the Clinical Container

Developing a strong TSM action trauma team is an involved and detailed process which has a structure all its own. A mentor of mine (Steven’s) once told me that the act of constructing a building starts with laying a foundation. My mentor said, “it looks as if nothing is happening when constructing a foundation, but the building goes up quickly when the foundation is strong.” I think these are true words for when a TSM workshop is being developed, as well as when a TSM action trauma

team is being developed. There is a lot of work prior, during, and post-workshop that participants do not see that creates a strong clinical container and bonds a team for a common healing purpose.

The construction of a TSM team does not happen by chance. It is done with thought, analysis, and intention. When the team is cohesive, the container of the workshop is strong, and when the container is strong, the trauma work can be done safely. We present here the structures that have become the core of creating a solid TSM action trauma team. Following them with flexibility and adaptability will allow for thorough team development, resulting in a TSM action trauma team that can hold all the participants with nurture and care.

5.14 Selecting the Team Members

During a women's trauma survivor's group that I (Steven) run weekly at my center, I have had a time or two when a group member became overwhelmed and left the main room. Each time, I have been very thankful to have had an assistant leader or TAE present who went with the person to help them regulate and re-integrate. We encourage group members to stay with the group because their experience is important for the whole group. In all cases, having a cohesive team helps to continue the clinical healing work at all levels for all the participants.

The team leader's first task is choosing the team members for their group, retreat, workshop, or training. The TSM team leader knows that a good selection at this point will make the whole work easier. Some of the criteria that are considered are TSM experience, psychodrama experience, clinical skills, and interpersonal dynamics. The team leader also considers availability, individual strengths, level of training in TSM skills, role repertoire, and role competencies. As a TSM trainer, the team leader notes what roles are needed to create a learning edge between their own personal issues and their ability to manage their own projections, and trauma triggers, etc. Team members are not just chosen for the skills and experiences they have, but also for the ones they need to develop. The team leader is looking to provide a rich, whole, and growing experience for the team members, as well as the participants.

Knowing this, the team leader may choose to have more than two TAEs, especially if there is a group of 100 or more. I worked with Kate during a conference in China in which there was easily a dozen team members working together as a healing mother with many arms to hold and nourish the needs of more than 125 participants simultaneously. And I have worked with Kate during private sessions where the team was the two of us and one other person. The power of the team is found in the choices of the team leader.

The team leader is aware that being on a TSM action trauma team is often a deeply healing and intimate experience. Thus, as alluded to above, the team leader is looking for team members with a level of self-awareness of their own transferences, projections, and psychological healing needs. The team leader is attuned to the amount of trauma work the team member has done and how well they are able to stay present to

their own material while in service to the group. The team leader knows the team is in a growth process with their material and is not looking for “healed” team members. Rather, the team leader is looking for the right set of team members who will fit together to create a “good enough” container for their own work and the work of the group itself.

Because TSM is worldwide, team members come from many countries, speak different languages, have different levels of training and skills, and different learning needs. It is not unusual for a team to have people from Singapore, the Netherlands, India, Eastern Europe, and America working together. It is this diversity and a solid team building structure which comes together to create a strong TSM action healing team.

Because teams can be so diverse, TSM follows a team building structure to help the team to fill in the spaces, skills, gaps, and experiences needed to create a holding space for the team and a nurturing space for the group. We like to refer to this as building “a container for the container.” The team leader looks to create the sociometric comradery needed for the team members to be held in their strengths, comfortable in presenting their vulnerabilities and looking into their blind spots, and trusting the process towards post-traumatic growth. In the end, the team does not have to be perfect; it just has to be good enough.

5.15 TSM Team Building Structures

One of the first things a new team member notices is the parallel TSIRA structure in the organization of the team meeting: strengths, vulnerabilities, and growth. This structure is followed because there is a clinical goal for all team meetings, which is to create a holding container for the team member’s personal “stuff” so that it does not interfere with the group work. By creating a place in which team members can engage with their strengths, attend to their vulnerabilities without shame or blame, and stretch themselves into new healing and growth, the team’s work can keep the participants’ group work clean and unencumbered.

Team meetings start with each person naming one or more strengths they feel connected to, something they feel they are able to contribute to the team as a whole. Then, there is a round of vulnerabilities during which each team member, including the assistant leader and team leader (who goes last), share their anxiety, fears, learning edge, projections they are aware of, etc. in an open and transparent manner. Sometimes just naming the vulnerability is enough. If more is needed, psychodrama action interventions can be done to shift the energy into a more useful direction. After the strengths and vulnerabilities, the team reviews the meeting agenda, adjusts the group’s outline according to time and needs, and, most importantly, shares clinical information and develops specific individual and group-action interventions to keep the group grounded and their window of tolerance growing to benefit from healthy trauma work.

The amount of time spent on each round of check-ins takes as much or as little time as is needed and can be as simple as a word and movement to a fuller description. The length of time is governed by how long the meeting is, what is on the agenda, and the placement of the meeting with regard to the workshop. Beginning meetings may spend more time with the strengths and vulnerabilities. Whereas, less time is generally needed for these as the team coalesces, anxieties are lowered, and the team's AHC is activated. Though the check-ins take time, a wise team leader knows that time spent developing the inner, inter, and transpersonal strengths of team members, working with their vulnerabilities, attending to projections and triggers, and working with the team members' healing growth pays off many times over during present and future workshops.

5.16 Timing of TSM Team Meetings

Being on a TSM action healing team is a full commitment of time and energy. The benefits return to the team member many times over, so the commitment is well worth the effort. Below is an average outline of meetings and correspondences required as a team member. This outline is presented here to show the amount of work needed to create a healthy work environment for team members and a nurturing, healing container for the participants. Whether there are 8 or 20, this meeting structure has proven sound. Mostly, it is important to remember that every meeting starts with a round of strengths and vulnerabilities check-ins.

- Months before the workshop, the team leader and assistant leader meet to review the workshop content, structure, and begin to pick a team. There may be several of these meetings.
- A month to six weeks before the workshop, a full team meeting is held to review workshop content, structure, team goals, and group goals. There may be multiple team meetings.
- Two to three weeks before the group, the assistant leader starts an email chain in which each team member states their strengths going into the workshop. The team leader is the last to respond with his or her strengths.
- Immediately after the strengths round, the assistant leader leads with an email of their vulnerabilities. In the same manner as above, the series of emails moves through all the TAEs, and the team leader finishes the round.
- The night before the workshop, the full team meets, often over dinner. The time is social with a focus on increasing the team's sociometry. Since TSM is worldwide, it is usual for this to be the first time that the team members have met in person and not through the internet. The team leader moves the meeting into a round of strengths and vulnerabilities and the rest of the meeting proceeds as usual.
- Breakfast, lunch, and dinner meetings are held daily throughout the workshop. There is little down time for team members, as they are serving the group. During these meetings, team members share any and all information they have gathered

about the participants. This prevents sub-grouping and allows the team as a whole entity to monitor the projections and employ them for the good of the group.

- Immediately after the workshop, once all the participants have left the venue, there is a post-workshop meeting. Here the meeting structure focuses more on strengths and team members' growth and learning. The team members are asked what they saw as their contributions to the workshop.
- A week or so after the workshop, a meeting or round of emails is sent to help the team discharge anything that they are still holding, integrate new learning and healing, and have a proper endpoint to the workshop and interpersonal experience.

5.17 Being a TSM Action Healing Team Member

As we have mentioned, being on a TSM action healing team is a remarkable experience. It is an honor to be chosen. It means your growth and your challenge level is such that you can now move into a richer healing experience, while serving the group and of the others on the team. Kate and I both have had profound healing and corrective experiences as TSM action healing team members. Speaking from this experience, below are some ways you can get the most out of being part of a TSM action healing team and some of the responsibilities that come with the role.

- You are always a team member at the workshop. You are serving the group and have a place during team meetings to work on anything personal that surfaces.
- Report everything you learn to the team meetings and especially to the team leader. Nothing is too small to discuss and all group information is needed.
- Watch for splitting, sub-grouping, projective identifications, etc. and bring that information to the team meetings.
- Do your personal work authentically while in service to the protagonist and the group.
- Bring your full self and explore your full self—the good, the bad, the indifferent, the fun, the playful, the calm, and the grounded.
- Explore yourself and challenge yourself.
- Have fun in the roles. Explore the role. Play the role from your authentic self.
- Be spontaneous in a healthy way. As a team member this means to always have a clinical hat on. Make role expression therapeutic.
- Work with the projective identifications that fall on you. Try them, test them, and see where they lead.
- Take instruction and guidance with grace and take learning and feedback with an open heart.
- Be easy on yourself and full of self-compassion for your process.
- Listen.
- Breathe...and breathe again.

The experience of being on a TSM action healing team is one for which I (Steven) am thankful. I value the connections with other people in the TSM worldwide community. Working intimately together to support healing around the world creates a bond like no other. I believe this is because the team works transparently to attend to its own interpersonal “doo-dahs” (as Kate likes to call them). These interpersonal interferences, transferences, counter-transferences and projective identifications are attended to so they do not spill into the group work. As team leader in one workshop, I honestly told my team I was having transference towards a participant because I saw them as feeling entitled. In a different workshop, I have held the projection of a team member as she worked through father authority issues. In all cases, the team as a whole supported the work, challenged appropriately, and gained the healing for all. This level of authenticity and vulnerability among humans is rare. The TSM action healing team strives to create an environment among the team members that is replicated in the group, and hopefully carried into the world.

Being on a team has incredibly joyous moments, too. For example, I still hold happiness from when during a team meeting a team member renamed herself “Victorious Queen.” Team members often discover beautiful parts of self that emerge, and we celebrate those moments. There are sweet moments, as when a team member was distracted because he had bought his engagement ring and was planning to ask for his girlfriend’s hand in marriage the next weekend. He chose me (Steven) to role play his girlfriend as he practiced the proposal. And there are moments filled with lots of laughter, such as having a team dinner in a rented apartment, before the final day of a workshop, sharing stories, laughter, and beautiful connections. As we said, being on a TSM action healing team is an experience unlike any other and one that can be filled with many cherished memories.

5.18 Using the Team Roles Without a Team

We hope by this point in the chapter that you are exclaiming, “Wow, being on a TSM action healing team sounds like the kind of experience I would like,” or, “As I do my healing work, I definitely want to make sure the people I work with are using this model to help in my trauma recovery.” Of course, you do not have to wait until a team is assembled because these TSM concepts and structures have been incorporated into situations and events where a team was not available.

For example, in Baratka (1995), the author describes an inpatient drama at the Renfrew Eating Disorders Program in Philadelphia, PA, showing how she was able to role train the patients to take the containing double and other prescriptive roles for each other. She states that she made three basic adaptations to working without a clinically trained action healing team.

The first is to teach the participating members to act as auxiliaries for each other as therapeutic role assignments. As they learn to become a containing double for a protagonist or the group, they internalize that into their own TSIRA at the same

time. Playing the role of good enough mother teaches internal comfort and acceptance toward self, as well.

The second is to utilize projective identifications to promote safety and give the director more control as trauma bubbles pop on group members. In her example, Baratka shows how a patient who wanted to leave the group was brought in as a projective identification of a part of the protagonist that also wanted to leave and not face the scene filled with feelings. This clinical expertise showed how even a client wanting to leave the group can be used in the moment to help increase individual and group safety while connecting people through projective identification.

The third was to modify the length of TSM dramas, which in an inpatient session are usually no more than an hour, with an ever-rotating patient group. In the 25 years since that article was written, TSM prescriptive and post-traumatic growth dramas have spanned a 15-min drama, or 30 to 40 min on a regular basis online and in person. Before Baratka wrote her article, we were still doing three-hour dramas at the Theater of Protection.

5.18.1 Research on TSM Teams

Regarding classical and TSM psychodrama, research remains somewhat scarce concerning the effectiveness of using teams to work with trauma survivors. While there are many anecdotal reports of doing so with the original Beacon teams, and now TSM teams, there remains a need for research to empirically show what more can be gained when a clinical team, trained in the therapeutic spiral model, can take trauma survivors to the depths of the trauma spiral and back safely to the flow of the therapeutic spiral.

However, there are several significant studies on TSM teams that we can report here. In 2013, Cho reviewed the 10-year process of training and building TSM trauma teams in Taiwan. As certification training around the world began in Taiwan, this was a very important study that showed the benefits and limitations of trying to train TSM practitioners halfway around the world. We are glad to say that many of the suggestions in this chapter were immediately incorporated into the TSI International Certification in Experiential Trauma Therapy using TSM Psychodrama and can be seen today at www.therapeuticspiralmodel.com.

Additional studies were conducted by a psychologist and psychodramatist in Australia as part of her dissertation research, who looked at how TSM uses trained auxiliaries in a spontaneous fashion versus classical psychodrama's scripted use of spontaneous auxiliaries in a group. These findings were instrumental in continuing to define the roles of TSM action healing teams and their collective role as director of dramas (McVea et al. 2011).

5.18.2 *Conclusions*

This chapter on TSM action healing teams has taken you through an additional journey as you learn TSM psychodrama using the trauma survivor's internal role atom. We hope you can see the value of a team approach when using experiential psychotherapy to go to the depths of trauma healing and repair, using projective identification as a positive tool. While you also saw that the four roles of the director and team principles can be used without a team, we highly encourage you to find a team to support you if you are doing trauma-informed care. It might not be a group psychotherapy team, but a peer-support team where you share cases, concerns, and solutions. An experientially trained clinical team may not be for everyone. However, if you are working with trauma, it is important and helpful to create a team that supports you since the work is often distressing and difficult to hold. That was the original intent in creating TSM teams, whether called trauma or healing teams: to support each other with the hard work of healing trauma and all that comes with it, clinically and psychodramatically.

Through this chapter we hope you have been able to

- Gain a preliminary understanding of TSM's model of emergent psychodrama and projective identification;
- Detail the roles and responsibilities of the TSM action healing team;
- Describe the Kellerman's four roles of a director as they relate to a TSM action healing team;
- Employ the structures in the development of a TSM action healing team;
- And understand the importance of creating the "container within a container" for safe trauma work.

It is only through the use of a trained team that TSM psychodrama can build the prescriptive roles needed to access full spontaneity and creativity, access our AHC, and fully engage with traumatic responses in the here and now in new ways. Only with a team trained to take the specific trauma roles of victim, perpetrator, and abandoning authority can safety and containment be ensured when consciously re-enacting trauma scenes for developmental repair. Inviting the enthusiasm and joy of TSM team members to embrace the roles of post-traumatic growth gives meaning to our work, as well as connection to all we met on this journey of trauma healing.

Now that we have introduced you to emergent psychodrama, the need for a trained team, and the use of projective identifications in theory, we invite you to enjoy our guest chapter by Ina Hogenboom. MSc., TEP on using sociometric diagrams to show how this all works in action. This is the last chapter in Section Two. After that, we will take you to the six safety action structures and the TSM clinically modified interventions for trauma-informed care in Section Three.

References

- Baratka, C. (1995). *Incorporating Principles of the Therapeutic Spiral Model When an Action Trauma Team is not Available*.
- Hudgins, K. (2002). *Experiential Treatment for PTSD: The Therapeutic Spiral Model*. Springer Publishing Company.
- Hudgins, K. (2019). Psychodrama revisited: Through the lens of the internal role map of the therapeutic spiral model to promote post-traumatic growth. *Zeitschrift Für Psychodrama Und Soziometrie*, 18(1), 59–74. <https://doi.org/10.1007/s11620-019-00483-7>
- Hudgins, K., & Toscani, F. (Eds.). (2013). *Healing World Trauma with the Therapeutic Spiral Model: Psychodramatic Stories from the Frontlines*. Jessica Kingsley Publishers.
- Kellermann, P. F. (1992). *Focus on Psychodrama: The Therapeutic Aspects of Psychodrama* (1st Ed.). Jessica Kingsley.
- McVea, C. S., Gow, K., & Lowe, R. (2011). Corrective interpersonal experience in psychodrama group therapy: A comprehensive process analysis of significant therapeutic events. *Psychotherapy Research*, 21(4), 416–429. <https://doi.org/10.1080/10503307.2011.577823>
- Moreno, Z. T. (2013). A life in psychodrama. In K. Hudgins & F. Toscani (Eds.), *Healing World Trauma with the Therapeutic Spiral Model: Psychodramatic Stories from the Frontlines* (pp. 33–48). Retrieved from http://www.123library.org/book_details/?id=58841.
- Moreno, Z. T. (2006). The function of “Tele” in human relations. In T. Horvatin & E. Schreiber (Eds.), *The quintessential Zerka: Writings by Zerka Toeman Moreno on psychodrama, sociometry and group psychotherapy* (First issued in paperback, pp. 289–301). Routledge.
- Toscani, F. (1994). *Wholeness of the action trauma team*.
- Toscani, F. & Hudgins, M. K. (1998). *The containing double*. Workshop handout. Madison, WI: The Center for experiential learning.

Chapter 6

Working with Projective Identification in TSM Groups



Abstract Much has been written about projective identification as an explanatory phenomenon of unconscious processes of the psyche. Much less has been written about exactly how therapists use projective identification in their group therapies. This chapter outlines the use of projective identification in the therapeutic spiral model (TSM). TSM detects the projective identifications from the protagonist to all group members and later adds them back to the protagonist's work. I will briefly describe TSM and the psychoanalytic concept of projective identification, after which I will discuss TSM practice and the use of projective identification in more detail. Then I make some links to other theories and research about trauma that are based on the mind–body connection.

Keywords Projective identification · Psychodrama Therapeutic Spiral Model · Trauma

6.1 Introduction

In this chapter, I want to report on my experiences working with projective identification in TSM groups. In my work in the Netherlands as a psychologist and as a Trainer, Educator, and Practitioner in Psychodrama, I have never encountered professionals who work with projective identification in groups the way TSM does. I personally experienced the speed with which projective identifications are made visible in a TSM psychodrama group and how useful they are for the work of the protagonist and the group. I felt the need to describe this process in a structured and visual way, to increase my own understanding, but also to better educate others about this important principle of TSM.

I have developed a special TSM training in working with projective identification in groups, which is now part of the TSM certification program. I know that many people feel confused when they participate in a TSM training, which is often caused by the work with projective identifications. A better understanding of the use of projective identification in TSM will help participants feel more at ease and work together toward post-traumatic growth.

6.2 Therapeutic Spiral Model (TSM)

TSM is based on findings from neuroscientific research, principles from attachment theories, and concepts from psychoanalysis, for example projective identification. One of the main goals of TSM is to work safely toward post-traumatic growth (Hudgins 2007).

Protagonists actively experience their own internal reality and, through spontaneity, creativity, and the help of the group, gain access to new self-organization. Feeling empathetic connections with other group members while working with TSM is essential, because all group members work together toward healing and PTG, as will be explained later in this chapter.

Expression of emotions and regression is done in a controlled way to enhance feelings of power and self-confidence. Also, part of the recovery process is the accurate naming of what happened without distortions; all group members help each other to “speak their truth.” Research shows that narrative changes prompt symptom reduction (Meichenbaum 2017).

6.3 My Interest in Working with a TSM Healing Team

As a psychologist, I am drawn to TSM’s work because it makes the projective identifications of the protagonist visible through the group members, not just through the therapist. The more group members, the more the different projections are picked up, as will become clear later in this chapter.

It is interesting how TSM brings the projective identifications back into the protagonist’s psychodrama, which is healing for the protagonist and for the group members who carry the projective identifications. The creation of a TSM psychodrama becomes an active learning and healing process for all group members; it stimulates the group members to become more aware of what they themselves project to the environment, or what they pick up from others. As a result, people learn to interpret the behavior of others differently, which can reduce conflict in relationships.

6.4 Projective Identification

6.4.1 *Projective Identification as Pathology*

Klein (1946) defined projective identification as a process wherein largely unconscious information is projected from the sender to the recipient. Originally, this mechanism was viewed as a primitive defense system. Over time, other theories and insights were developed. According to Thys (2015), Bion has started to normalize projective identification.

Bion argues that projective identification is the basis of normal development. It was also Bion who added the communicative aspect of projective identification. He developed the idea that an individual splits off strong threats and places them in another individual with the intention of undergoing a change, until the result can be safely reversed. In this theory, projective identification is still seen as an intrapsychic phenomenon—it remains something that emanates from the subject. The interpersonal approach is mainly represented by Ogden. He sees projective identification as an interpersonal process which is completed only when the projected material has been converted and returned. Schore (2002) points to several authors (Leiman, Likierman) who refer to positive projective identification.

6.4.2 *Projective Identification as Push to PTG*

While some define projective identification as a primitive defense mechanism and others see it as a form of communication, Schore comes up with a definition that links both sides and introduces the *mind–body connection*. He argues that:

“primitive mental states” are more precisely characterized as *psychobiological states*. Thus, those of us with a developmental framework are exploring not primitive states of mind, but primitive states of “mind–body.” Because affects are psychobiological phenomena and the self is bodily based, projective identification represents not linguistic, but mind–body communications. (Schore 2003, pp. 59–81)

This understanding of Schore is in line with Moreno’s concept of the first stage of development, the stadium of all-identity (De Laat 2005, p. 30), in which the child experiences the mother as part of itself, i.e. a primitive state of “mind–body”.

The way this is used in action by TSM is visible in how TSM helps people co-regulate in order to re-experience positive primitive mind–body states (through connecting, compassion, doubling, and other mind–body interventions) and then help them grow into a more advanced mind–body state (via prescriptive roles and more healthy coping behavior).

During the work of the protagonist, feelings and behavior start to emerge in members of the audience. Especially when things become emotionally intense in the drama, trauma bubbles fill the room and projective identifications are picked up by the participants. Instead of letting the projective identifications unsettle the group process, the projected feelings and behaviors arising in the audience are identified and actively integrated into the drama of the protagonist, creating healing opportunities for the protagonist. Casson (2005, p. 79) said “Theatre stimulates the audience to make contact, through empathy and projective identification, with their own material.” TSM takes this process a step further because it lets the other participants work on their theme, triggered by the trauma bubbles of the protagonist, so they can have a healing experience.

6.4.3 *Projective Identification in Action*

The work of TSM begins with the safety structures (see Chap. 7), which are needed to prepare and strengthen the participants with prescriptive roles so they can work with their traumatic material. TSM works with different types of drama, the first one being a prescriptive drama, the second a trauma drama, and the third a transformation drama.

Because the focus is different within these dramas, we call upon different projective identifications. To explain projective identification in action, a visual presentation is useful. I will use an example from a TSM training. It's not a literal representation of the session, but short pieces of work.

6.4.3.1 Prescriptive Roles

We started the training by choosing an observing ego. Participants have chosen scarves for their strengths. The strengths can already be the result of projective identifications; participants define the strengths they need in order to work on traumatic issues. The scarves are put in a circle around the working area, creating a circle of safety. One of the participants (Zoe) added "kindness" to the circle. After sociometric exercises that allowed participants to safely share more hurtful stories, Ben is warmed up to his story. He and Kari (the Team leader) make a contract for their work together.

Ben: "I want to face my father without dissociating. He was not there when I needed him."

Kari: "Okay, first choose a body double to help you stay in your body while working."

(Ben chooses Ali as his body double.)

Body double: "I feel some tightness in my stomach, and I can keep on breathing and feel my feet on the floor."

(Ben could relax after a few remarks of his body double.)

Kari: "Now, what strength do you want when facing your father?"

Ben: "Well, I heard the strength of Zoe, kindness. May I use that?"

(Zoe steps in as kindness and after a role reversal Ben defines the message he needed from kindness.)

Kindness: "I am kind to myself, it's okay to tell about my pain. I deserve kindness."

Figure 6.1 represents the drama starting with the prescriptive roles.

Strengths and doubles are essential in working with TSM. If Ben is not safe, strong, or contained enough, he is not able to stay within his window of tolerance and face his father. That is why Kari as TL starts to give Ben a body double and a strength (or as much strengths as he needs) to empower him for his work facing

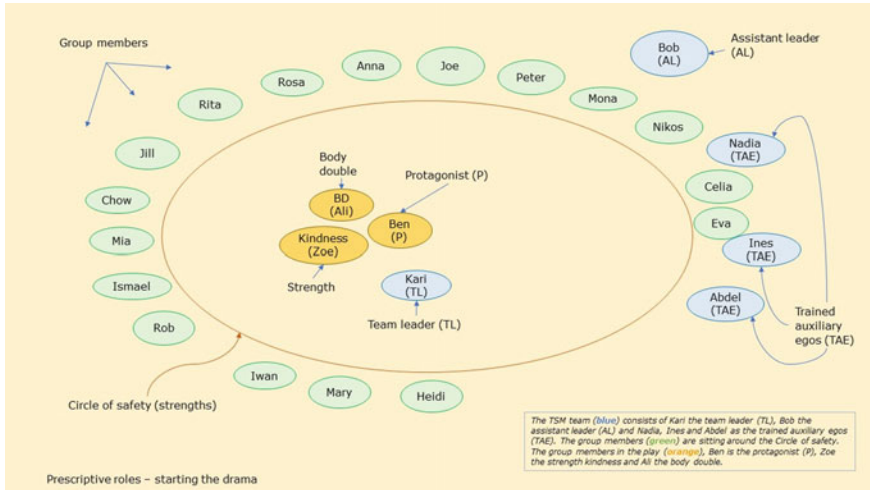


Fig. 6.1 Prescriptive roles: starting the drama

his father. During this piece of work, as described, the first projective identification and strengths will appear in the audience, and the assistant leader and the trained auxiliaries start to work with the group members around the circle. They establish what kind of reactions (i.e. projective identifications) the group members are having.

In Fig. 6.2, we can see a caring reaction, a neutral observing reaction, and a few emotional reactions (anger, sadness, fear, and dissociation). Ines checks with Ismael who says he is calm and just observing. Then she works with Mia who is getting angry

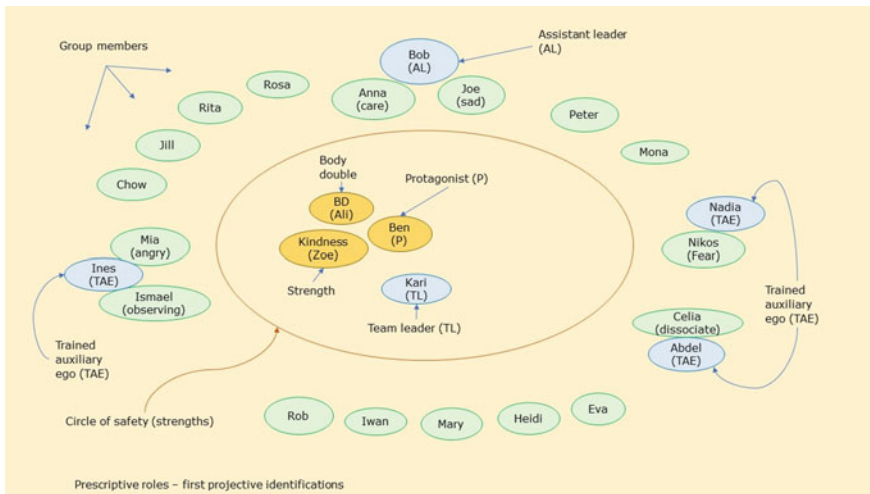


Fig. 6.2 Prescriptive roles: first projective identifications

at the absent father. Abdel steps toward Celia and notices that she is dissociating. Nadia sees that Nikos is looking fearful and checks in with him. Bob checks in with Anna and asks her how she can contribute to the play with her caring strength. Joe is sad and crying a little bit.

In TSM the reactions in the group are seen as projections of the protagonist, so we discover the emotions or reactions which may be needed or not tolerated by the protagonist. For example, it is possible that Ben may be angry at his father, but has difficulty tolerating his anger, so he projects it to the audience. Mia picks up the anger because she has similar issues with her mother.

The trained auxiliary egos help the group members express their feelings. They also check, or actively ask, if there are offerings of strengths for the protagonist, like the care of Anna. They cluster the group members with the same feelings/reactions, as seen in Fig. 6.3. They communicate with the assistant leader (yellow lines in Fig. 6.3) about what is going on in the group so that the assistant leader can present the information to the team leader (purple line in Fig. 6.3). The team leader uses this in the drama of the protagonist for the benefit of everybody involved. In TSM, everybody gets to play the role they need. In fact, everybody is a simultaneous protagonist.

When the group members are rearranged into clusters, new meanings arise. For example, the fear-cluster can change into the role of the “wounded child” and be presented as such to the protagonist. The wounded children work with the TAE on their own woundedness.

By dealing consciously with this disowned part, within the framework of tolerance and safety in the group, the protagonist will be able to feel and understand what has happened without being overwhelmed.

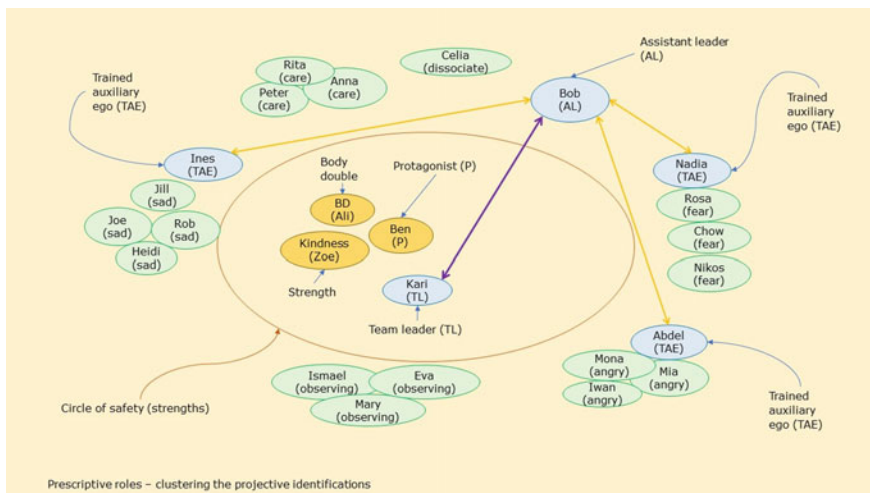


Fig. 6.3 Prescriptive roles: clustering the projective identifications

6.4.3.2 Trauma Roles

Nadia the TAE then brings the fear-cluster (see Fig. 6.4) into the circle, and the protagonist can begin to recognize the fear he felt when he was hurt and his father was not there for him. Recognizing this fear as a part of himself can take some time, as Ben can still cling on to seeing it as something belonging to the others, because the feeling of fear overwhelms him. The team and the group help him use his resources to get through these feelings and enable him to take the appropriate action, as we can see as Ben’s work progresses.

Kari (inviting, pointing towards the fear-wounded child-cluster): “Look Ben, what it that?”

(Ben begins to dissociate and Kari instructs the body double and the kindness to help Ben stay grounded.)

Subscene: Bob the AL helps the care-cluster by making soothing sounds and rocking motions. This helps Ben feel the care and the containment.

Ben: “Yes, that is my pain, my wounded child. It’s so hard to look at it and feel the pain.”

Body Double: “I can keep on breathing.”

Kari: “Ben, can you talk to your wounded child.”

Subscene: Ines the TAE helps the members of the sad-cluster express their sadness. They make crying sounds. Jill (from the sad-cluster): “I feel so sad, it’s feels like it will never stop.”

Kari: “Do you hear that Ben?”

Ben: “Yes, that’s what I am feeling.”

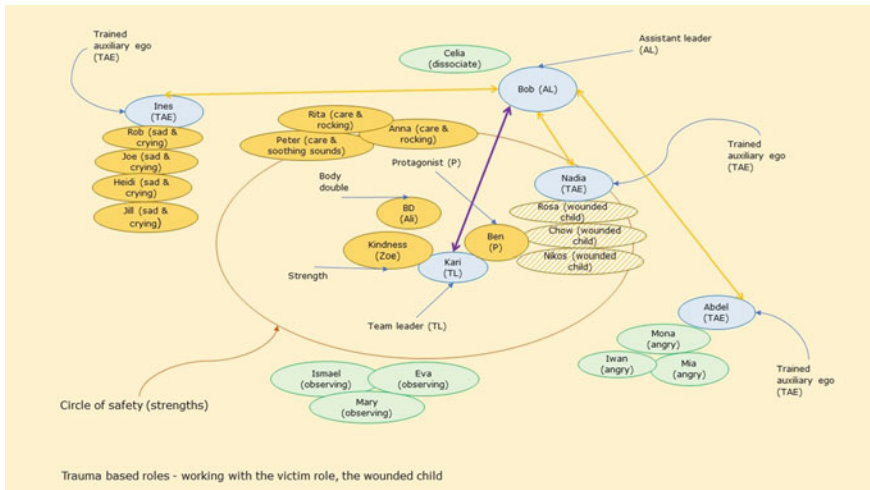


Fig. 6.4 Trauma-based roles: working with the victim role, the wounded child

Rosa (from the sad/wounded child-cluster): “I need you to sooth me.”

Kari: “Ben, what do you want to say or do towards your wounded child.”

Ben (crying): “I will protect you and take care of you. I will not abandon you.”

(Ben soothes his inner wounded child)

Kari: “How about facing your father?” (see Fig. 6.5)

Kari: “Can you choose one of the TAEs to play your father?”

(Ben chooses Nadia. In most cases trauma-based roles are played by TAEs, as they can contain the role.)

Subscene: Abdel the TAE helps members of the angry-cluster express their anger. They start to make angry comments.

Mia: “You’re not worth it. You don’t deserve attention. Don’t bother speaking.”

Kari: “Do you hear that Ben?”

Ben: “Yes, that’s what I am telling myself over and over again.”

The care-cluster (good enough mothers) keeps on making soothing sounds and rocking movements. The body double and the kindness help Ben stay grounded.

Rosa (from the sad/wounded child-cluster): “Take care of me!”

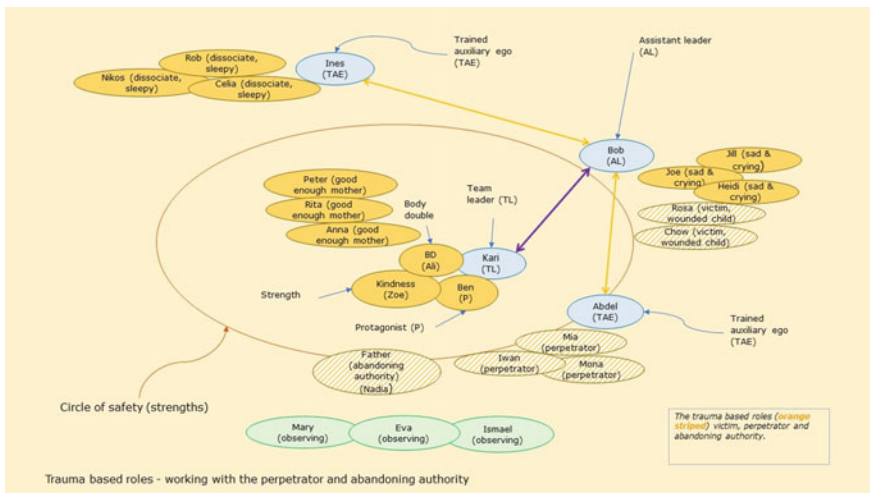


Fig. 6.5 Trauma-based roles: working with the perpetrator and abandoning authority

6.4.3.3 Post-Traumatic Growth (PTG) Roles

Ben’s father is not facing Ben, but looking away. He is the abandoning authority from the time the trauma happened, which Ben has internalized by working hard and ignoring his body and needs. (Fig. 6.5)

Ben: “I feel that he’s letting me down again.”

(The care-cluster (good enough mothers) keeps on making soothing sounds and rocking movements. The body double and the kindness help Ben stay grounded.)

Kari: “Is there another strength you need?”

Ben: “A sort of wisdom from the universe.”

(Eva steps in as universal wisdom and after a few role reversals Ben defined the message he needed from the universal wisdom.)

Universal wisdom: “I know a lot, I see everything. Let the light shine on all things, good and bad.”

(Ben’s father continues to look away.)

Mary: (Gets up and says to the father) “Look at your son, help him!”

Mary takes on the role of the appropriate authority, which is a PTG role (see Fig. 6.6). This often happens suddenly during the drama, because people get warmed up to their story, their spontaneity, their strengths, and their post-traumatic growth roles.

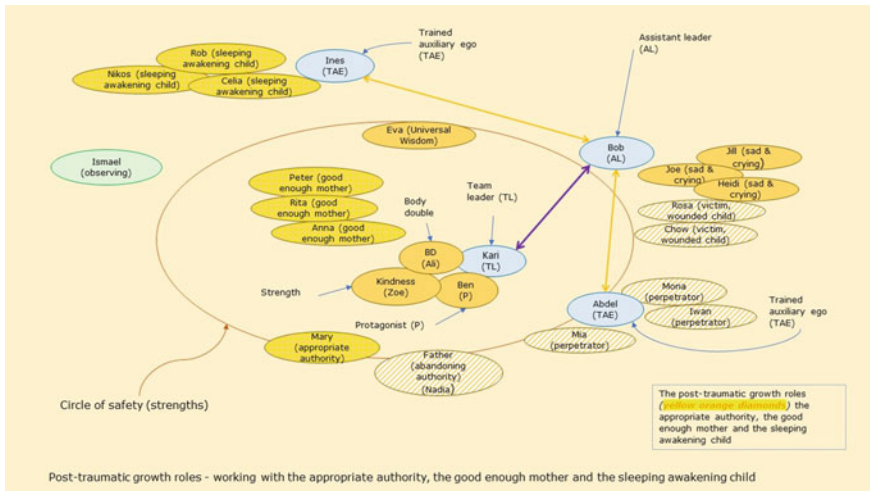


Fig. 6.6 Post-traumatic growth roles: working with the appropriate authority, the good-enough mother, and the sleeping-awakening child

Kindness: “I am kind to myself, it’s okay to talk about my pain. I deserve kindness.”

(This encourages Ben to tell his father about his pain and how he needed his father to stand up for him.)

Mary (appropriate authority): “That’s right, from now on I will take care of myself, my body and my needs.”

Subscene: Ines the TAE helps the dissociating, sleepy-cluster grow into the role of sleeping awakening child, the innocent, free, and creative part that fell asleep when the trauma happened and that wakes up when it’s safe again. They start to wake up.

Celia: “What is going on, can we play?”

(Kari invites Ben to take a look at his sleeping awakening child.)

Ben turns around: “Yeah, let’s play...” (He starts to play with the sleeping awakening children.)

Anna (good enough mother): “Playing is good.” (She starts to hum, and Peter and Rita join in.)

6.5 Discussion

In the example above, it becomes clear that a team is needed to facilitate this work, with different types of tasks and skills. Team members must be able to translate projective identifications into TSM roles and present them to the protagonist in a playful way. Also, projective identifications can shift during work. For example, Nikos was first in the fear-cluster and later moved into the dissociating-cluster. The team members adapt to these changes, work in sub-scenes or take on trauma roles, in which they use their own trauma material to expand the role. In the sub-scenes, they work with the picked-up projective identification of a cluster and guide the sub-group toward a TSM role.

The team leader facilitates the drama, assesses what is needed for the drama and what is offered from the group (via the assistant leader), and guides the work toward post-traumatic growth. The entire team has a clear overview of the model, the roles, and the projective identifications, which is required to work as a TSM healing team.

During the drama, spontaneity grows and everyone attunes to themselves and the drama. Group members start to talk and act from the roles they are in, which means that it can be a chaotic experience. In this example, this is visible when Mary spontaneously addresses the father from the role of the appropriate authority.

6.5.1 *Connections to Other Theories*

The team leader constantly switches between (re)installing the resources and dealing with the aspects of the traumatic experience. One can recognize the use, in action, of pendulation and titration as described by Payne et al. (2015). TSM uses titration and pendulation in action, starting with building self-protective skills and personal, interpersonal, and transpersonal strengths, then taking small titration steps back and forth to the traumatic experiences. As Payne et al. (2015) put it, “The trauma must be approached slowly in order to avoid unnecessary distress, flooding and potential re-traumatization” (p. 10).

In contrast to the one-to-one contacts in psychoanalytic practice, in TSM the projective material is not offered by the therapist. It is presented in the form of feelings and reactions from the other group members. It is conceivable that this could have a safety-enhancing effect on the protagonist. As a result, the team leader can often operate more freely because he or she remains out of the dynamics of transference and countertransference.

It is not uncommon in TSM psychodrama for all participants to have corrective emotional experiences, both protagonist and group members and even team members. Interestingly, Lane et al. (2015) link the corrective emotional experience to what they call memory reconsolidation. Lane et al. (2015) argue that therapeutic change:

... results from the updating of prior emotional memories through a process of reconsolidation that incorporates new emotional experiences. The essential ingredients of therapeutic change include: (1) reactivating old memories; (2) engaging in new emotional experiences that are incorporated into these reactivated memories via the process of reconsolidation; and (3) reinforcing the integrated memory structure by practicing a new way of behaving and experiencing the world in a variety of contexts. (p. 1)

In a sense, new versions of memories are created through corrective emotional experiences. Two truths are put on the psychodramatic stage, and together a new truth narrative is created.

6.6 Conclusion

By describing projective identification in TSM, we gain a better understanding of how these processes work and how they are used by TSM in order to work toward therapeutic change for trauma survivors. TSM is in line with recent theories and scientific research about working with trauma. The added value of TSM is the aspect of working in action and using the group members for the projective identifications, which reduces the need for the therapist to handle transference and countertransference. Learning in action by using play and the moving body, with the necessary resources in a safe environment, makes the memory of the past pain accessible and also unleashes the creativity needed to find new solutions. The visual representation of this process is a fine frame and provides guidance on the structure and purpose of the approach.

Warming up to strengths, feeling the supportive connection of the group, and processing vulnerabilities through projective identification make participating in a TSM group a special experience. This unique and active approach to projective identification with TSM psychodrama deserves further attention, exploration, and research.

References

- Casson, J. (2005). The stage: The theatre of psychodrama. In M. Karp, P. Holmes, & K. B. Tauvon (Eds.), *The Handbook of Psychodrama* (1st edn.). Routledge.
- Hudgins, K. (2007). Clinical Foundations of the Therapeutic Spiral Model: Theoretical Orientations and Principles of Change. In C. Baim, J. Burmeister, & M. Maciel (Eds.), *Psychodrama: Advances in Theory and Practice* (1st edn., pp. 175–188). Routledge.
- Klein, M. (1946). Notes on some schizoid mechanisms. *The International Journal of Psychoanalysis*, 27, 99–110.
- Laat, P. de. (2005). *Psychodrama: Een actiegerichte methode voor exploratie, reflectie en gedragsverandering*. Koninklijke Van Gorcum.
- Lane, R. D., Ryan, L., Nadel, L., & Greenberg, L. (2015). Memory reconsolidation, emotional arousal, and the process of change in psychotherapy: New insights from brain science. *Behavioral and Brain Sciences*, 38, e1. <https://doi.org/10.1017/S0140525X14000041>
- Meichenbaum, D. (2017). A constructive narrative perspective on trauma and resilience: The role of cognitive and affective processes. In S. N. Gold (Ed.), *APA handbook of trauma psychology: Foundations in knowledge* (Vol. 1, pp. 429–442). American Psychological Association. <https://doi.org/10.1037/0000019-022>.
- Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 6. <https://doi.org/10.3389/fpsyg.2015.00093>.
- Schore, A. N. (2002). Clinical implications of a psychoneurobiological model of projective identification. In S. Alhanati (Ed.), *Primitive Mental States, Volume 2: Psychobiological and Psychoanalytic Perspectives on Early Trauma and Personality Development* (pp. 1–65). Karnac Books.
- Schore, A. N. (2003). *Affect Regulation and the Repair of the Self* (1st edn.). W. W. Norton & Company.
- Thys, M. (2015). Projectieve identificatie tussen doodsdrijf en intersubjectiviteit. *Tijdschrift voor Psychoanalyse*, 21(2). https://www.tijdschriftvoorpsychoanalyse.nl/inhoud/tijdschrift_artikel.

Part III

Clinical Applications of TSM Psychodrama Theory

Having completed our theoretical foundations and newly integrated concepts in Part II with diagrams of the TSM group and team working together to show the brain in action, we now move to practical applications. We describe TSM psychodrama's clinical modifications of classical psychodrama techniques to create safe clinical action interventions. Both of us share beautiful examples of the power of our modified doubles, role reversal, and use of sociometry to build a safe container for a trauma group. Examples are given to illustrate how these clinical action interventions from the therapeutic spiral model are used.

Chapter 7 introduces the six TSM safety structures that are always used when beginning a TSM workshop or group. Beginning with the first structure of creating a role for a participant's observing ego, we use sociometric techniques such as spectrograms, hands on shoulders, and circle of similarities to establish TSM immersive tele and interpersonal spontaneity. This process allows participants to feel safe and connected.

Chapter 8 shows the clinical modifications on classical psychodrama doubling. The classical double often causes the protagonist to experience intense emotions without adequate psychological functioning to avoid triggering. However, in TSM we have clinically modified the double into a body double and a containing double. These two doubles provide grounding in a safe place in the participant's body, and they do not provoke dissociation or triggering. The containing double balances thinking and feeling for safe expression of feelings with conscious awareness.

Chapter 9 presents a structured use of role reversal that relies on both players to authentically use their own spontaneity as simultaneous protagonists, rather than for information gathering. We also describe how trained auxiliary egos enact a three-part structure when role reversing with victim and perpetrator roles to do so safely. It is exciting to see that this expansive use of spontaneity carries role reversal to new heights when used psychologically to support the group brain.

Chapter 10 describes a unique TSM clinical action intervention that we call the manager of defenses, which is often the last role in the prescriptive roles of the trauma survivor's internal role atom before being able to move to the TSM trauma triangle. This is a two-part intervention where participants first create a space for defenses to

be held in surplus reality, a person to manage the defenses, and then toss them into this container. Through role reversal, they practice the role of manager of defenses. It is a very astute clinical structure to prevent defenses from taking over a drama or group.

You will complete this practical applications chapter enriched with new interventions that can be used in individual, couples, family, and group settings. Onward onto teaching.

Chapter 7

TSM Safety Structures to Meet Clinical Psychotherapy Goals Through Action



Abstract JL and Zerka T. Moreno created the fields of psychodrama, sociometry, and group psychotherapy (Moreno and Moreno (1969) Foundations of psychodrama, vol 3. Beacon House). This chapter presents how TSM psychodrama uses the basics of sociometry to consistently build safety for trauma-informed experiential groups. It shows the therapeutic spiral model creating group cohesion, identification of trauma in words, and a feeling of shared reality through action structures. We show how to build tele and safety through action with sociometric tools long used in classical psychodrama and informed by the work of Ann (Hale (1985) Conducting clinical sociometric explorations: a manual for psychodramatists and sociometrists. Royal Pub). What TSM psychodrama adds is clinical trauma-informed goals for each sociometric tool. These six TSM safety action structures are sociometric interventions that support trauma survivors to safely connect with others and with their own autonomous healing centers. In this chapter you will learn: (1) the observing ego; (2) the circle of safety; (3) spectrograms for assessment; (4) hands on shoulders/action sociograms; (5) circle similarities; and (6) the art of integration project. These structures guide all TSM sessions, whether in person or on online. The theory, clinical goals, and practice are presented in detail to help new and experienced practitioners learn to create safe experiential groups for trauma survivors.

Keywords Trauma · Trauma informed care · Experiential trauma therapy · Experiential group psychotherapy · Classical psychodrama · TSM psychodrama · The therapeutic spiral model · TSM · Sociometry · Clinical maps for trauma · Safety · Immersive tele · Simultaneous protagonist · Interpersonal spontaneity · Interconnected spontaneity · States of spontaneity · Spectrograms · Action sociograms · Expressive arts · Impact of Eastern influence · Multi-cultural examples

7.1 Six TSM Safety Structures to Meet Clinical Psychotherapy Goals Through Action

A group of people assembles to do trauma recovery work. They have never met each other before. Each is a survivor of abuse, grief, loss, adverse conditions, and/or the negative events that life holds for all. They look around the room with questions. “Am I safe?” “Can I trust these people?” “Will I be accepted?” “Will I be judged?” “Can I let these people see the horrible things from my life?” They are nervous, unsure, excited, hopeful, hesitant, and anxious. As they gather, they are at the same time both hopeful, anticipating the help they can receive, and fearful, ready to pull back at the first sign of rejection, hurt, or pain. To launch this group into trauma work without attending to these anxieties will be to re-traumatize each member and regress their healing. This group must be brought together in trust and safety before any viable trauma work can be done...but how? With thought, awareness, goals, and planning, the leaders of this group can work together so each individual and the group as a whole arrive at a place of connection, safety, and containment that will foster healing and growth for all.

In many talk therapy groups, members do not engage their bodies. They sit. They do not move. The member is stationary. When trauma material is triggered, the member’s body shuts down, and the body is re-trained in the freeze response. TSM psychodrama’s action structures intentionally move participants to various places and positions to warm participants up to different responses to problematic material. Instead of freezing, fighting, fleeing, and fawning: moving, connecting, sharing, laughing, holding, crying, being seen, breathing and other alternative responses are explored. All are different corrective actions that help re-train the amygdala and increase internal flexibility.

You might ask, “how can this be done with a group whose members have so many potential triggers and so much hesitancy?” Well, TSM does not leave to chance that group participants will somehow come together, nor does TSM rush into trauma work without laying a full supportive foundation. Rather, with a deep understanding of individual and group trauma therapy, TSM thoughtfully assembles the action-based interventions to systematically help group participants move toward deeper group cohesion, interpersonal connection, and inner-personal safety. These interventions are referred to as the six TSM safety structures. Each safety structure is an action method focused on developing the internal skills, interpersonal connections, and healthy spontaneity that support deep trauma processing and true post-traumatic growth. These six action structures are presented in this chapter in detail.

The two distinct parts of this chapter hold and enhance each other. The first part of the chapter presents a global view of the TSM safety structures’ goals, rationale, and setting within action-based, trauma-informed psychodrama. The second part of the chapter looks at each of the six structures with their individual goals and guidelines. The first part of the chapter presents the theoretical logic and clinical reasoning for the structures as a whole. The second part shows how to apply that knowledge to create goal-oriented procedural action structures that support and enhance psychodramatic

trauma work. Together, both parts of the chapter provide a clear path to creating the interpersonal and inner-personal safety needed to provide safe action-based trauma recovery.

It is possible to jump ahead and read the section that details each action structure. This may be helpful if you have never attended a TSM workshop or if you need a concrete image to lay the theory over. Then, you can come back to the first part of the chapter and see the clinical goals that underpin the entirety of the work. Whichever way you read through this chapter, we hope you will come away empowered with a practical clinical and substantive action-based approach to creating a supportive, healing environment to foster post-traumatic growth.

7.2 Rationale for Safety Structures in Trauma-Informed Psychodrama

It is important to understand why the TSM safety structures are needed and what their goals are. The fact is, new and advanced research in trauma treatment reveals that safety and containment are paramount for recovery (Van der Kolk 2014). Years ago, individual and group approaches to trauma treatment believed that catharsis of abreaction was necessary to release trauma in classical psychodrama. The client had to relive the experience to purge the emotions. Though this method may have helped some, it also risked re-traumatizing the client. Re-exposure to a traumatic event without a shift in approach or situation is neurologically the same as being in the situation again. Thus, reliving trauma through therapy was found to be counter-productive, and even detrimental, unless there was adequate containment to stay in the present and prevent uncontrolled regression.

With a focus on strengths, safety and containment, re-experiencing of a traumatic event can lead to a catharsis of integration in which there is an internal shift with regard to a trauma event which produces positive results in the person's life. Individuals and groups can move through the traumatic events, safely releasing the related emotions, and expanding their ability to hold life experiences. Through this process, post-traumatic growth happens, transformation occurs, and one can re-enter society anew. The TSM team works collaboratively towards the goals of the six structures to create a safe and contained environment for substantial, lasting trauma work.

In the first book on the therapeutic spiral model (Hudgins 2002), the three main therapeutic goals were described as energy, experiencing, and meaning. Much like the Canon of Creativity (Moreno 1993), Hudgins and Toscani (2013) identified that warm-up energy is created first and is needed to hold the traumatic processing. Through this processing, a new cultural conserve with a new meaning emerges.

In order for this three-stage process to occur, a supportive, safe, and connected environment needs to be fostered. Ann Hale's (1985) work in sociometry focuses on building the connections between group members and was the inspiration for many of the TSM structures. In the original book, the processes for creating this transformative

space were referred to as the six action experiences (Hudgins 2002). Today, they are referred to as TSM psychodrama's six safety structures. The movement from *action* experiences to *safety* structures reflects the continued growth of TSM's clinical action model focused on intentionality in group and individual trauma processing.

The TSM goal-oriented approach to psychodrama helps map out the therapeutic needs and progress of the clients while allowing a foundational framework for learning and providing trauma-informed care in action. The safety structures intentionally form a therapeutic workspace by attending to clinical goals. As individual, group members, and the group as a whole achieve these goals, the work can proceed to the next level. Once all the initial goals are accomplished, the therapeutic space has been created and safe trauma healing can begin.

In seeking to move towards safe trauma work, the TSM healing action team follows the clinical goal and assesses when a group is ready to take the next step towards deeper work. The team keeps the group proceeding through the action structures step-by-step with safety, containment, and healing. The process cannot go faster than the group's resistance. That is not to say that a group cannot progress if a member is distressed. For, it is important that the container of the group be able to hold all the experiences of its members. Resistance is an indication of a need to wait for a moment, assess, and provide better warm-up before proceeding. All experiences are important to the group as a whole and are incorporated into the TSM experience. The team's knowledge of these clinical goals and how to engage spontaneous adjustments to the structures honors the need for more warm-up when it arises, while keeping the group moving safely forward towards deeper and deeper work.

Group progress towards achieving the goals is seldom a direct line forward. It is important for the director and team to be monitoring and assessing the group. The goals are objective. The group moves forward and can pull back, move forward again, and pull back again from these objectives. This wave-like movement is built into the safety structures as a way of strengthening groups to move closer to trauma material while building the ability to intentionally move back without falling in. Peter Levine calls the therapeutic use of this movement "pendulation" (Levine 2015, p. 71).

The concept of pendulation has been an integral part of the safety structures' healing qualities since the structures were assembled over 40 years ago. Even with this approach built into the TSM Psychodrama structure, the director and team need to monitor the group to assure that all members are titrating at relatively the same pace. The group can only move as fast or go as deep as the members will allow. Holding the movement of the group for a moment to take a deep breath, amplifying the sociometric connections, engaging a vignette to foster safety, or taking a break can all help the members to align with each other. Without this clinical intentionality, the group will not be in sync to create the container needed to hold the projections (see Chap. 6) that will occur during the dramas. When the group does not meet the clinical goals, the team will have to work much harder to keep the group grounded and contained while gathering the projections for the benefit of the group.

When the group is properly modulated, the goals attended to and achieved, the group has the ability to safely move through trauma material and the skills to return

from the work intact and without regression. This is when trauma material is transformed. There is joy and satisfaction in a well-paced, thoroughly executed TSM psychodrama that starts in the safety structures, works through the trauma event, and ends in post-traumatic growth.

7.3 TSM Global Clinical Goals

When looking at the setup of the six safety structures, there are global clinical goals/objectives which span all the structures, and there are individual clinical goals that each structure is created to achieve. We will list and define the global clinical goals first. The individual goals will be discussed during the description and guidelines of each of the safety structures.

7.3.1 *Safety*

Safety is the first and key goal. Because this criterion is so important to all that is TSM, it bears repeating: safety is the first and key goal. Without safety, personal and group growth halts, the team becomes drained, and participants are lost to their triggers. It is better to stop, assess, and intervene than continue towards re-traumatization. With safety, all participants can take the next step in their growth and healing process. Each participant and the group as a whole can move safely to and through some part of their trauma work. All can find the joy of post-traumatic growth.

Safety does not mean there will be no heightened emotions or extremes in responses. But the goal of safety does mandate that the team and group be able to create a strong enough container which can hold all the needed expression of emotions in a nurturing, loving, and caring way. Team members actively guide participants and groups to maintain a container within a collective window of tolerance.

A window of tolerance is an emotional/psychological/social/physical internal space within which one is able to maintain conscious presence (Siegel 2010, 2012). For many trauma survivors, this window of tolerance can be fairly small. Outside of this window, the person is, at one end, overwhelmed or, at the other, end shut down. When one is out the one's window of tolerance, the trauma response is re-experienced. The person can be dysregulated, over-regulated, and sometimes both simultaneously. Thus, aiding individuals to maintain or return to their windows of tolerance is vitally important for substantial trauma resolution work.

The TSM team continually monitors each participant's and the group's relation to their individual and collective window of tolerance. The team uses the safety structure goals to guide the individual participant and group level interventions. The team supports group members and each other in expanding the window of tolerance to be able to create a safe container strong enough for conscious expression, and healthy release.

The step-by-step methods are used by each of the six safety structures to foster emotional, psychological, social, and physical safety among and within members. Yet, safety is not just a goal for the six safety structures. Safety is written into every part of TSM. The entire method of TSM, as described in this book and elsewhere, focuses first and foremost on safety. At the end of this chapter, there is a section on some “unofficial” TSM structures that aid in creating safety. They are not as formalized as the six safety structure and are just as important. For when safety is felt by all, the power of TSM psychodrama is maximized and their autonomous healing centers truly ignite.

7.3.2 Assessment

The goal of assessment works hand-in-hand with safety. The team is constantly gathering and responding to the information which emerges from each action safety structure. Assessing the movement, pace, and success of each structure is vital to arriving at the environment needed for trauma work. The structures are created to assess the internal skills of the participants. This information is especially needed if a participant is new to the work or it is their first time at a TSM workshop. The information is also important to assess if the group has created enough interpersonal connection to hold deep trauma work and foster post-traumatic growth. All information gathered by the team is used in assessing the safety, pacing, and interactions of the group.

There are many questions used to assess a group’s safety. Are the members engaging with their strengths as defined by the TSIRA? Are the members connecting well? Which individuals feel safe and which need more time? What can be done in this moment to encourage safety and/or connection?

Other questions focus on interpersonal group dynamics. Who is connected to whom? Who needs to be brought into the group more? Who is taking up group energy? Why is the group allowing certain dynamics to happen?

Some questions look at the pacing of the group. Is the group and its members meeting the clinical goal for this safety structure? How ready is each member to move forward? How ready is the group to move forward? Can unfulfilled goals in this structure be achieved in the next structure? If they are not ready then what is needed in this moment that can help the individual and group to move to the next safety structure?

As an example of this last question, when working with a group in India, Karen Drucker and I (Steven) assessed that the amount of somatization was preventing the group from naming and safely experiencing their emotions. We constructed a short experiential learning focused on releasing emotions safely. After the 15-min intervention, the somatizations disappeared and the group did some important work. Having given permission and instruction, the group was able to move forward through their trauma to their post-traumatic growth. Accurate assessing was the key to moving the group through a sticking point and to fuller experiencing.

7.3.3 *Containment*

Each of the safety structures works individually and collectively to create a sense of containment within the participants, among the group members, and visually/tangibly. From the pictures placed around the room by group members, to a circle of scarves on the floor, to the presence of the group members during a step-in activity, participants are surrounded by visual and tangible representations of containment. These physical representations of containment are engaged with throughout the workshop with the clinical goal being the internalization of the concept of containment.

The TSM psychodrama idea of containment is that of a bowl that is large enough to hold all that is placed in it. Containment is not about restricting emotional expression but rather about providing a safe place for it to be held. This is important because trauma survivors can worry that if they touch their trauma, it will flood and overwhelm them. They fear they will be washed away and they will never return from their place of despair. Through the safety structures, the participants interact with the idea that their emotions can be expressed *and* held. This concept can be internalized and the survivor's internal emotional capacity is expanded to include all their experiences and emotions without re-traumatization. When this happens for the individual and the group, then they are ready to safely share conscious and unconscious trauma material, rightly labeling it, and moving to post-traumatic growth.

7.3.4 *Connection and Group Cohesion*

The interconnectedness of the group members is paramount for any group work. The seen and unseen sociometric connections are what keep a group progressing or moves it towards unraveling. When these connections are strong enough, the group is able, like a basket that is large enough, to hold all the emotions, struggles, joys, and healing that members project out. When the connections are weak, the group cannot contain and work with the projections in a healthy manner. Members become tense, leave the group, dissociate, lash out, and the group ceases to function. Instead of mutually protecting each other, the members divulge into self-protective trauma responses.

The team is continually monitoring for participants' responses to the action structures, to each other, and to the team members. The safety structures work towards group cohesion to increase inclusion, connection, and a feeling of shared reality. The team works to increase the connections between members and help the group container to be strong enough to hold all the group has to place in it. The team knows that stronger interpersonal connections equal deeper experiencing and growth.

I (Steven) have heard Kate many times talk about "the golden strands" she sees connecting people in the group. It is as if the sociometric connections are made visible in surplus reality, the imaginary space in which all things are possible. When we see

these golden strands forming, Kate and I know the group is becoming stronger, more able to do its work. When there are enough strands connecting the members, there is an interconnectedness created from which healing happens spontaneously.

7.3.5 Creating a State of Spontaneity

The ultimate goal of the TSM safety structures is to create a full state of healing spontaneity. When connections between group members are strong, their tele is more accurately attuned, and a state of immersive tele (see Chap. 4) can exist. Their interpersonal/interconnected spontaneity (see Chap. 4) increases, and the individual and group's autonomous healing center accelerates in function.

One of the distinct advantages to this self-healing phenomenon is that once this state of spontaneity is achieved, nothing else needs to be done, for individual and group healing follows naturally. When the level of tele, attunement, and spontaneity among members is high, the group members become their own intervention. The team and the leaders would do well to move aside and simply support this state of spontaneous, interconnected healing. If the team moves at the right pace and effectively achieves each of the safety structures' clinical goals, then the team will not have to do a lot of work, for the members will become their own healing intervention.

If the team finds itself working hard to contain the group's emotional state, and projections are not being accurately attended too, then the team needs to hold. They should assess the group dynamics. They will do well to move back to the appropriate clinical goal needed to achieve or re-establish safety, cohesion, immersive tele, and interpersonal spontaneity. Taking the time needed to work with the group where it is, rather than where the team and leader want it to be, will help the group more than moving forward unsafely. When the team assesses that the group has re-established the goals of safety, containment, cohesion, and a state of spontaneity, then the group can move forward again with intention. We are looking for group members to develop enough internal strengths, flexibility, and interpersonal trust to be able to invest in the process and emerge with a corrective experience.

There is therapeutic artistry in creating healing spontaneity among group members. The TSM safety structures are foundational, step-by-step dance moves, if you will, and it is the TSM team that brings the finesse to the floor. The team and team leader use their own strengths to foster and encourage the group interaction so that the room will be alive with immersive tele, interpersonal connectedness, and spontaneous healing. The team through the TSM safety structure help bring the group to a "good enough" level to support the deeper work of conscious re-experiencing, narrative labeling/meaning-making, and providing witness. Let's take a look at TSM's six safety structures that lead the way for effective healing TSM psychodramas.

7.4 TSM's Six Safety Structures

Much of what follows has been adapted from the TSM handout on the six safety structures which has been written, adapted, revised, handed out, circulated, and re-revised by TSM trainers. We have used the recent iteration as a base and have expanded on it here. Because there is immense creativity among the TSM trainers, they are always developing new ways to meet TSM clinical goals. So, we imagine, and encourage, the following to be a guide and platform for your own creative TSM developments.

7.4.1 *First Safety Structure: The Observing Ego/Compassionate Witness*

The observing ego is the first role in the TSM six safety structures, the first role in any TSM session, and the first role in the TSIRA (see Chap. 3). In this action structure, individuals are asked to find a picture or object to represent a being who has observed them from outside their situation. Next, they step into the role and act as that being. Through this process, they move out of their present situation in order to view the whole picture in a neutral way. This role helps the group members embody the concept of mindfulness. This first TSM role works to reset the body and sets the stage for all the work that follows.

In the history of TSM, one of the most obvious changes from Hudgins (2002) until now is the evolution in the theory and practice of the observing ego (OE). Originally, the OE was a neutral observer of facts. This ability to consciously observe and notice these facts is an important first step in trauma-informed psychodrama, and is useful for anyone seeking to make changes in their lives. Many people seeking change do not have the skill and ability to neutrally notice thoughts, feelings, defenses, and behaviors. The OE safety structure provides practice in this skill.

The earliest concretization of the role of the OE in the TSIRA was as a neutral fact checker. We often used the terms “Just the facts. Collect the facts. Just see what is happening without judgement.” We would role reverse the participants into the OE, and have them speak from the place of the neutral observer just pointing out the facts. The TSM director would check if the voice was truly neutral and adjust it accordingly.

Mario Cossa created a TSM warm up structure to train participants in this neutral voice. Team members enact an interpersonal scene through sociodrama. During this time, half of the group members stand in a line behind the other half of the group members who are seated. The participants in the back row have pen and paper and are told to record just the facts of the scene. The seated participants are told to respond to the scene naturally and to neutrally observe their responses. After the team enacts the scene once, the lines are reversed, and the scene is played again. Afterwards, all the participants share their experiences in both positions. The two perspectives present

an opportunity to learn the function of data collecting versus emotional trauma or defense responses.

This neutral observer role is the original version of the OE. What is fully retained from that conceptualization is what we now consider step one in the role development of the observing ego—that of noticing. Noticing what is happening in the here and now as you look at your thoughts, feelings, defenses, and behaviors. This is a very important first step in being able to make new and fundamental change.

Lawrence in 2011 renamed the OE to that of compassionate witness. Having used it with many different populations, she said it was a name that clients had come up with to replace the clinical sounding name of observing ego. At the same time, TSM practitioners around the world were shifting the focus on the OE from that of simple data collector. There was an expansion of the role to include a mindfulness state of noticing with emotion. The OE became a more active, compassionate, and even encouraging voice. We, now, observe this as the second stage of role development in the OE. It has become an active, positive strength and works as a bridge to the next safety structure and all the prescriptive roles. This evolution became solidified in the mid-2000s when working in Taiwan and China. We added a mantra of “no shame and no blame” that became widely loved with a spontaneous dance and song, that even Kate learned to sing in Chinese. “Boo pi ping. Boo shi quay.”

The current use of the OE includes the two previous steps of facts-based noticing and compassionate witnessing. Additionally, we discovered how it could also be used as an active guide as we began weekly online groups in response to the pandemic of 2020. Faced with doing the OE week-after-week in both TSM individual clinical work, as well as training groups, the team was challenged to keep the OE format fresh. In doing this, the team suggested that the OE be directed toward a certain topic or task. For example, in the TSM women’s group described in Chap. 4, Ina and Kate started asking the group to pick an OE that could help them comfort their wounded child without shame or blame. Or, to find an object that could help them focus on their AHC during the session.

In another group, Ina, Joshua Lee (a fellow TSM co-trainer), and Kate pledged to never engage the OE role the same way twice. In the course of almost two years, we have created over 100 different approaches to the OE role. We have developed interventions as simple as role reversals and ones with more complex OEs that can hold and witness grief, loss, and traumas. We have lied on the floor and stood on stools to help our OEs have a different view of self. We have even used the OE as active guides when moving from drama-centered sessions to processing group interpersonal interactions as they arose. During these times, the instruction became, “pick an OE object that can support you to notice yourself and others in the group with no shame and no blame while we clear up communications.”

As seen above, there are many ways to use the OE to achieve the clinical goals. Use your imagination and you will be surprised how effective this safety structure is when put into action. Here is a list of the clinical goals the team should be working to achieve through the observing ego safety structure.

7.4.1.1 Observing Ego—Clinical Goals

- establish an internal role of being able to neutrally observe self and collect the here and now information about one's internal processes and external behaviors
- connect with the pure cognitive mind, thus forming a place for the director to role reverse if the protagonist becomes overwhelmed with too much emotion or dissociates
- establish a cognitive container to prevent uncontrolled regression, to promote accurate labeling, and to encourage mindfulness at all times.
- provide a physical space for role reversal in case people get triggered and need to cognitively re-stabilize at any moment.

7.4.1.2 Observing Ego—TSM Safety Structure Guidelines

This is a relatively standard structure regardless of the setting and number of people.

1. Each individual selects a TSM OE Card, or a similar image/word combination (from the floor, when working in a live setting) or a card or object they have brought with them or find in their room in an online setting. One could also have the images of the OE cards available on the screen for online participants to select.
2. Participants are asked to pick a card—based on the picture, or word, or both—that can hold the role for them of the neutral observer. Often this occurs as they arrive in the (live or Zoom) room.
3. After the card is selected, participants are instructed to share in pairs why they picked the card. In live settings, participants may share multiple times, introducing themselves to other people while the group is arriving. They are encouraged to share how their OE/CW (compassionate witness) will help when they see their own trauma and grief patterns during the weekend.
4. For Zoom sessions it is almost essential to have a team member assigned to put people into breakout rooms as they arrive, so that other team members can welcome newcomers. For online sessions, one may also wait until all have arrived to begin the process.
5. Working in pairs, small groups, or individually in the full group (depending on the size of the group and whether live in the room or in breakout rooms for online sessions) each person does a role reversal with the card/object to anchor in the non-judgmental, internalized role and may:
 - A Speak from the role about the self: “I am X’s OE and s/he has decided to participate in this group because...” (provides a message about the theme of the workshop from a place of no shame/blame) and/or
 - B Speak from the role to the self: “I am your OE, Pat, and I want to remind you that as you participate in the group today to ...”

6. Participants place their cards in the group room or in their own space to witness the work and to serve as a location from which they can observe the session without shame or blame.

Once the goals for the OE/CW are achieved, or achieved well-enough, the group can move to creating the circle of strengths, sometimes also called the circle of safety.

7.4.2 Second Safety Structure: Circle of Strengths/Safety

With a live workshop, TSM's second safety structure provides a visual container that creates the stage or action space, usually formed by a circle of scarves that remains on the floor the entire weekend. This provides participants an experiential knowledge that trauma can be contained safely. The circle is a living thing and can expand, tighten, grow, be added to, or taken from. The circle (most often created with colorful scarves) becomes the physical representation of a safe container, a vibrant holding space for healing. This is not a container that seals away the trauma so it can't be spoken. This is a container that is large enough to hold all the experiences of life with breath and voice...a container where experiences can be spoken, processed, and growth celebrated.

The circle also becomes the representation of the brain for the intra-psychic work on which TSM psychodrama focuses. Trauma and grief disrupt personal boundaries. This action structure helps participants have a body experience of creating their boundaries, and allows them to work with those boundaries throughout the workshop. We will often tell participants, if they have intrusive thoughts the night of the workshops, to remember the circle of scarves and yell "Dr. Kate and Dr. Steven say, 'get back in the circle!'" It is wonderful how well this works.

In addition, trauma survivors often have trouble believing they have any strengths at all. In working with my weekly women's survivor's group, I (Steven) observed that some members may take a year or longer before becoming truly spontaneous in their strengths. Through this safety structure, we work with participants to name and claim their strengths. This safety structure helps participants represent their overt, hidden, and emerging strengths visibly and then internalize them. When that happens, trauma work is much more successful.

In weekly groups, I (Steven) find the members will at times rush through this structure, just skimming the surface. They minimize the need to concretize their strengths, and try to rush to their trauma. I often slow them down, have them breathe, and take a moment to really be in touch with their strengths. Sometimes, I ask for a story from the week that shows that strength at work. This process can be challenging to participants. However, I believe time is better spent developing strengths than trying to process trauma without them.

For online workshops, the circle of strengths can be created within each participant's own space using scarves or other objects. There are also many ways to create

this circle that draw on particular cultural strengths. You will see one of the ways in the guidelines section. But first, here are the goals.

7.4.2.1 Circle of Strengths/Safety—Clinical Goals

- establish and possibly internalize a sense of safety;
- demonstrate and concretize containment;
- keep boundary against intrusive thoughts, images, and body memories;
- create an observing space outside the circle; and
- create an actual stage for TSM dramas.

7.4.2.2 Circle of Strengths/Safety—TSM Safety Structure Guidelines

1. With a live group or individual, the circle is generally created using colored scarves, each representing a strength the participant brings or is calling in to promote greater safety. Strengths can be *personal* (a strength from within); *interpersonal* (a strength experienced through being with someone else, and/or a person who provides strength in one's life; or *transpersonal* (a strength gained from something greater than self and others; e.g. nature, a connection to ancestors, spirituality or religion.)
 - A Through any number of prompts, group members are instructed to take a scarf representing one of the categories listed above. The scarf becomes the visual representation of that strength. Group members name the strength the scarf holds and places the scarfs on the floor one by one until a full circle is made. This circle becomes the "work space" for the dramas and provides another layer of the strength of the group to hold, contain, and witness the materials that will be worked on.
 - B The prompts can be creative and generally tie into the theme of the session, workshop, or retreat. For example, "choose a scarf that represents a strength you are bringing to the group today." "Choose a scarf that represents a strength you have that will help you stay safe this weekend." Or, "choose a scarf that can help you stay present during the sessions."
 - C Team members can remind participants they are naming strengths they have. If a group member gets stuck, then team members or other group participants can offer strengths they have seen in the person. If the strength is acceptable to the person, they can take it. If not, the person can rename the strength or fine-tune it before accepting it.
 - D The order the group members add their scarfs to the circle can be a simple as who is to the left or right of the last person who spoke. It can also be done "popcorn" style with whoever wants to go next going. It can be done in a sociometric change in which the current person chooses the next person until everyone has had the opportunity. And, all the scarves can be named

and placed at the same time. This can be helpful in saving time in large groups or in groups that are well-versed in the process.

- E Be sensitive to cultural norms about naming one's own strengths. In some cultures, self-acknowledgement is seen as inappropriate and even rude. An alternative is that instead of each individual naming their own personal strength, the group members give each other a scarf to represent "a strength I have seen in you." If this is the case, make sure each member of the group is given a scarf. TAEs and ALs may do their presentations last to take care of people who have not yet received a strength from another group member. A sociometric chain is a way of doing these presentations where one person chooses the next person who then chooses the next until finally the person who started receives the last presentation.
2. When working online, notify people in advance to bring scarves with them to represent their three types of strengths. Depending on the size of the group, these can be named in various ways:
- A For smaller groups, have each person name their strengths and create a circle within their own space, or use the scarves to decorate the main chair they are using.
 - B One could also invite each person to "create the rhythm/sound of your strength," and build around the group, creating a group rhythm.
 - C People can act out their strength with sound and movement and have group members guess (using chat) the strength being represented.
 - D For larger groups, one can ask all those who fit a certain criterion, e.g. everyone from a specific time zone, to stay on the video and others to turn off their video for the moment, and have those visible indicate their strengths; make sure all groups are represented in turn.
 - E Different tactics can be used for each kind of strength, e.g. all but one group mute their microphones and those in the designated group all name their strength out loud; or use sound and movement to represent their strength.
 - F Chat can also be used to name and record all the strengths.

7.4.3 Third Safety Structure: Spectrograms and Locograms

Spectrograms and locograms assess the group in the here and now while increasing interpersonal connections. The spectrogram is an imaginary line on the floor representing two ends of a topic. Participants place themselves on the line to represent where they are in relation to that topic. Locograms expand the activity from a single line to multiple places on the floor to represent different choices.

These simple actions engage the body and increase the sociometric connections in the group. Spectrograms and locograms make the invisible connections visible. In a moment, the participants can "see" how they are connected to other's experiences. For example, it is not uncommon for Kate and I (Steven) to state a criterion whose

polarities are at one end "I have lots of experience doing psychodrama," and at the other end, "I have no experience with psychodrama." With group members placed in a line, we have been able to help group members discuss their levels of experience, help newcomers connect with more experienced members, and increase the overall group resources through role reversing newcomers with experienced members. Often, we hear the comment, "that activity was so helpful because I did not understand why I didn't know what to do and everyone else seemed to already know. Old messages started to play and I started to call myself 'stupid' and 'slow to learn.' When I realized that other people in the group had done this before and there were also others who had not, I began to understand that I am not 'slow,' I am just new."

By making the invisible connections visible, the team is able to attend to integrating the new members while also providing challenge for more experienced members. The team can use the spectrograms and locograms to warm the group up to the topics of the weekend, expand the group's overall window of tolerance, be attentive to sub-groups, and increase connections between group members.

Spectrogram topics are chosen starting with strength-based criteria, then trauma-based criteria, then spiral up to transformative criteria. This pattern is employed in other safety structures and will become familiar to you as read about the hands on shoulders and the step-in sociometry safety structures. You will also notice that transformative criteria do not have a zero endpoint but rather a "one" endpoint. This means the participant is called on to identify at least one transformative or post-traumatic growth response as the safety structure moves from the deeper questions to the post-traumatic growth criteria. The leader/team can adjust the criteria to meet particular needed group assessments, group learning, and build group cohesion in a mindful manner. Here are some examples of spectrogram criteria.

Strength-based Criteria:

- I live close to here—I live far from here
- I have no experience with psychodrama/TSM psychodrama—I have a lot of experience with psychodrama/TSM psychodrama
- I am here for personal work—I am here for training
- It takes me time to warm-up to a new group—I am warmed up to new groups before I even get to them
- I have zero energy today—I am 100% energized today
- I don't know anything about post-traumatic growth—I know a lot about post-traumatic growth (topic specific criteria)

Trauma-based Criteria:

- I am not comfortable talking about how I feel about touch—I can talk easily about my comfort level with touch
- I am not able to remain in my strengths and feel safe when I do my personal work – I know how to remain in my strengths and feel safe when I am doing my personal work
- I am not able to be vulnerable and feel safe—I am able to be vulnerable and safe

- I am not aware of my defenses or even what that mean—I have a clear understanding of my defenses and the concept too (topic specific criteria)

Transformative Criteria:

- I know *one* way in which I can feel safe in my body—I have many ways I can feel safe in my body
- I feel connected to *one* person in the group in some way today—I feel connected to everyone in the group today
- I know *one* way in which I can ground myself if I feel overwhelmed—I have many ways to ground myself if I feel overwhelmed
- I can identify *one* element of post-traumatic growth I have experienced—I can identify many post-traumatic growth gains I have experienced (topic specific criteria)

Locogram Criteria:

- When it comes to art, I prefer: visual art, dance, theater, cinema, music, literature, and other.
- There is an imaginary map of the world on the ground. Place yourself on that map as to where you came from for this workshop.
- I do my best work during: morning, afternoon, evening, and other.

7.4.3.1 Spectrograms—Clinical Goals

- quickly gain information about group dynamics
- increase body engagement
- increase verbal interaction
- decrease anxiety through increased interpersonal connection
- warm up to topics that will be explored
- help group members practice choosing
- increase group member's comfort with using their voice in group

7.4.3.2 Spectrograms—TSM Safety Structure Guidelines

1. Spectrograms and locograms with individuals and live groups are usually denoted by objects or scarves placed on the floor to hold the space for that end or part of a topic. When working with a team, team members can hold the polarities or spaces through role playing. The team members then speak out loud the inner monologue of the role. If playing the newcomer, the team member can expand on the statements, "I have no idea what is going on. Why do these people seem to understand all that is going on? I am feeling alone and lost." If the team member is playing the role of the experienced member, they might start by saying, "I have been doing psychodrama for years. In fact, I am Zerka Moreno herself and I am so glad to see so many people coming

to psychodrama.” The key piece is for the team members to be spontaneous, playful, and pull for the yet unspoken emotions of the newly forming group. Some of what is presented in the next couple pages has been informed by Herb Propper’s teachings on locograms and spectrograms (Propper 2018). Here are some items to consider when constructing this safety structure.

- A Movement through the criteria should start with neutral and/or surface level information that most members will feel easy enough about sharing. This will help participants to warm-up to the process.
- B The wording should be simple, clear, and repeated to minimize confusion.
- C The criteria should have a breadth of possible responses and all responses are welcomed.
- D If someone is uncomfortable with a criterion, allow them to step aside and re-enter as they desire. Moving to the observer position helps with clarity and lessens anxiety.
- E Avoid questions that are too revealing or could have strong interpersonal responses, especially in a new group. In ongoing groups where the level of interpersonal safety and trust is strong, criteria can be created to deepen the group experience.
- F State the criteria and wait until all members are clear on the criteria. Then ask people to move to a position. Group members can explore difference positions and how they feel in their bodies. They can change positions at any time during the activity. In fact, it is often interesting for the team leader to inquiry why a change in position was made. Allowing change helps the group members become comfortable in the group with choosing *and* changing their mind.
- G Once group members are in positions, the director has many creative ways to have the group present why they put themselves in that place. Topic, time, and group size are key elements in the creation of this sharing part of the spectrograms and locograms.
 - i. In small groups, one can simply ask each person. However, rotating the ways one shares is important for spontaneity even in a small group.
 - ii. In larger groups, asking each individual is time consuming and unfeasible. An alternative is to have the group members turn to each other and share the information with the person next to them. This helps increase the group members’ connections, which is important with groups of all sizes. Then, one person can share from each of the poles and someone from the place in the middle.
 - iii. A fun option is to have one person from each end of the locogram switch ends and then role play the other person. The team leader can help them play off of each other, asking and answering questions from their new positions and roles.
 - iv. Another option is to have the group members spontaneously make a sound and movement that represents their position. The director can then slowly point from the enthusiastic end of the line to the other end

and back. As the director points, the members respond with their sound and movement as if in an orchestra.

- H When finishing one of the criteria, de-role the polarities or the placing positions. If team members are involved, de-role them.
- I When setting up the next spectrogram, alter the position of the polarities in the room by shifting the line 45 to 90 degrees. This encourages movement in the group and keeps members from standing in the same place through all the criteria.
- J If team members are holding the polarities, then the director does well to alternate which end of the polarity the team members are holding with each criterion. For example, if at first the team member is holding the role of being uncomfortable with talking about touch, then the next time they should hold the role of the person who feels fully safe in the group, or whatever is the more open end of the criteria.
- K The team knows the goal is not to get through all the questions that have been planned. The safety structure need only meet the clinical goals in a good enough manner to be successful and to move on. With this in mind, the team should always end with a transformative criterion before moving to the next safety structure.
- L Generally, only one transformative/post-traumatic growth criterion is needed to finish this safety structure. Often the group members are asked to fully embody their position or choice. The safety structure leader directs the group to move from the line into a circle and to embody their criteria choice. If the criterion is “I have one way that I engage in self-care—I have many ways to engage in self-care,” then participants can be asked to act out their method of self-care. They might interact with each other through their self-care. They might be curious and try someone else’s method of self-care to see what it feels like. Or, the team leader might go around the room and have the members show their method of self-care and then have the group members reflect back the self-care action in unison. This is a transformative criterion and should end with energy.
- M When working with locograms, include an “other” category, as this helps for all named and unnamed options. For example, “I like days with rain, sun, snow, thunderstorms, other.” A person in the other category might say they like sunny days that end in rain because that is when rainbows occur or they like days with steady wind for kite-flying. With the “other” category, no one is left out. Locograms can be marked by papers with the categories written on the paper and placed around the room. This method is often used to help teach group members. “Move to the concept that you are most intrigued to learn more about today.”
- N When working internationally with other cultures, we have found it useful to take some time to have the group members develop some criteria around topics they believe the presenters should know about their culture. In one

workshop, the members created a spectrogram by stating, “arrange yourself along the line according to the amount of education you have.” Being culturally sensitive, this criterion is one that an “outside” team might not have approached. However, the group created this criterion because they wanted to make the presenters aware of the cultural implications of educations with regards to women and marriage. “An educated woman is more valuable than one without an education. However, a woman cannot be more educated than a perspective husband. At that point, she becomes unmarriageable.” The group members were able to bring a lot of insight into what was on their minds and in their culture through creating their own spectrograms during this safety structure.

2. When working online, there are a number of options, with varying degrees of physical involvement. One can still ask people to imagine standing along the imaginary line or in different places in a shared room to engage both the intellectual and imaginal sides of the brain.
 - A If questions are prepared ahead of time one can use the Polling feature on Zoom for both spectrograms and locograms, with participants selecting on a scale of 1–10 (nothing to a great deal for spectrograms) or among various choices (e.g. time zones for locograms). This feature gives an instant breakdown by percentage of the people in each category, but it does not show who is in each category. It is useful, however, with large groups.
 - B If the question can be answered with a number, participants can be asked to hold up the number of fingers responding to their choice.
 - C For a number or a few words, participants can write their choice on a card or piece of paper and hold it up to their camera for other group members to see.
 - D For a fully embodied response to a spectrogram, you can ask people to use their bodies to indicate “not at all” by imagining they are holding up a grain of sand, all the way through “a great amount” by imagining holding a boulder in their arms, showing size and weight.
 - E Additional information can be shared via Chat.

7.4.4 Fourth Safety Structure: Hands on Shoulders

In this structure, we use a series of action sociograms called *hands on shoulders* to connect participants interpersonally and to learn TSM's *prescriptive roles* at the same time. This exercise also teaches people how to choose, how to face being unchosen, and the delight of learning new information. By asking participants to place their hands on the shoulder of the person in the group who meets a particular criterion, the invisible connections between group participants become visible, making assessment, as well as themes and challenges, more apparent. This process

also helps members practice making choices and decisions, which is helpful when preparing to select and/or be a protagonist.

Sometimes participants find it hard to make a choice because they don't want to hurt someone. This is good clinical information about the group members. Are some members people-pleasers putting other's needs first? Is there anxiety about creating rifts between people? We do not force a choice but rather encourage the member to make a choice, and learn something through staying with the uncomfortableness. The hands on shoulders structure helps the participants practice choosing other for roles in psychodramas, feeling comfortable with being chosen or not chosen, and choosing a single protagonist who can do their work.

Once all members of a group have placed their hand on a person of their choice, a human constellation is formed. There may be multiple constellations around the room. Sometimes the group forms one large galaxy with several spokes leading out to the universe. We look to whom the energy of the group is pointing during each criterion. Equally important are the people at the ends of the formation. I (Steven) often remind the group that these people are the ones who pull the energy of the universe from the unformed into the formed. They connect the group to that which is beyond and unseen (Schreiber 2019).

In this safety structure, the strength-based question of dual roles is important. This criterion helps members see where each participant is connected to other members prior to the gathering. This helps group members see connections between group participants that may not be obvious. It also helps members start to rely on tele to choose people to play roles.

Criteria for hands on shoulders follow the same format as for spectrograms (strength-based, trauma-based, and transformative). Here are some examples:

Strength-based Criteria:

- Put your hand on the shoulder of the first person in the group you met.
- Put your hand on the shoulder of someone with whom you have dual role.

Trauma-based Criteria:

- Put your hand on the shoulder of someone you could share a time when you felt unsafe.
- Put your hand on the shoulder of someone who could play the role of your wounded self.
- Put your hand on the shoulder of someone who can hold the role of the perpetrator.

Transformative Criteria:

- Put your hand on the shoulder of someone who could play your sense of safety.
- Put your hand on the shoulder of the person who could represent some quality of post-traumatic growth for you.

7.4.4.1 Hands on Shoulders—Clinical Goals

- reveal transferences and projective identification

- help group members practice choosing
- increase attention to body needs, especially around touch
- start narrative labeling increase attention to body needs, especially around touch.

7.4.4.2 Hands on Shoulders—TSM Safety Structure Guidelines

1. In a live group, people are told that they will be asked to select others in the room based on various criteria and indicate their choice by placing a hand on the person's shoulder. If there are group members who would prefer not to be touched, they can let people know that and others can extend a hand, palm up, in the person's direction without actually touching them.
 - a Inform people to be free to move with the group as people are making choices. So, if someone's hand is on your shoulder, that person follows you as you make your choice.
 - b Inform the group whether or not team members are available to be chosen and whether or not they will be choosing. Sometimes TAEs participate in the choosing as group members, with an eye toward those who are under- or non-chosen. During the trauma-based criteria, team members are available to be chosen and do not make a choice. This action keeps group members from receiving a negative projection from a team member that the group member may not have the ego strength to receive.
 - c In many cases, participants are asked to briefly share "why I chose you." These statements start with the persons at the farthest end of the chains and work inward following the energy of the group.
 - d Leaders can get a good sense of *sociometric stars*, *isolates*, *reciprocal choices*, and those struggling with choice. With these in mind, the safety structure leader can adjust the criteria to ensure that the same people are not overly chosen while others remain the isolated. A balanced group has people chosen and choosing in equal measures.
 - e Often times, members resist choosing someone in fear they will hurt them by their choice. This can happen if a person is chosen by someone or not chosen by someone. This dynamic happens often when group members are asked to put their hand on the shoulder of someone whom can play a trauma role for them. Members do not want to select someone to play their perpetrator. The team will encourage the member to choose reminding them that we naturally will not choose someone who we do not feel safe with. We will choose someone whom can play the perpetrator authentically for us while also caring enough about us to safely hold such an important role in our drama.
 - f During the spectrogram safety structure, there is a criteria about how comfortable members feel talking about touch. From that criterion, the team has helped the group create some group norms around touch. Those norms will be practice with respect during this activity.

- g Members should be instructed not to weigh their hand down on someone's shoulder or put their weight on the other's shoulder. Members should be sensitive to those with shoulder and/or other physical pains.
 - h Respect for physical distance and touch is especially important when working outside one's culture. In many places in the world, touch between a man and a married woman is not allowed. Often groups have used scarves held by the two people to represent the choice that was made. Another way is to simply hold one's palm towards the shoulder of the chosen person without touching the person. Creative solutions that honor culture and get the job done!
 - i Always de-role all projections, positive and negative by having participants move around, shake them off, make noises, etc.
2. Working online: We are still experimenting with variations of this activity online. Much depends on the sophistication of the group and whether or not the leader is working with a team, and if there is a specific person assigned to handling technical functions.
- a Mostly, unless the group is very small, this activity is done using the Chat function of zoom.
 - b Choices via Chat may be shared with everyone or with a team member assigned to map and chart the choices.
 - c Private chat is the simplest way to have individuals share their choices with each other.

7.4.5 Fifth Safety Structure: Circle Similarities

This safety action structure is done with the group in a circle (during a live setting) and is focused on increasing the sociometric connections between participants while warming up the participants for a drama. When a criterion is presented, participants who identify or meet that criterion are encouraged to take one step forward into the circle. The safety structure leaders may just have the participants observe who stepped in and give a witnessing breath or make a movement or sound. The leaders might ask participants to name and/or describe why they put themselves forward for that criterion. Though this seems like a simple activity, one can feel the group energy shift when members become more at ease with the process. Criteria that had been isolating now become unifying, and members start to release shame through empathy, witness, and connection.

There are times when group members try to outdo each other by presenting worse and worse experience they have had as a form of one-upmanship, or they simply dive quickly into their trauma criteria. The TSM team monitors the group's progression returning momentarily back to prescriptive criterion if needed. This pendulation is done so the group remains safe while presenting their vulnerabilities. The structure proceeds in this manner until the goals have been achieved, at which point the group

moves into the post-traumatic growth criterion and the safety structure is brought to a close.

In a men's group I (Steven) ran, I watched as the proceeding safety structures set the foundation for increased connection among the participants. With this safety structure, the men started to coalesce as a group. With each round, the group opened to deeper criterion. Each man became safely vulnerable with each new step-in. It was satisfying to witness the emotional release the men experienced when feeling growing acceptance of each other.

Below you will find some of the criteria that might be offered to create that closeness among members. The step-in criteria are presented in the same pattern as the other structure's criterion (prescriptive, trauma, transformative). Here are some examples. In practice, most are created spontaneously by the members from their lived experience.

Strength-based Criteria:

- Step in if you have ever snuggled in a warm blanket.
- Step in if you have an animal that you love dearly.
- Step in if you, like me, have climbed a mountain over 7000 feet high.
- Step in if you have ever...(have participants offer fun criteria).

Trauma-based Criteria:

- Step in if you have ever felt unsafe.
- Step in if you have ever felt not contained by your body (topic specific criteria).
- Step in if you have ever felt too contained by your body (topic specific criteria).
- Step in if you have ever used food in an unhealthy manner.
- Step in if you have ever been the victim of domestic violence.
- Step in if you like me has ever had to grieve the loss of a close relative or friend.
- Step in if you have ever...(have participants offer their trauma criteria).

Transformative Criteria:

- Step in as a body sculpture representing some growth or self-awareness you gained after going through a hard time in your life.
- Step in when you can recall a time you felt grounded and fully present.

7.4.5.1 Circle Similarities—Clinical Goals

- break the isolation most trauma survivors feel
- assess if individuals and the group can name their trauma story before they enacting it
- build up the cognitive structuring of the brain
- increase body engagement through movement
- move closer to and back from the emotional content of the trauma in a shared space
- provide witness

7.4.5.2 Circle Similarities—TSM Safety Structure Guidelines

1. With a live group, participants are standing in a circle and individuals (generally starting with members of the team) step into the circle and make a statement that is true for them. Others who feel the statement is also true for them step in and join.
 - A People may step in with one toe, all the way to whole body, and several steps to indicate just how much the statement is true for them.
 - B Facilitators may elect to have sharing and/or clarification as people step in.
 - C Depending on whether this activity is used as part of creating initial safety within the group, or perhaps used later or on Day 2 for discovering commonalities of experiences with trauma, leaders may set limits on the kind of criteria to share.
 - D Sometimes a second step-in can be selected off of the first. For example, step in if you have ever grieved the death of a loved one. Take another step in if that loved one was a parent or guardian.
 - E Team members should help members keep their criterion open wide enough that there will be others who identify. If the criterion is too narrow, the participant will be the only one to step forward and end up standing all alone feeling isolated again.
 - F Team members may offer their own criteria, especially in the trauma-based section. This action by team members helps neutralize shame and blame group members might have in sharing their criterion.
 - G In this safety structure, the participants are encouraged to offer their own criterion to see if other members of the group have a similar experience.
 - H Group members may not state a criterion that they have not done or experienced. For example, someone could not ask if anyone had ever parachuted if they had not jumped out of a plane themselves.
2. One way to facilitate this activity online is to have people step several steps away from their camera and imagine themselves standing in a circle, and then as each criterion is stated for which they connect they can take a step or two closer to the camera. When the facilitator says “thank you” they step back.
 - A The conditions stated under number 1 also apply to online work.
 - B If the group is small, you can have everyone unmute their microphones before the activity. For larger groups, people need to step in, unmute the microphone, and then speak.
 - C If comments are desired in a large group one can also use Chat.

7.4.6 Sixth Safety Structure: Art of Integration

The art of integration project helps participants integrate both the experiential (body-based), creative (right brain), and didactic (left brain) learning/knowing of a TSM workshop. The project might focus on containment, exploring the autonomous healing center, post-traumatic growth, etc. Within the design of TSM workshops there have been formulated a number of art of integration projects to help concretize and integrate the experience and learning of a specific workshop. Projects can range from the simple use of oil pastels and paper to create a radiant autonomous healing center to more complex three-dimensional work with figurines. It has been observed by Linda Ciotola and Cathy Nugent that doing an art of integration within 72 h of a psychodrama helps concretize the work and set the healing deeper into the body in a safe and full manner (personal communication).

Kate freely admits that the art of integration safety structure was included in TSM psychodrama “to please Francesca.” Kate says that over the years this structure was employed less and less until I (Steven) revitalized it and re-established its importance as a TSM safety structure. I am told that Francesca’s use of art of integration was more non-directive as a container for any unconscious material, in the Jungian sense, to be held and processed. In my creation of art of integration projects, I have focused on directive art therapy activities with the purpose of bridging left and right brain cognitive and experiential learning.

Because the evolution and expansion of the art of integration project is more than can be held in this chapter, we are including separate chapter on the art of integration with directions for a number of TSM topic specific projects for you to try. We hope you will be excited by the following thoughts on the art of integration and then will try some of them yourself when you read Chap. 15.

7.4.6.1 Art of Integration—Clinical Goals

- increase body-based, right-left brain experience for trauma material to be creatively contained, expressed, and integrated
- activate the entire brain so that experiential methods can be done safely, balancing cognition and emotions.
- integration of strengths and trauma-based roles into full transformation.
- provide a forum for conscious and unconscious material to be seen.

7.4.6.2 Art of Integration—TSM Safety Structure Guidelines

1. With a live, three-day workshop, we generally have participants develop the art project over the three days, offering time, usually at the end of the day, or at the beginning of a new segment, to add to the project.

- A Participants often elect to work on their art project during free time or before the start of each day.
 - B A good art of integration project centers on a theme contained in the structure of the art piece. Three prompts should be constructed which focus on strength, trauma, and transformation/post-traumatic growth. A final prompt should be given which allows the participant to integrate all the parts into a whole art piece.
 - C When a group member states, “I have no artistic talent,” team members can remind participants that “it is the process, not the product that heals” (Rogers 1993). In the end, people like their projects because they hold meaning and embody the healing work they have done during the workshop.
2. For online groups, the art project is described and demonstrated, and people are generally instructed to work on it between meetings and to bring the project to the following meeting.

7.5 Unstated Safety Structures

The six safety structures in this chapter are formalized method within TSM for reaching the clinical goals needed for the group to do safe trauma work. There are, however, many less formalized structures within a TSM workshop or weekend that create safety. These structures have not been officially written about prior to this. However, they are TSM trauma-informed safety norms.

- Breaks, meals time, and free time are mindfully planned to allow members to pendulate from the work, have a moment to breathe, interact informally with other members, and refresh.
- Handouts with information and overviews allow for group members to be more present because they are not trying to write notes or remember key points.
- Stating what will happen ahead of time and educating on anything new that is being introduced helps lower anxiety in a group by letting participants know a little about what to expect.
- Always provide support and safety to anyone who is standing on a chair or being physically pushed out of an action space. I (Steven) always point out it is generally not the unsteadiness of a person but the breaking of the furniture that causes an injury.
- Provide a scarf to protect a person holding a harsh role from the words and actions that will need to be sent in their direction.
- All re-enactments are done safely for the sake of the protagonist and those holding the roles. The mind does not need the full scene to be recreated. The mind only needs to have the trauma neural cluster triggered enough for work toward a new narrative to be started. So, when re-enacting molestation, for example, pillows can be used to separate the sensitive areas from the action. Only a suggestion of the action is all that is needed to create the corrective response.

- Team meetings are held before, during, and after a workshop. During multi-day workshops, the team meets each day at breakfast, lunch, and dinner. There is a warm-up email structure prior to the workshop and a closing email structure the week or so following the workshop. Among other things, the team members have an opportunity to process any of their own materials that surface so they can be present to the group. More about the team meeting structure and their reasons can be found in Chap. 5.
- All information that the team members learn about participants through the workshop is directed to the team leader and shared with all the team members at the team meeting. This prevents group members from sub-grouping, and helps the team to support all members of the group equally.
- Whether someone attends a therapy group, workshop, conference presentation, or training, all are to keep the stories and experiences they share confidential. It is okay to share one's own story about their experience, but not to share other's.

7.6 Conclusion

TSM's six action safety structures are as follows: observing ego, circle of strengths/safety, spectrograms/locograms, hands on shoulders, step-in sociometry, and art of integration. Each of the six action safety structures have specific global and individual clinical goals. Each of the goals must be monitored, assessed, and achieved for the group to proceed to the next action safety structure, and eventually to the psychodrama themselves. When the clinical goals are achieved, a state of spontaneity and healing takes over the group. The work may be hard, yet from within a state of immersive tele with rich interpersonal spontaneity, all things are possible. When a group feels safe enough, they are ready to move to deeper healing work. They can start a prescriptive role drama which takes them one step closer to the trauma drama and eventually to post-traumatic growth.

Establishing the pacing and the cadence of the safety structures, even in the best of groups, usually takes a full day. The structures are engaged in at various speeds based on how quickly group members are able to reach clinical goals. Thus, safety structures could take more than one day. In a multi-day workshop, the step-in sociometry is done on the second day as a warm-up to the prescriptive role drama.

For many who have been to other psychodrama workshops where dramas begin almost immediately, it can appear that a TSM workshop is slow to get to its first drama. We would contest that TSM is not slow but rather paced. Working towards clinical goals, TSM moves with a cadence that trains participants to move towards their trauma material with mindfulness and strength, and safely back from it when needed. Each structure individually and collectively aims to create safety, foster connection/group cohesion, provide a manner for assessing group readiness, and manifest a state of healing spontaneity. When the clinical goals of the safety action structures are achieved, all is set and deeper healing work can begin.

There is therapeutic artistry to the TSM safety structures, and members of a well-formed TSM team are the artists in residence. Their creative energy, clinical knowledge, and abiding care of the group work together with the solid goal-oriented safety structures to create a container for safe vulnerable expression and healing witnessing. This synergism sets the stage for the psychodramas to begin. As the TSIRA points out, the first role of the TSM psychodrama is that of the clinically modified containing/body double. We present this invaluable TSM innovation, with its history and guidelines, in the following chapter.

References

- Hale, A. E. (1985). *Conducting Clinical Sociometric Explorations: A Manual for Psychodramatists and Sociometrists*. Royal Pub.
- Hudgins, K. (2002). *Experiential Treatment for PTSD: The Therapeutic Spiral Model*. Springer Pub. Co.
- Hudgins, K., & Toscani, F. (Eds.). (2013). *Healing World Trauma with the Therapeutic Spiral Model: Psychodramatic Stories from the Frontlines*. Jessica Kingsley Publishers.
- Levine, P. A. (2015). *Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory*. North Atlantic Books.
- Moreno, J. L. (1993). *Who shall survive?: Foundations of sociometry, group psychotherapy and sociodrama* (Student Edition). American Society of Group Psychotherapy & Psychodrama.
- Moreno, J. L., & Moreno, Z. T. (1969). *Foundations of Psychodrama* (Vol. 3). Beacon House.
- Propper, H. (2018). *Practical sociometry: Directing spectograms and locograms*. <https://dramario.net/wp-content/uploads/2018/01/Spectro-gramand-Locogram-Eng.pdf>.
- Rogers, N. (1993). *The Creative Connection: Expressive Arts as Healing*. Science and Behavior Books.
- Schreiber, E. (2019). *Sociatry: A tool to heal society and reveals the godhead*. Expanding horizons: Using action methods to join all humanity, Dallas, Texas.
- Siegel, D. J. (2010). *Mindsight: The New Science of Personal Transformation* (Reprint edition). Bantam.
- Siegel, D. J. (2012). *Pocket Guide to Interpersonal Neurobiology: An Integrative Handbook of the Mind*. W. W. Norton & Company.
- van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking Press.

Chapter 8

Clinically Modified TSM Doubles: The Body and Containing Doubles



Abstract Zerka T. Moreno often spoke of the classical psychodrama double as the core technique of psychodrama (2013). She used the classical double when working with her sister, who suffered from psychosis, and in her research in a maternity and pediatric clinic (Moreno, 2006). What the therapeutic spiral model adds to the classical double is clinical modifications when working with survivors of trauma. We introduced this modified double as the containing double (Hudgins, *Experiential Treatment for PTSD: The Therapeutic Spiral Model*. Springer Pub. Co., 2002). It arises from having witnessed many protagonists working in trauma become overwhelmed and triggered into uncontrolled regression and unchosen catharsis from dissociated effect. The containing double balances a client's thinking and feeling. Drawing on the cognitive double from St Elizabeth's Hospital (Buchanan and Swink, *The Journal of Psychodrama, Sociometry, and Group Psychotherapy*, 65:9–32, 2017), the containing double provides for controlled regression and chosen catharsis. The second clinical change was to create the body double (Burden and Ciotola, *The body double: An advanced clinical action intervention module in the therapeutic spiral model to treat trauma*. The Center for Experiential Learning, 2001), which was modified to establish, before direct trauma work, a safe space in a participant's body for people who struggle with dissociation, flashbacks, and body memories before direct trauma work. Speaking in the first person, both modified doubles focus on breathing, grounding, and staying in the present to increase spontaneity and open the autonomous healing center. Research and clinical examples are provided, including Hudgins's (Hudgins and Kiesler, *Psychotherapy: Theory, Research, Practice, Training*, 24:245–255, 1987) seminal research on doubling that won the American Psychological Graduate Student Award for Research in 1986. Also included are practical guidelines for being an effective body and containing double in a TSM psychodrama.

Keywords Trauma · Trauma-informed care · Experiential trauma therapy · Psychodrama · The therapeutic spiral model · TSM psychodrama · Group psychotherapy · Individual therapy · Eating disorders · Doubling · Body double · Containing double · Spontaneity · Creativity · Tele · Autonomous healing center · Grounding techniques · Breath · Research

When a protagonist is unable to give voice to their experience, a director will often call in a double. The double is generally anyone from the group who feels they can speak for the protagonist and express what the protagonist is unable to vocalize. If the statement made by the double is correct, the protagonist repeats it. If it is not, then they change it. Sometimes, several participants offer statements or emotions to help the protagonist move past sticking points. This classical psychodrama approach is a staple in every psychodramatist's book of interventions and is known worldwide.

After years of astute observation, TSM psychodrama provided a significant clinical revisioning of classical psychodrama's double role. The therapeutic spiral model as a whole adds to classical psychodrama the specific intent to prescribe roles that will aid clients in recovery from trauma through self-regulation and containment (see Chap. 3). In this chapter, we touch on the history, development, and science behind TSM's clinically modified use of classical psychodrama's double role. In doing so, we present Zerka Moreno's (2006) love and lifelong relationship with doubling as one of her main contributions to J.L. Moreno's work of classical psychodrama. Then, TSM psychodrama incorporates literature in clinical psychology, neurobiology, and the psychodramatic concept of tele to support trauma recovery.

Classical psychodrama does not address safe re-experiencing as an explicit core concept. So, unlike the classical psychodrama double which helps the protagonist find and expand their emotions almost immediately in a drama, the TSM containing double's role helps the protagonist find and explore their emotions within a container of safe cognitive engagement. In addition, the body double's role is to reflect, ground, and guide the protagonist through body attunement and connection. In TSM sessions, the containing double and the body double roles are often played by one person, who may also speak from the classical double role when appropriate. The interplay between these three roles has been affectionately called the triple double (Ciotola, 2017). The triple double (CD/BD) envelopes the protagonist in a mantle of grounded safety, allowing for full trauma work to be conducted.

What is exciting about the containing double and the body double is that they are powerful clinical interventions when working with groups or one-on-one. In this chapter, we will present guidelines and tips to lead you through the steps of being an effective containing/body double. Two examples of this intervention are described. The first will take you through Steven's internal monologue while in the role of the containing/body double during a group psychodrama in China. The second example is of an individual session with a client who had disordered eating.

The CD/BD role is my (Steven's) favorite role to play in a TSM psychodrama. The level of connection with the protagonist is profound. Taking the psychodramatic journey with them and helping them find containment for safe expressions is a responsibility I cherish. I have had the distinct honor of holding this role for people all over the world, and often with people whom I did not speak a common language. Yet, we were able to take these journeys side by side through the language spoken in the body. As we present these roles to you in this chapter, it is our hope you will see their significance, indispensability, depth, and safety—as well as our fondness for them.

8.1 Zerka's Contributions to Classical Psychodrama

A classical double is an action-based tool in which a group member speaks, in first person, the words the protagonist is struggling to say. The classical double finds the deeper feeling the protagonist has not found yet and brings to light unconscious ideas needing to be expressed. The classical double is considered one of, if not the most important psychodrama techniques (Blatner, 1996). In *Quintessential Zerka* (2006), many of Zerka's articles focus on the double in definition, practice, and research. She states:

In order that the patient (often called the primary ego) accepts the presence of the auxiliary ego on the stage, she is told to consider the ego as her double, the invisible 'I,' the alter ego with whom she talks at times but who exists only with herself...the auxiliary's task is then...to stir up the subject to reach deeper levels of expression by peeling off the socially visible 'I' of the subject, and to reach for those experiences and imageries which a person would only reveal while talking to oneself. (pp. 38–39)

In her memoir, *To Dream Again*, Zerka Moreno (2012) shares how she embodied the double role described above to support her psychotic sister when J.L. started working with her at his sanitarium in Beacon. Having already doubled her sister for decades, it was a natural move to extend this into clinical practice as it became more defined. Zerka Moreno (2006) also saw the importance of the double as a parallel to the first stage of childhood development. The mother and other caregivers reflect the experiences of the baby back to it in words, thus providing accurate labeling and verbalization of feelings and actions. Imagine the baby is crying, with tears and great discomfort. The mother comes to the child and says, "you look so sad. Oh honey, baby is sad." Through her interactions with the child, the mother is helping the child to identify emotions and attach them to the accompanying body sensations. In her work with mothers and babies in a pediatric clinic in 1952, Zerka spontaneously would take on the role and double babies who were having normal developmental issues. In other words, she would quickly speak aloud what she thought the baby was saying through their actions. These doubling statements helped the mothers hear what their children could not say in words. The learning was phenomenal for the mothers and allowed them to create a stronger bond with their children.

Kate tells a story about Zerka's fondness for doubling. Her love of doubling was so strong it kept Zerka buoyant in the nursing home once she had transitioned from independent living. The story goes like this. "When I first visited her after she had been in the nursing home for two weeks, I asked her if she was lonely, as she was used to the life of people around her. Zerka firmly stated with great humor, 'no, and if I am—I just talk to my double.'" The power of the double and Zerka's connection to it was so strong that she was able to employ it for companionship as she neared her own death.

8.2 Developing the Containing Double

Having worked at St Elizabeth's Hospital for a year (1980–1981) as a classical psychodrama intern, I (Kate) was fully aware of the cognitive double, which was used for role training and containment of psychotic symptoms for day treatment patients. Drawing on this knowledge and training, the other psychodramatists and I could see a cognitive container was needed to balance the uncontrolled regression and unchosen catharsis observed in practice. Thus, the first clinical modification to classical psychodrama for the treatment of trauma was in the form of the containing double (Toscani and Hudgins, 1993; Hudgins, 2002).

We observed that the classical double by itself can be triggering. Thus, there is a potential danger for trauma survivors. The classical double is often used to reflect and enlarge the emotions of the protagonist. This expansion of emotion can be overwhelming for the protagonist whose experiences have led them to believe emotions are dangerous and unsafe. They have been both exposed to people whose emotions and physical contact have no boundaries. They themselves can easily vacillate between overly constricted or explosive expressions of emotions. The trauma survivor can easily expand “from fear into terror, from anxiety into dissociation, from annoyance into rage” (Carnabucci & Ciotola, 2013, p. 114). When the brain is overwhelmed, it can be re-traumatized and thus work against itself even in the pursuit of repair. Thus, making emotions bigger, as in the use of the classical double, can be counter-productive and even damaging.

In an effort to create safer applications of psychodrama, especially for survivors of trauma, the first clinical research group (1992–1995) started to modify psychodrama roles and techniques. They were clinically aware of the limitations and even dangers that uncontained psychodrama enactments could manifest from our own training and clinical practice (see Chap. 1). Observing that trauma work is most successful when the client stays within their window of tolerance, we clinically modified the classical double to create an intervention that would help the protagonist balance what is now known from neurobiology as the “right brain” sensations, emotions, and images with the “left brain” language, cognition, and mean-making structures (Rauch et al., 1996). In order for this to happen, containment and stabilization must be obtained as the first clinical goals before moving into a deeper exploration of trauma. Because trauma survivors are often filled to the brim and overflowing with dissociated emotions, flashbacks, and body memories held in trauma bubbles, the survivor can be triggered in a moment's notice. Many would prefer to keep these experiences to themselves, but the reality is that the past experiences explode into present work, relationships, and all aspects of life at unpredictable times. These traumatic events project into counseling work, therapeutic relationships, and psychodramas. The trauma survivor must have the resources of containment and stabilization in order to do safe, controlled, and lasting trauma work. The TSM modified containing double provides these resources so the survivor can do their work and move to post-traumatic growth.

The containing double “provides a truly balanced and integrated neurobiological experience of experiential therapy for the purpose of full developmental trauma

repair” (Hudgins and Toscani, 2013b). Since its inception, the containing double has been researched in a number of settings and has been included as an intervention in individual therapy (Hudgins et al., 2009; Forst, 2001; Hudgins et al., 2000; Hudgins and Drucker, 1998).

8.3 The Body Double Enters

We discovered that when using the containing double, there were times when the cognitive and emotional container this role provided was not enough to keep the protagonist from being overwhelmed. Another clinical role was needed to hold the body in a grounded here and now state. What was needed was an intervention that focused on the body’s reactions, the body’s memories, and the body’s wisdom. A second clinically modified double emerged from a growing awareness that the anchoring statements made by the containing double actually had their own function in grounding the protagonist and speaking as their healthy body. Linda Ciotola M.Ed., TEP, CET III, TSM Trainer, shares that the development of the body double as a fully realized TSM prescriptive role was a collaborative effort. Linda notes Rebecca Ridge, Ph.D., TEP, contributed from her body energy work as a cranial-sacral therapist. Kamala Burden, MA, LCMHC, LCAT, BC-DMT, RDT/BCT, CP, RSMTE, BMCP, added her experience as a dance/movement therapist. Linda says she contributed her yoga and reiki training which focused on body attunement. Linda attributes the body double as a co-creation drawing from these bountiful resources and exciting people (Ciotola, personal communication, 2020).

Burden and Ciotola (2001) created the body double for self-soothing and self-regulation. Initially, the role worked with the protagonist to synchronize audible breathing and, through the body, to slowly and calmly quiet the protagonist’s internal state. Regulated breathing tells the body it is safe. This important act aids the protagonist in staying present to unwanted dissociation, body memories, and triggers. The body double has developed from an embodied breathing technique into a fully formed clinical intervention to help the protagonist explore body sensations, listen to body information, discover body memories, and process those memories for safe emotional release. As a role in a psychodrama, an effective body double can also be a help to the group as a whole to remember to breathe and stay present, creating a safe place for all.

The role of the body double is an advanced skill and is often held by one of the trained auxiliaries on the TSM healing team. Yet, we have seen many benefits gained by protagonists and clients who have worked with emerging body double practitioners. Having someone alongside to remind the protagonist to breathe, ground, and be present is an immense help in integrating the role of a wise body who knows when it is safe.

8.4 Some Thoughts on the Neuroscience of Trauma with TSM

The amazingly astute observations made by the early developers of TSM and incorporated into a safe clinical structure have been supported by research in neuroscience since 1996 (Rauch, et al., 1996). For example, since the containing double was developed, advances in neuroscience have shown us much about how the brain responds to trauma and what part of the brain is responsible for which actions/reactions (Corozolino, 2010, 2014, 2015; Porges, 2017).

We hypothesize that when in action, the person playing the role of the containing double is serving the function of an undamaged corpus callosum not impacted by trauma. We believe the containing double helps to bridge the communication gap between the left and right brain which allows for a new forward-looking narrative for life, where one did not previously exist (Hug, 2013). The containing double holds this role function until the protagonist can internalize it and hold the role themselves. In this way, we hope the containing double helps retrain the brain to stay within its window of tolerance.

We believe a fully engaged body double relies heavily on mirror neurons to create physical and emotional attunement and a telic connection with the protagonist. The person in the role of the body double understands the body resonance created by the mirror neurons and allows for the exploration of their own internal space to give information about the protagonist's inner landscape. However, unlike the protagonist who can fall into the internal dark spaces, the body double is aware of the protagonist's window of tolerance as well as their own. The body double uses their awareness to offer regulated alternatives to triggered body reactions, curiosity about body-based messaging, and safe exploration of unreleased body-based experiences. We theorize this is because the body double works through action to sooth and even retrain the amygdala.

8.5 Healthy Mind and Wise Body: Guidelines for the Containing and Body Double

Now that we have presented the evolution and progression of the containing double and body double as TSM clinically modified psychodrama interventions, we are going to take some time to present the guidelines and structures that allow a person to be a great CD/BD or triple double. Though there are times when the containing double and the body double roles are played by two group members, the CD/BD are more often played by one person who is able to embody the roles of a healthy, integrated, functioning mind-body-feelings connection for the protagonist. The CD/BD works a little ahead of the protagonist to gently guide to internalization of a fully functioning and integrated cognitive-physical-emotional interplay. Together with other

prescriptive roles, the TSM doubles help increase spontaneity and creativity to ignite the autonomous healing center for full developmental repair.

There are some basic guidelines for holding the role of a containing double spelled out in the first TSM training monograph (Toscani and Hudgins, 1993) and then expanded on by Toscani and Hudgins in 2012. However, these guidelines are specific to the containing double and do not include the nuances of the body double role. Thus, here we are providing a full process and integrated guidelines for both roles with the understanding, as mentioned, that they are most often played as one role by one person.

8.6 Creating Telic Connection Through Empathetic Attunement

The first contact between the protagonist and their CD/BD is vital for establishing a strong connection. This moment must not be rushed, as the strength of the work to be done depends on establishing this attunement. The CD/BD is chosen based on a telic connection. Something inside the protagonist reaches out and connects to someone in the group through an unseen attraction. The person then is asked if they will hold the role, and they are brought forward to meet with the protagonist. The moment the protagonist and their CD/BD look into each other's eyes, empathetic attunement begins. The director encourages the pair to take at least three full, deep breaths in unison to facilitate their relationship. The director is looking for the moment when the telic connection moves deeper into the body and a full empathetic attunement is created. The stronger this connection, the stronger the work can be. The astute director understands this level of trust and vulnerability is challenging, and both the protagonist and CD/BD need time to warm up to the fullness of this special relationship. The first moment is important and the director continues to monitor the strength of this connection throughout the drama for optimal use of this unique and important TSM psychodrama prescriptive role of containment.

8.7 Strengthening the Containing Double and Body Double Connection

During the drama or in individual work, there are many ways to strengthen the initial telic connection and adjust the empathetic attunement. One of the most important is that the protagonist is encouraged to repeat the CD/BD statements if they are accurate, and alter them if they are not. The act of changing the statement is more beneficial to the protagonist than simply accepting a statement that does not fully resonate. The process helps the protagonist with internal awareness and finding their voice. This reflexive and responsive interaction fine-tunes the telic connection, empowers

the protagonist through accurate labeling, and increases the capacity for beneficial containment when working with deep emotions.

Another method to fine-tune the connection is for the CD/BD to speak from the role if they feel the protagonist is not listening to them. The disconnection a trauma survivor experiences in life often is seen in action during a psychodrama, especially toward their body. The CD/BD can remind the protagonist to reconnect. They might offer statements such as: “I feel like I am being ignored,” “I am your body and I have information to share with you,” “I can stay present to my body and remember I am not alone in this journey.”

When necessary, the CD/BD can help the director from within the role. They can offer information to the director with statements like, “I can use a moment to breathe and adjust to what is going on,” or “I am feeling overwhelmed and need a moment to be present.” These moments help the protagonist be seen and heard and deepen the relationship with the part of them that can ask for and take care of their needs. As mentioned above, the protagonist can change the statement if needed.

The CD/BD holds a space of “no shame/no blame.” Statements are offered and the adjustments accepted. There is no judgment when the protagonist takes a moment to work through past triggers and defenses; after all, they are doing hard work. With the help of the CD/BD, the protagonist will open up to curiosity, safety, and resolutions.

8.8 The Containing Double’s Goals

The containing double works to balance cognition and affect in the four ways listed below. Three of these ways are spelled out in Hudgins and Toscani (2013a) and Israel (2016). A fourth goal has been added as of this writing.

8.8.1 *Reflect*

The containing double reflects what is happening in the here and now without deepening the experience. This leads to accurate labeling of dissociated feelings and traumatic experiences still held in the brain and body. These reflective statements help the protagonist to anchor and ground. “I am afraid my sadness will overwhelm me.” “My grief is very big.” It also creates attunement between the TSM double and the protagonist or client.

8.8.2 *Contain*

The containing double helps hold the entire experience. It creates safety by containing affect until the protagonist can stay present for chosen expression of dissociated

feelings. These positive containing statements help the protagonist stay steady by reminding them of their capacity and resources in the here and now. "I can expand my container to hold my sadness with all the other parts of my life too." "My life is bigger than just this sadness." On the other hand, if there is too much thinking, the CD will make statements such as "I am way overthinking this. I wonder what I am feeling."

8.8.3 Anchor

The containing double looks to anchor the protagonist into the present moment, where all things are able to be contained. This is usually done by making statements that reflect the physical presence in the body or interpersonal connections in the session. For example, "I am standing in the circle of safety and can see the scarves all around me." "I can see the far wall and it is green." "I can see the people in this room and see the care in their eyes."

8.8.4 Lead

The newly added goal is to lead the protagonist forward. These supportive statements help the protagonist gently move to access their thoughts and feelings safely while moving toward integration. "I can say one sad thing in this moment knowing I have the support and witness of everyone around." "I can do one thing in this moment to take care of myself." These leading statements are not therapy, nor advice, they are offerings. The double works a little ahead of the protagonist, but is cautioned not to do the protagonist's work for them.

8.9 The Body Double's Goals

The body double has similar goals as the containing double. However, the body double's roles were named differently in the original writing Hudgins and Toscani (2013a). Below, we present the labels for the original goals with their parallel to the containing double goals. Here we also note that we added a fourth goal which is similar to the "reflect" goal of the containing double.

8.9.1 Breathing Evenly

The body double keeps the protagonist breathing evenly. These statements remind the protagonist to be aware of their breathing, to breathe deeply, and to firmly ground themselves while opening to a larger experience. “I can take a deep breath in and I can let my deep breath out fully.” “I can breathe in and expand to open up space to hold all my experiences.” This goal is similar to the “contain” goal of the containing double in that it helps the participant expand their body through breath to hold all of their body experiences.

8.9.2 Sense of Body Safety

Through this role, the body double provides a sense of here and now body safety by focusing on positive body experiences even if the person starts to become overwhelmed with effect, or if they become dysregulated. These statements immediately help decrease the protagonist’s disconnection from their body, grounding them in the present. “I can gently look around the room. I can see the green chair. I can see the picture on the wall. I can see the window and the sun coming through it.” This goal is similar to the “anchor” goal mentioned previously, as it helps the participant to ground themselves in the present moment.

8.9.3 Positive Body Experience

These statements help the protagonist create positive body experiences to help continue their body awareness relationship after the drama. “I feel something in my shoulder. Yes, there is stiffness in my shoulder. I can touch that stiffness in my shoulder. I can hold that stiffness gently in my hand and massage it. I can breathe into that stiffness. I can listen to what my stiffness has to tell me.” These are similar to the “lead” statements for the containing double, but done through the body. The body double gently leads the protagonist to groundedness, containment, and self-regulation. Once the body feels safe, then the neural pathways open for release, change, and healthy left brain/right brain functioning.

8.9.4 Body Reflection

The body double goal of body reflection was not defined in the original writing and is brought out here. These statements are much like the reflection statements from the containing double. Here, the body double simply reflects what they are noticing

is happening in the body. "I am squeezing my hands." "My leg is moving a lot." "I am sitting very still." The goal is to bring awareness to the body and see if the protagonist is curious to explore what the body may be saying at that moment.

8.9.5 Containing Double and Body Double Guidelines

With training and guidance, a person can develop into an excellent containing/body double. It is one of the most healing and wonderful roles in a TSM psychodrama. Below are some guidelines that can help in that developmental process. Even without training, using these guidelines can allow a person to be of great help to a protagonist, the group, and to themselves.

8.9.6 Speak in the First Person

The CD/BD is the protagonist themselves, albeit a healthy version. Thus, they speak in an "I-I" relationship because they are the inner healthy voice of the protagonist. For example, "I can take a deep breath and let it out slowly." By contrast, an auxiliary in a role would speak from the "I-You" position. For example, someone in the role of the protagonist's courage might say "I am your courage and I am here by you so you can listen to your body and take that deep breath." The CD/BD is the only one of the TSM roles that speak in the first person.

8.9.7 Stand Next to the Protagonist

With respect to the protagonist's comfort level, the CD/BD stands next to the protagonist. If the CD/BD feels ignored and wants to be closer to the protagonist, they can say "I feel far away. I would like to be closer." In this manner, they can give awareness to the protagonist about the internal distance the protagonist is from their body, mind, and emotions. The protagonist may respond, may reposition the CD/BD, may ignore them, and so on. Respecting the response while responding authentically is the finesse of the role.

8.9.8 Stay with the Protagonist

No matter what role the protagonist is role reversed into, the CD/BD remains with the protagonist throughout the entire drama. This is the only role that has this level of intimacy with the protagonist. Roles like courage, resilience, creativity, and others

will cluster around the role of the protagonist. If the protagonist moves into another role, the auxiliaries stay in their positions around the person who assumes the role of the protagonist. In contrast, the CD/BD follows the protagonist into the new role to help the protagonist stay grounded and expand their container as possible. This quality is one of the most unique features of the TSM doubling role and is partly where it derives its healing power.

8.9.9 Keep Within the Window of Tolerance

The protagonist can become overwhelmed in a drama. Sometimes this happens very quickly when new awareness surges. The drama is not therapeutically helpful if the protagonist is overwhelmed. If this state continues, they can become re-traumatized. The CD/BD works to keep the protagonist within their window of tolerance. They help the protagonist remain balanced, contained, and present in order for all to get the most out of the drama.

8.9.10 Mirror the Protagonist

The CD/BD matches the protagonist's energy, rhythms, and speech patterns. The CD/BD mirrors all the actions of the protagonist to gain insight and increase the telic resonance. This mirroring process is not to mimic the protagonist, but rather to further engage the mirror neurons to create connection and insight. Information and awareness gained from the mirroring are presented through the role back to the protagonist. It is a very exciting process.

8.9.11 Slow Down for New Narratives

An important part of the CD/BD role is to slow down the protagonist's brain to hold feelings and body sensations until words can be attached, understood, and a new narrative created. Part of the work of the left brain/right brain processing is for emotions to be safely released and new meaning to be made from the experience. The CD/BD helps the protagonist slow, calm, and regulate for optimum left brain/right brain trauma processing.

8.9.12 Suggest Without Advice

The CD/BD should be aware to offer suggestions without interpreting or advice. If the CD/BD feels they have something to offer the protagonist, they can offer it. Instead of saying, "I think this pain in my stomach is connected to the bad thing that happened," the CD/BD can say, "I am curious where this pain in my stomach comes from." It may be true the stomach issue is connected to the trauma. However, it may not. By offering from a place of neutral curiosity, the CD/BD helps the client explore while preserving the I-I relationship.

8.9.13 Be Open to Correction

The CD/BD should make offers knowing their statement will likely be wrong 50% of the time. The protagonist can then correct the statement and make it more accurate. It is through the interplay of offering and correcting that the telic connection is fine-tuned. The CD/BD relationship with the protagonist grows and intensifies with each alteration. Fine-tuning the empathetic attunement between the CD/BD and the protagonist parallels the fine-tuning of the protagonist to their internalized well self. The more accurate they can be externally, the more accurate they can be internally. With some empathy and a decrease in anxiety, a CD/BD's accurate labeling skill can increase substantially.

8.9.14 Be Cautious of Over-Producing

Too much feedback from the CD/BD role might be as unhelpful as providing too little. Most people when doing the CD/BD role the first few times tend to either under-produce out of fear, or over-produce out of trying to get it right. Even if you are wrong, offer your CD/BD statement so you can receive feedback. Keep doubling statements short and give the protagonist time to confirm, deny, or expand them. The aim is to tune the tele.

8.9.15 Stay in the Role

One of the common occurrences with a new CD/BD falling out of the role. Sometimes, they are triggered by parallels in the protagonist's story and wander into their own material. When they become aware they have done this, they can speak from the role about their experience. "I am having a hard time staying focused on what is happening." There may be part of this that is true for the protagonist, and if not,

the protagonist will correct it. Sometimes, the CD/BD wants to give information to the director and goes outleaves of the role to do so. Instead, the CD/BD can make a statement about what the protagonist needs from within the role. If the protagonist needs to slow down and the director is did not see that, the CD/BD might say, "I am needing to slow down a second and breathe." Or, "I am needing to hear that statement again because I am having a lot of emotions right now."

8.9.16 Use Personal Experience

The CD/BD is telically connected to the protagonist and often receives "dings" which may be their own material or the protagonist's material, and often it is both. The CD/BD can trust themselves to offer that experience in service to the protagonist. Thus, the CD/BD can sense where their own experience resonates with the drama's actions. Then, they can offer it through the role to deepen the experience. "I feel this might be connected to my father." The protagonist responds, "no, it is connected to my mother." In this incident, both the CD/BD and the protagonist gain insight as to where their issue originates.

8.9.17 Be the Bridge

The CD/BD is the bridge between where the client is and where the client is moving. They are always just a little ahead of the protagonist. They are a mind/body that knows its needs, anticipates its responses, stays present even in the presence of scary events, knows where it needs to go, and knows how to go there safely.

The CD/BD is such an important role in creating safety in a TSM psychodrama that careful attention should be given to the person who plays the role. Whether experienced or not, the person holds the container for the individual and for the group. The CD/BD reminds the group to breathe and ground every time they remind the protagonist to do so. They are simultaneously their body, the protagonist's body, and the group's healthy body. It is an awesome and wonderful role.

8.10 Working Effectively with a Containing/Body Double

We want to take a moment here to acknowledge that many people have not had the experience of working with a containing/body double by their side during a psychodrama and may find the experience new, unusual, and exciting. The containing/body double is your internal healthy voice and we want to turn the volume up. The CD/BD will follow you and mirror you in order to be in tune with your body, thoughts, and emotions. They may be in physical contact, the degree to which you are

able to alter and adjust as you feel comfortable. Sometimes the entire drama is about becoming comfortable with a healthier version of self. It may be about integrating and internalizing healthy regulating voices found through the CD/BD. However you find yourself, we encourage you to take the TSM psychodrama journey with your CD/BD by your side. We are sure you will find your ability to stay grounded, present, and regulated while experiencing deep emotions and profound reparative work. Lean into the experience, rely on your CD/BD, find safety, and the CD/BD will be your closest guide.

8.11 The Joy of the Role

It is difficult to write about this combined role without talking about the honor it is to be selected to play it. The CD/BD is, in my (Steven's) opinion, the most important of the roles within the TSM repertoire. This intense and intimate connection with another human provides a level of intimacy, satisfaction, and joy for the role holder, which is healing and restorative all on its own. The CD/BD takes the journey with the protagonist and often gains much personally through the role. They become a simultaneous protagonist (see Chap. 4). One of the benefits of the role is that the CD/BD must remain in their untriggered and healthy space to be of service to the protagonist, and often while doing this for the protagonist, they strengthen their own ability to do so for themselves. There are many ways the protagonist's journey touches the role holder's story, and by taking the journey with the protagonist the CD/BD finds parallel resolutions that are healing. These parallels in healing are gifts from the role. Ultimately, it is the level of trust the protagonist offers to the CD/BD and their accurate, attuned connection that provides the joy in the role of the protagonist, the person in the role of the CD/BD, and the group as a whole. We will now show you with affection the CD/BD in action.

8.12 The Containing Double and Body Double in Action

Seeing the containing/body double in action is a unique and powerful experience. We would enjoy it if you could witness this role in person. Whether the CD/BD is part of a full psychodrama or an intervention during a one-on-one session with a client, the strength and safety this role combination provides is a container for deep healing work. We are hoping through these two examples you will have a greater understanding of how the CD/BD functions. As stated previously, the roles are almost always played by one person. When played together, the combined role is now normally just called the body double. We are going to present two examples of the CD/BD in action. We are not providing the whole drama here—just the parts in which the CD/BD was prominent. Whole dramas, each with a CD/BD are presented in Chaps. 11–14.

8.13 TSM Doubles in Group Psychodrama in China

Since you will see how the CD/BD works in the sample psychodrama chapters, Kate and I (Steven) thought it would be interesting to hear the inner choice point monologue of an experience I had in the CD/BD role. I made a short mention of this experience in Chap. 1. The drama was one of several dramas done during a 100 person workshop conference celebrating what would have been Zerka's 100th birthday. The participants sociometrically selected the protagonist whose goal was to unite with her sleeping-awakening child. The protagonist had done previous work and was warmed up to taking the steps to finally meet and hold her inner child. The protagonist spoke very little English and I speak no Mandarin. An interpreter was present and followed Kate. Below are my inner thoughts as, while in the role, I sought to stay connected to the protagonist, keep her within her window of tolerance, support Kate's directing, and stay attuned to the group work being done.

Steven's Soliloquy: Wow. I am going to be the body double here in China in front of 100 people and for this person I just met. I am glad we have had a chance to connect before this moment. I feel honor in this role and am happy and excited to be part of her drama. Wow, there are a lot of people here watching us. I hope to do my best for them. I am going to step up to her and take a moment to allow our breath to sync and our mirror neurons to resonate. I like looking into a protagonist's eyes long enough to be breathing in sync. I like making this connection with this person. I can feel the trust building. I can feel the shift in her body as we connect through our tele. I am breathing in deeply and hope she will follow. Yes, she is breathing deeply too. We are in sync.

Kate: (To the protagonist.) "Which side do you want your body double to be on?"

Protagonist: "On my right side."

Steven's Soliloquy: I am moving over to her right side and standing shoulder to shoulder. I am taking a deep breath again to make sure we are still connected. She is taking a deep breath too. Good. I am looking over at her. She sees me. We smile. I can see she is nervous and she is glad I am here. I am going to check my body and feel if there is anything in my body that resonates with this feeling I am sensing. Nothing in my head, shoulders, chest...wait, there is a ding in my abdomen. I am going to offer that to her. I hope she remembers to repeat the statement if it is right and correct it if it is not accurate.

Steven as CD/BD: (*Reflect.*) "I feel something in my stomach."

Protagonist: "No. No not in my stomach...in my chest." (She put her hand on her chest.)

Steven's Soliloquy: I am glad she corrected me. I can be more in tune. I am searching my chest. Yes, I can feel something in my chest now. I am not sure what it is. I wonder if she knows what it is.

CD/BD: (*Lead.*) "I am curious about what is in my chest."

Protagonist: (Repeating.) "I am curious about what is in my chest."

Steven's Soliloquy: She does not know what is in her chest. Maybe things are too tight in there to see what is happening. I will lead us in a breath to open up some space.

CD/BD: (*Lead.*) "I can take a deep breath into my chest and slowly let it out."

Protagonist: “I can take a deep...” (As she starts to breathe in she says...) “It’s excitement. I am excited to finally get to meet my inner child. I have seen others meet theirs and now it is my turn. It’s time. I am very excited.”

Steven’s Soliloquy: *I am going to mirror her excitement so I can feel it and stay attuned.*

CD/BD: (Anchor.) “My chest is filled with excitement.” (Reflect.) “It’s the right time.”

Protagonist: (repeating.) “It is the right time.”

Steven’s Soliloquy: *I am feeling the significance of this moment. I am going to stay a little ahead of her and help her anchor this moment. I am going to offer that this is her time at last.*

CD/BD: (Reflect.) “My time.”

Protagonist: “Yes, it’s my time.”

CD/BD: (Anchor.) “I have waited a long time and now it is my time.”

Protagonist: “I have waited a long time and it is my time at last.”

Steven’s Soliloquy: *I will continue to mirror the excitement in her body.*

Kate: “What strength will you need with you as you meet your child?”

The drama goes on with Kate directing the protagonist to choose and role reverse with her strengths. Kate works with the protagonist’s emerging metaphor to create a birth canal made of 30–40 people holding a line of scarves with the protagonist’s inner child at the end waiting. Just as the energy of the groups is growing and the protagonist is ready to move forward for the union she has been working toward, there is a loud, angry noise to our right. A participant is creating an anger response and is demonstrating it by hitting something. Kate quickly moves to explain the safe way to express anger in a psychodrama. A sub-scene develops which I am unable to follow because the interpreter has moved with Kate and out of the range of my hearing.

Steven’s Soliloquy: *I have no idea at this moment what to do. Kate is over there. I can’t see or hear her. There is a human birth canal of scarves waving before me. The protagonist can see the end of her journey is just 30 feet in front of her. I need to take a deep breath and stay connected to the protagonist. I am resetting my body to mirror her body. She is looking at her inner child. The smiles on our faces show how much we love that child. Kate is still working on the sub-scene so I will keep us warmed up in scene. I know the protagonist speaks very little English. I will have to assume our telic connection is strong enough to be our translator.*

CD/BD: (Reflect.) “I am excited.”

Protagonist: “I am excited. She is right there.”

CD/BD: (Reflect.) “I love her.”

Protagonist: “I love her.”

Steven's Soliloquy: *I should watch how much I expand because she is really ready to go down this birth canal and embrace her inner child. I need to contain and maintain this moment until Kate returns. I should also think of some options to support this drama from within this role, should Kate need more time. I will trust the process and I will trust my spontaneity to be good enough.*

CD/DB: (Contain.) "I can take a deep breath in and not rush this moment."

Protagonist: "I can breathe. I can see her."

CD/DB: (Contain.) "I am going to look at everything so I can remember it."

Steven's Soliloquy: *I am going to move my arm slowly from left to right to keep the energy in the group up and help the protagonist absorb this moment. It is good that the group is still eager and waiting to proceed. The protagonist is following my arm and the group is responding with movement and joy as my arm reaches and moves past them. What is that noise to my right? Something more has happened with the sub-scene. I know in TSM psychodrama that everything is part of the drama and that every projection is important. I wonder how the sub-scene Kate is working with fits this protagonist's experience. I can offer to see if she is curious too.*

CD/BD: (Lead.) "I am curious about what is happening over there."

Protagonist: (Disagreeing.) "I am not interested. This is where I want to be."

Steven's Soliloquy: *Maybe the sub-scene has more to do with the other person's anger and is not a projection from the protagonist. Maybe the anger was a test to see if the protagonist was ready to move forward without distraction. I will trust the process and keep in this moment.*

CD/BD: (Anchor.) "My heart is full."

Protagonist: "My heart is full."

Steven's Soliloquy: *Oh thank God, I hear Kate coming back. I need to let Kate know where the protagonist is at the moment so she can direct.*

CD/BD: (Reflect.) "I am so ready to go down this canal and hug that child."

Kate: (To the protagonist.) "So, you are ready to go?"

Protagonist: "Yes, yes, I am ready."

Steven's Soliloquy: *I will emphasize this to let Kate know that the protagonist is fully warmed to this action.*

CD/BD: (Expand.) "I am so ready."

Kate: "Let's go at a pace that will help us remember this moment."

CD/BD: (Anchor.) "I can enjoy each step."

Protagonist: "I can enjoy each step."

We all move forward, enjoying each step. The line of people with scarves parts to make way for the protagonist. Each step is made with thought and joy. The protagonist with all her strengths, her body double, and Kate move through the line of celebration.

The excitement in the room grows. All 100 people are receiving the parts of healing from the drama that landed on them. The protagonist arrives in front of her sleeping-awakening child, who is fully awake. They embrace. There are cheers. They hold each other for a long time. Many people in the room embrace the warmth of the psychodrama. Then as this warmth ebbs, it also starts to subside. Kate gently starts to bring the psychodrama to a close. In sequence, she sends participants off to de-role. Finally, only the protagonist and I are left.

Steven's Soliloquy: *Wow. That was such an honor. I have such gratitude for this person and her work. I am humbled to be such an intimate part of it.*

Steven: (To the protagonist.) "Thank you."

Protagonist: "Thank you. You are my good body."

Steven: "It was an honor."

We embrace. Look in each other's eyes and let the other know that the experience was greater than either of us has words for in either of our languages. Then I go and de-role while Kate finishes with the protagonist.

8.14 TSM Doubles in Individual Therapy with a Young Man with Disordered Eating

Now that you have seen the power of the TSM body double in practice in China, we'd like to travel back across the Pacific, to a private practice client with a TSM-trained therapist in Canada. This therapist is well trained in working with eating disorders and has used TSM for over 20 years. The example below focuses on how the body and containing doubles are integrated as the therapist moves from the role of the therapist to that of TSM double and back again in an individual therapy setting. The client is a 23-year-old young man who has suffered from body image distortion and bursts of bulimia from time to time over the past two years. He was referred by a grassroots organization that works with male sexual abuse survivors. Here, the therapist introduced the doubling intervention in the first or second session as an action tool to help him learn to find a safe place in his body.

Therapist: "Now that we gathered information on your life last time, I am glad we have another chance to meet and I want to introduce you to one of the TSM action interventions we will use, probably every time we meet for a while. It's called the body double. The goal is to help you start to find a safe place in your body so you see yourself accurately and can share your feelings rather than throwing them up. What do you think?"

Client: "Well I have no idea what you are talking about yet, but if you have something you think will help me feel better about my body, then yes I am willing to listen."

Therapist: "Actually, you will need to do more than listen when we are doing experiential therapy. It's about having a new experience. In this case, the ability to begin to feel safe today, when there is no longer any external abuse. Let me show you the body double. I am

going to become an internal voice that can focus on positive sensations in your body like breathing and grounding. This internal voice will speak about keeping a balance between thinking and feeling so your body learns to self soothe rather than become triggered. Okay?"

Client: "Okay. I guess. I mean, what am I supposed to do?"

Therapist: "Well, we start out by me asking you to pick a scarf that represents me and then put it in this chair I usually sit in as therapist. Then I will move another chair side by side and you can tell how close you want your double to sit next to you."

Client: "Okay, I pick this green scarf because I am hoping you can help me grow. I am really tired of therapy so I am willing to try something new."

Therapist: "Please put it on my chair and then tell me how close you want me to sit beside you as your body double. On the right or the left side?"

Client: "Okay, probably on my right and about a foot away from me if we are sitting side by side."

Therapist as TSM Double: (Sits in the chair as instructed by the client and begins to subtly mirror the body posture of the client.) "I am a new inner voice that can take a deep breath." (Begins to deep breathe.) "Right now all I have to do is breathe with my double and say if it's right or wrong. I can take another deep breath?"

Client: "Yes, I can take a breath but I'm not sure how deep it will be. My heart is racing pretty fast."

Therapist as TSM Double: "Yes, this feels new to me to have someone being an inner voice and sitting next to me. It's a little scary. Or maybe just awkward."

Client: (Takes a deep breath.) "Yes, that feels right. This is new and it is kinda weird. Most therapists just talk to me."

Therapist as TSM Double: "As my mind notices what is real today, my heart begins to beat slower as I know I can stop at any time I want. I always get to choose what I want to do or say in here."

Client: (Laughs.) "Well, that would be a first to have a voice that gets to choose what is right for me! My whole life has been about being one down, used by two Catholic priests for their pleasure. Ouch, my body hurts just talking about it."

TSM Double: "Ahhhhhh...I can slow down. I can feel my feet on the floor. I can look over at my double and see I am not alone again." (Notice the client is now fully accepting therapist as body double, so the name is shortened to reflect that shift.)

Client: (Presses feet hard into the floor and leans on his thighs with his elbows. The TSM double follows.) "Argh! I really want this to stop. I am so sick and tired of my body always reminding me what happened."

TSM Double: "I can take a breath and I can lift my head up and look out the window at the big strong tree out there. In many ways, I am like that tree...I have been through many storms yet I am still standing. Maybe my body needs me to be gentle with it and not act mean in the same way my abusers did. I could ask...body...what do you want me to hear today? This is the first time I can listen to you with my double to keep me safe."

Client: (Physically moving in this chair, and being doubled by the therapist's movements with added breath and slower movements to lead.) "I am just so scared to listen to my body. It is filled with rage, horror, grief, awful memories, and terrible memories."

TSM Double: "I can pause...just a moment as I am talking and listening to myself. I can take a breath. There is nothing happening here that I don't already know...the intense feelings, the body memories...I don't need to focus on them today. I am just getting to know this safe body voice inside through my double. What's one thing I want to remember about this new experience of a safe internal voice slowing me down?"

Client: "Okay...Okay...yes...you said I can choose and I choose to slow down my mind...by slowing down my breath."

TSM Double: "I can gently listen to this new positive voice. It can support me during the week when I feel triggered. I can start to practice this safe space inside my mind and my body right now in this moment."

Client: "Yes...Okay, I am getting what you want me to do. I did okay, didn't I?"

Therapist: (Moves out of the body double role and back into her chair.) "Hello George. I am no longer your body double, though I hope you can feel the calming presence of that role, as well as some of the things that felt true to you to start to create a safe space in your body. What do you want to take away from our first experiential psychotherapy session together?"

Client: "Well, I think that the biggest thing I got is that maybe...my body can start to feel safe. I'm not convinced yet, mind you. But I did actually experience a shift in my body and I feel slightly more benevolent toward it. It's a beginning."

This TSM therapist and client continued to use the body double as a regular action intervention as he worked through the trauma held in his body from ritualized sexual abuse and defending against the pain through bulimia.

The TSM therapist gave clear instructions when introducing the TSM double to a client. The double reflected, contained, anchored, and led this client into the beginning state of a healthy body and brain connection in just one session. As this voice became internalized, his body became normal and his disordered eating was also contained as long as he shared his feelings and listened to his body.

8.15 Conclusion

The development of the body double reveals the ever-evolving nature of TSM psychodrama, always working to assimilate the newest and best clinical approaches for working with trauma survivors. Starting with the classical double that Zerka Moreno felt was a key psychodramatic intervention (Zerka Moreno, 2006, 2013), the containing double was the first clinically modified TSM intervention (Toscani and Hudgins, 1993; Hudgins, 2002), with the body double naturally developing afterward (Burden & Ciotola, 2001). It is theorized that the containing double and the

body double hold the roles of the corpus callosum and the amygdala in action, respectively (Hug, 2013). Thus, they are retraining the brain and creating new, healthier neural pathways for protagonists and clients.

The ultimate goal of the clinically modified TSM doubles is to regulate the body, cognition, and affect of the protagonist so that they may have the deepest healing experience they are able at the time of the drama or in an individual session. The power in the role is found in fine-tuning the telic connections to increase empathetic attunement between the protagonist and the CD/BD. Protocols for this telic-tuning have been presented.

We hope you can see the affection and respect we have for these TSIRA roles of containment. They are so important that we expanded and presented them in their own chapter for this latest book on TSM psychodrama. We did this not only because they are important in their historical place as clinical modifications to classical psychodrama, but also because they are significantly important in their use and practice of TSM psychodrama in any and all settings.

The CD/BD are part of almost every TSM drama and they work not only to keep the protagonist in their window of tolerance but also to help the group members regulate their breathing, affect, and cognition. The beauty in the containing and body double roles is that they can be used in a group as well as individual settings. Though one does not have to be an expert to provide benefit through these roles, a person with some training in the protocols and guidelines will find the roles to be enormously helpful to the protagonist, and amazingly rewarding and healing to one's self. We will be presenting other dramas in Section Four, where you will see other wonderful examples of our well-loved roles of the containing double and body double. We hope you will enjoy them all.

References

- Blatner, A. (1996). *Acting-In: Practical applications of psychodramatic methods* (3rd ed.). Springer Publishing Company.
- Buchanan, D. R., & Swink, D. F. (2017). Golden age of psychodrama at Saint Elizabeths hospital (1939–2004). *The Journal of Psychodrama, Sociometry, and Group Psychotherapy*, 65(1), 9–32. <https://doi.org/10.12926/0731-1273-65.1.9>
- Burden, K., & Ciotola, L. (2001). *The body double: An advanced clinical action intervention module in the therapeutic spiral model to treat trauma*. The Center for Experiential Learning. <https://healing-bridges.com/2017/07/06/the-body-double/>
- Carnabucci, K., & Ciotola, L. (2013). *Healing eating disorders with psychodrama and other action methods: Beyond the silence and the fury* (1st ed.). Jessica Kingsley Publishers.
- Ciotola, L. (2017). *The "triple double"*. Healing Bridges. <https://healing-bridges.com/category/psychodrama-and-related-articles/page/2/>
- Forst, M. (2001). *The therapeutic spiral model: A qualitative enquiry of its effectiveness in the treatment of trauma and addiction*. [Master's thesis]. University of Ottawa.
- Hudgins, K. (2002). *Experiential treatment for PTSD: The therapeutic spiral model*. Springer Pub. Co.
- Hudgins, M. K., & Toscani, F. (2013a). The evolution of TSM. In K. Hudgins and F. Toscani (eds) *Healing world trauma with the therapeutic spiral model*. Jessica Kingsley.

- Hudgins, M. K. & Toscani, F. (2013b). The similarities and differences between classical psychodrama and the therapeutic spiral model. In K. Hudgins and F. Toscani (eds) *Healing world trauma with the therapeutic spiral model*. Jessica Kingsley.
- Hudgins, M. K., Culbertson, R., & Hug, E. (2009). *Action against trauma: A trainer's manual*. University of Virginia: Foundations for the Humanities. Retrieved October 10, 2021, from <https://www.lulu.com/en/gb/shop/hudgins-culbertson-and-hug-/action-against-trauma-a-trainers-manual/ebook/product-1wzdyp85.html?page=1&pageSize=4>
- Hudgins, M. K., Drucker, K., & Metcalf, K. (2000). The containing double: A clinically effective psychodrama and sociodrama. *British Journal of Psychodrama and Sociodrama*, 15(1), 58–77.
- Hudgins, M. K., & Kiesler, D. J. (1987). Individual experiential psychotherapy: An analogue validation of the intervention module of psychodramatic doubling. *Psychotherapy: Theory, Research, Practice, Training*, 24(2), 245–255. <https://doi.org/10.1037/h0085711>
- Hudgins, M. K., & Kiesler, D. J. (1998). The containing double as part of the therapeutic spiral model for treating trauma survivors. *The International Journal of Action Methods*, 51(2), 63–74.
- Hug, E. (2013). A neuroscience perspective on trauma and action methods. In K. Hudgins & F. Toscani (Eds.), *Healing world trauma with the therapeutic spiral model: Psychodramatic stories from the frontlines* (pp. 111–132). http://www.123library.org/book_details/?id=58841
- Israel, S. (2016). *The containing double sequence: An expansion of the therapeutic spiral model, developed by Kate Hudgins & Francesca Toscani*.
- Moreno, Z. T. (2006). Writings by Zerka T. Moreno on psychodrama, sociometry, and group psychotherapy. In T. Horvatin and E. Schreiber (eds) *The Quintessential Zerka*. Routledge.
- Moreno, Z. T. (2012). *To dream again: A memoir*. Mental Health Resources.
- Moreno, Z. T. (2013). A life in psychodrama. In K. Hudgins & F. Toscani (Eds.), *Healing World Trauma with the Therapeutic Spiral Model* (pp. 33–48). Jessica Kingsley Publishers.
- Porges, S. W. (2017). *The pocket guide to the polyvagal theory: The transformative power of feeling safe* (Illustrated edition). W. W. Norton & Company.
- Rauch, S. L. (1996). A symptom provocation study of posttraumatic stress disorder using positron emission tomography and script-driven imagery. *Archives of General Psychiatry*, 53(5), 380. <https://doi.org/10.1001/archpsyc.1996.01830050014003>
- Toscani, F. (1993). *The containing double*. The Center for Experiential Learning.

Chapter 9

The Safe Use of Role Reversal for Trauma-Informed TSM Psychodrama



Abstract This chapter focuses on the TSM clinical changes to role reversal when doing experiential work with people affected by trauma (Hudgins, *Experiential treatment for PTSD: The therapeutic spiral model*. Springer Publishing Company, 2002; Hudgins and Toscani, *Healing world trauma with the therapeutic spiral model: Psychodramatic stories from the frontlines*, pp 49–74, 2013). Zerka Moreno (The quintessential Zerka: Writings by Zerka Toeman Moreno on psychodrama, sociometry and group psychotherapy. First issued in paperback, Routledge, pp 289–301, 2006) believed in the power of the double due to her early work with her sister. It was JL Moreno who believed in the power of role reversing to gain someone else’s viewpoint in interpersonal relationships (Giacomucci and Marquit, *Frontiers in Psychology* 11:896, 2020). The therapeutic spiral model is indebted to Moreno (Who shall survive? Foundations of sociometry, group psychotherapy and socio-drama. Beacon House, 1953) child development theory and incorporates the stages of role development into clinical role reversals. The trauma survivor’s internal role atom (Hudgins, *Why global health matters: How to (Actually) make the world a better place*, pp 286–324, 2017) is a clinical map for trauma-informed psychodrama and the use of experiential interventions that informs the use of role reversals in TSM psychodrama with trauma. This chapter focuses on the TSM clinical changes to role reversal when demonstrating experiential work with people affected by trauma. Starting with a prescriptive role of strength, TSM does a role reversal with personal, interpersonal, and transpersonal strengths to increase spontaneity and help establish the connection to the autonomous healing center. Next, we explore how TSM utilizes role reversals with the internalized roles of the TSM trauma triangle—victim, perpetrator, and abandoning authority. We present a step-by-step structured approach for the enactment of both victim and perpetrator roles that follows the stages of role development—role taking, role playing, and role creating—to prevent re-traumatization and uncontrolled catharsis, providing adequate containment and support to re-experience trauma-based roles consciously.

Keywords Trauma · Experiential trauma therapy · Classical psychodrama · Role theory · The therapeutic spiral model · TSM psychodrama · Action interventions ·

Trauma-informed care · Role reversal · Containment · Spontaneity · Regression · Catharsis of integration

Using classical psychodrama at first, the early group of TSM co-creators (1992–1995) would role reverse with any role that came on stage regardless of whether it could be triggering to someone without adequate ego strength to do so. However, as clinicians who co-created the model, we continued to be distressed about the amount of dissociation, regression, and explosive effect that happened when people were first role reversed into the roles of victim or perpetrator without adequate containment.

An early scene with a group of clients diagnosed in 1993 with PTSD, Multiple Personality Disorder (which is now known as Dissociative Identify Disorder), or CPTSD (APA, 2013) shows the loss of control that could take over a group of people affected by trauma, particularly when they were triggered or consciously asked to role verse with victim or perpetrator. Francesca Toscani, M.Ed, TEP and I (Kate) were co-directing a scene where the protagonist had been triggered just by being asked to pick someone to play her wounded child so she could meet her. She chose a friend of hers who was also in the workshop to play this regressed child. We hoped that by concretizing the victim role externally and using her TSM double, she would stabilize into an adult role.

However, what happened was that the protagonist was flooded with a flashback of being brutally gang-raped, and the person she chose to play her wounded child immediately also regressed into a flashback of being locked inside a refrigerator when she was five years old. Chaos took over the group, as seeing their own unsupported wounded child triggered a battle for stability between regression, dissociation, and an explosion of fear and pain. Luckily, we had already begun to use a TSM action team and had additional clinicians to provide doubling and help each group member find a safe window of tolerance. Thus began our search for safe role reversals with internalized roles of victim and abandoning authority.

Another time working in New Zealand during those first years of the therapeutic spiral model, we also experienced that role reversing with the perpetrator without the proper safety can take over the energy of a drama and a group. The protagonist was a survivor of ritual satanic abuse and wanted to confront one of the perpetrators. Using classical psychodrama, we allowed that role reversal immediately, and the 32-year-old woman became the pedophile perpetrator. She began raging uncontrollably at the person she had asked to play her protagonist role for the role reversal with the perpetrator. Even with her TSM double trying to stabilize her in the perpetrator role, she became more and more verbally violent and then started to move toward the auxiliary in a threatening way. Once again, we were happy that we were already developing our team model, and all team members that were not doubling already formed a line of locked arms with group members who had held onto a strength and became both a physical boundary and a verbal boundary to the protagonist moving toward hurting other people. In the end, the scene was safe, but not before many people in the group were triggered into their own uncontrolled regression. So, we completed our exploration of safe role reversals with the perpetrator role.

We have spent the last 25 years creating clinical action structures to support safe role reversing with all internalized roles, including those of conscious re-experiencing of trauma: victim, abandoning authority, and perpetrator roles. In Hudgins (2002), we had different types of dramas to set clinical contracts, which are now shown in our allegiance to getting a clinical contract *before* beginning a drama. Today, there is much more finesse in the actual experiential interventions of TSM psychodrama. This chapter focuses solely on the clinical changes for role reversing with the therapeutic spiral model. The three-part structure to enact victim and perpetrator supports post-traumatic growth through a catharsis of integration between the left and right brain. In this way, TSM hopes to prevent uncontrolled regression, explosive catharsis of dissociated effect, and re-traumatization. The use of the team truly makes a difference when doing the deepest level of experiential trauma therapy.

9.1 Use of Role Theory in TSM from Classical Psychodrama

Two major foundations of the therapeutic spiral model are directly taught to all classical psychodramatists, and they are fully integrated into TSM psychodrama to treat trauma. Moreno's (1934) child development theory notes that there are four stages all children need for healthy functioning and to develop their authentic spontaneous self: doubling, mirroring, role taking, and, after these, role reversal. In TSM psychodrama, our descriptions show how to double first, mirror strengths second, and begin to take new roles spontaneously and creatively, rather than going directly for trauma experiencing.

First, children and anyone seeking to change see someone else taking a new role, and they want to try it on for themselves. Next, they play with the role to make it their own through imagination, in role-playing games, adding their own spontaneity until the new role is so well developed that it becomes a creative new response to an old behavior. You will see how TSM follows this core teaching in classical psychodrama about the way people develop new behaviors, especially when role reversing with the TSM trauma-based roles of victim, perpetrator, and abandoning authority (Blatner, 1996).

The second theoretical grounding for our clinical changes with role reversal is that of role theory. Not only do we slow down the role reversal for trauma-based roles, but we also follow the three steps in developing new roles: role taking, role playing, and role creating to increase spontaneity for creative action and to develop the connection to the autonomous healing center (AHC).

9.2 Use of the TSIRA in TSM Role Reversal

Many people come to therapy in their internalized and depleted victim role or wanting to immediately express anger and even rage at perpetrators and want to start there. However, the trauma survivor's internal role map (TSIRA) describes a more clinical progression of role development for the safe expression of emotions. TSM psychodrama always begins with first resourcing the adult, stable protagonist through concretization of the prescriptive roles using the clinical map of the TSIRA (see Chap. 3). These prescriptive roles create a state of spontaneity so that everyone connects to their autonomous healing center. TSM next moves along a path of healing with the trauma-based roles.

When moving to the trauma triangle, TSM starts with the victim role and follows three stages of role taking, role playing, and role creating that rescue the wounded child from the TSM trauma triangle. Following the TSM trauma triangle, once the victim self has been recognized and comforted and taken out of the trauma scene in action, TSM psychodrama moves to continue to strengthen the post-traumatic growth role of the appropriate authority role already shown to protect the child self, while the adult protagonist becomes ready to directly confront internalized perpetrators or here and now acute trauma. This chapter details a second three-step clinical action structure for role reversing safely with the perpetrator role, once again relying on the stages of role development to help guide containment with trauma.

While we present the full enactment below of the trauma-based roles separately, we want to share some of the things we have learned overall in keeping role reversal safe for trauma survivors:

- We never role reverse with the TSM doubles. If a person needs a double for containment and self-regulation, the director risks the protagonist failing in the role and becoming more disempowered. Instead, we enroll a TSM double and teach the role in action if the group member doesn't know it. This allows the trauma protagonist to immediately feel support, without having to produce the actual containment.
- The TSM double goes with the protagonist in all roles to help provide psychological stability for all role reversals. This allows the double to support cognitive thinking and feeling expression that are within the window of tolerance regardless of what role the protagonist is role reversed into. It also increases embodied spontaneity to help with all three stages of the new role.
- During role reversals with the strengths of the prescriptive roles, keep the protagonist and double in the role reversal *until* the protagonist is fully spontaneous in the experiencing of the new strength in an enlivened and embodied concretization. In TSM, role reversals are not meant to get a participant to parrot accurate information back to a protagonist, but to create a state of tele and spontaneity that allows a free flow of authentic human experiences in the moment that promotes creative solutions. This experience at times looks and feels like a "miracle of grace."
- When the protagonist is in a role reversal with strength, the person who was chosen for that role stands in the protagonist's space and interacts with the protagonist

to help them increase spontaneity. They are not just the placeholders of the role, but are also invited to ask questions and make other action demands to make the experience stronger for the protagonist.

- Never role reverse a trauma survivor into the victim or perpetrator role without preparation. These are the well-known internalized roles from the experience of trauma and are most likely to cause uncontrolled regression and out of control emotional catharsis if not taken slowly.
- Use the three-part clinical action structures shown below to enact the victim and perpetrator roles before ever role reversing anyone into them other than the team.
- Enjoy role reversing with the post-traumatic growth roles, also always keeping them in the new role until it is fully spontaneous.

9.3 Use of a TSM Action Healing Team with Role Reversals

Trauma-based roles are taken by a team member if possible, so they know the right amount of action demands to put on the protagonist to support conscious re-experiencing of trauma-based roles, without triggering them. The trained auxiliary ego takes the role of victim or perpetrator in a slow warm-up to connect with the protagonist and the group brain so that everyone can see the roles without being triggered by intense effects or pushed to defenses. This is the first stage of role taking.

Role playing occurs when the protagonist is supported by the prescriptive roles to try out new and different ways to work with the internalized victim and perpetrator roles. The TAE plays these two roles to gradually put more action demands on the protagonist, and ultimately to rescue the wounded child. The TAE also helps the protagonist to set boundaries to prevent self-perpetration.

Role creation happens when new roles spontaneously emerge from the interaction between the protagonist, team members, and group, and the new role is automatically enacted with full spontaneity and creative responses to old trauma patterns, as you will see next. In all cases, the result is that the post-traumatic growth role of the TSM appropriate authority is now visible.

We are lucky that we almost always work with a team of at least two members in TSM psychodrama. Whenever possible, we have a team leader/director, assistant leader, and at least two trained auxiliaries. These three-step clinical action structures are easier with a team, but it is also possible to enact as a solo director, therapist, or trauma worker (see Chap. 5, which describes team roles, as well as how to work without a team).

9.4 Role Reversal with Strengths

After increasing the experience of internal resilience by getting a clinical contract and choosing a TSM double, the next step in any TSM psychodrama is for the protagonist and group to pick representations of personal, interpersonal, or transpersonal strengths. We have found that installing these strengths experientially through role reversal provides a richer experience of the bodily felt experience of a named strength.

While TSM often refers to abstract strengths, it helps if one creates a full role description that includes the strength as the adjective to a noun that creates a character, a new role, and an embodied experience. One time when warming up a group to work on anger, we asked that people pick their strength and then enact it with each other through the roles of animals. We had a courageous tiger, a prowling panther, a funny baboon, a wise elephant, a soaring eagle, and others, each showing a way to concretize anger through playful enactment. Other times the prescriptive roles of interpersonal and transpersonal strengths are held by a good enough mother/father or a supportive spouse, partner or good friend. Characterization and full role development increase energy and connection quickly among group members, as they all add their voices to our simultaneous protagonist dramas.

There are also many warm-ups we have for in-person and online groups to begin to experience strengths in their bodies. One of the TSM favorites, especially in larger groups, is to break the group down into three groups, one for each type of strength the TSIRA prescribes, and have them create a subscene or moving sculpture of personal, interpersonal, and transpersonal strengths to connect with others and engage their spontaneity. Then each group shares the moving sculptures of personal, interpersonal, and transpersonal strengths back with the group. They de-role by dropping the scarves they used to role play to create the circle of safety, a TSM sociometric tool that is one of our safety structures, as seen in Chap. 7. Now, let's see this in action.

9.5 Conference Example of Role Reversal with Strengths

At the 2018 IAGP conference in Sweden, a three-person TSM team directed the multicultural group to break down into the three categories of strengths. Beautiful scenes of spontaneity emerged in a simple 15 min, self-directed, moving sculpture. In the personal scene, the group members sat on the floor with brightly colored scarves and meditated for a moment, creating the energizing sound of OM. One by one, people drifted around the stage area, naming and enacting strengths with their bodies as they called out, "courage, quiet, commitment, achievement, compassion, caring, passion" and many other personal values. In the interpersonal scene, people enacted a family scene with children helping and respecting elders and ancestors, while the young kids portrayed in the family also showed independence and confidence. Finally,

the transpersonal scene showed figures from many religions coming together for a conference—Jesus, Buddha, Mohammed, and others in the group.

With the group warm-up, the protagonist quickly picked roles of self-compassion, a good enough mother, and a little help from Buddha. The protagonist first chose compassion, and with his double, the role reversed into a compassionate friend. The director kept him in the role of compassion until he was displaying the full spontaneity of a friend to support the protagonist in a short drama. The TSM team leader directed the auxiliary to not just be a place holder, but to put action demands that helped increase the protagonist's spontaneity.

Continuing to develop the concepts and enactment of the emergent psychodrama and simultaneous protagonist model that we are sharing with this book (see Chap. 4), we then asked for anyone who felt sociometrically connected to any of the strengths chosen to spontaneously join the protagonist's prescriptive role scene, adding characters and roles of strength. This inclusion increased the active experiencing of the strengths not just from an audience role, but as a healthy part of self, as part of the group brain. Remember, there is no audience in TSM psychodrama.

9.6 Online Example of Role Reversal with Strengths

While working online since March 2019, we have found a group brain process that makes the structure of role reversing with strengths quick and spontaneous. As we came to see the Zoom screen as neurons in action, we moved to a structure where once a protagonist is sociometrically chosen, a clinical contract is made, and a TSM double is connected, everyone renames themselves with strength if they are able to access one. The screen lights up with offers of courage, determination, trust, communication, and connection. This immediately offers a protagonist a smorgasbord of projected strengths to choose from, or to be inspired to pick their own strength that needs to be increased through role reversal to achieve a full state of spontaneity. Group members are invited to double their strengths and add their voices to the group brain to the prescriptive role scene.

In both settings, group members are free to offer additional strength and join the prescriptive role scene, spontaneously or after running it by a team member. When full psychological regulation is achieved, spontaneity is concretized through the TSM prescriptive roles and people are connected to their AHCs. Only then does TSM begin the journey of safety and with containment changing old trauma patterns caught in the trauma triangle.

9.7 Role Reversals with the Trauma Triangle Roles

Once the prescriptive roles are established, the TSIRA further guides the walk around the trauma triangle. As mentioned, many people start totally dissociated in a victim role or with rage at their perpetrator. However, TSM does not believe that this is

psychologically safe until they have concretized the prescriptive roles of the: (1) observing ego for narrative labeling, (2) doubles for containment, (3) strengths for restoration, and (4) a healthy manager of defenses for progress. Only then, when the protagonist or group is better resourced, does it become safe to introduce a trauma-based role.

The sequence of change for trauma in TSM is a person, often a child, who is first abused, neglected or abandoned in the real world by people who should have helped (abandoning authority). While classical psychodrama focuses on the interpersonal relationships that have caused damage, TSM turns the lens to the impact on the internal psychological structure. Trauma is internalized into victim, perpetrator, and abandoning authority, long after actual traumatic situations may have changed. They are surely activated when experiencing acute trauma or institutional violence in any situation.

Notice how our TSM clinical action structure follows the stages of role development as we do a role reversal with the victim to create the role of the wounded child as the first internalized role of trauma that needs to be worked with for full developmental repair. Then, we celebrate post-traumatic growth as the inner child is rescued by the appropriate authority role. Only then, when the protagonist is fully empowered, does TSM psychodrama move to confronting the internalized perpetrator with clarity and boundaries.

When we do have people role reverse with either victim or perpetrator roles, we follow the three-step sequence:

1. If possible, have a trained auxiliary ego (TAE) take the role of victim or perpetrator. This is role taking where you can see these roles from a distance. A TAE knows how much action the role demands of the protagonist. If using a group member, then you are now directing two people to stay in their roles, while increasing the connection between them.
2. Using the prescriptive roles of the TSIRA, have the simultaneous protagonists experiment with different ways to rescue the wounded child or set boundaries with the perpetrator through activating the prescriptive roles already on stage. Together, this spontaneous production almost always produces the appropriate authority role of rescuing the wounded child out of the trauma scene. This is role playing with different options offered by the group brain and is necessary to complete before role reversing into the victim/wounded child role directly.
3. When fully resourced, the protagonist can safely role reverse into the wounded child, accompanied by the TSM doubles, and look back at the cluster of strengths that are facing the trauma role. Let the protagonist take the role as they want and see if a new role is created on both sides of the dialogue. Does the victim allow themselves to be rescued? This is role creation.
4. Only after that rescue occurs, and thus increases the post-traumatic growth role of the appropriate authority, does the TSIRA show the path to role reversing safely with the perpetrator role.

Now, let's see the slight differences in this three-step process with both victim and perpetrator roles.

9.8 Safe Role Reversal with the Victim Role

This TSM clinical action structure is designed to prevent triggering a protagonist into a victim state, which is often a regressed younger part of self that is as helpless and vulnerable as at the original time of trauma. This is accomplished through the prescriptive roles that show the spontaneity needed to face the protagonist's own victim role, and instead to see a wounded child.

TSM seeks to promote conscious re-experiencing of the dissociated thoughts and feelings that a traumatized part of self needs to express to their adult self, so they can create internal roles of self-protection, comfort, and eventually be rescued from their memories of the past. While this was the original contract for a type of drama called conscious re-experiencing and developmental repair in Hudgins (2002), now we have gone further to describe the actual role training sequence needed for a safe role reversal with this often tender and needy part of self.

The three-part structure for the victim role begins with the TAE taking the wounded child role slowly, to begin to make contact with the adult protagonist without overloading the emotional content. The second step is for the prescriptive roles to demonstrate ways different solutions and energies can address the question, "how will you rescue your wounded child?" When the rescue happens by the protagonist the role of appropriate authority—director of one's own life—emerges fully created. Then the final step is a full role reversal, with TSM double by the protagonist's side, into the wounded child who awaits recognition, acceptance, comfort, and finally the experience of being rescued by the adult self. This protagonist's wounded child long dreams of this rescue from their place of neglect and abandonment. These are the moments when the prescriptive roles and the rescue of the wounded child brings healing to the entire group and out into their lives.

9.8.1 *Role Reversal Across Culture and Language for the Wounded Child*

The setting is the Medical Foundation in London, England, at the turn of the twenty century, early in the beginning of the development of the therapeutic spiral model. This organization ran an international organization for the flood of refugees into England at that time. People came from many places where they suffered genocide, imprisonment, rape, torture, and migration. Groups were multicultural and often had several translators working at a time. As always with TSM, it was a time of fast learning thanks to Chip Chimera, Ph.D., UKCP and the early teams there from the USA, UK, and South Africa.

A TSM team is working with three couples who speak three different languages (Algerian French, Serbian, and Iranian), and who have migrated to London in hopes of receiving status as legal refugees. All the couples are still in the waiting stage, although they have housing assistance. It is a group where the feeling and experience

of being victimized is in fact true, not only from historical trauma, but also from the recent experience of being forced to leave their countries. We are careful not to repeat experiences of abandonment.

We offer our TSM safety structures and get the couples connected across cultures and languages as they warm up to common themes in their refugee experiences, and begin to trust they can share with each other. They are also warmed up to the use of action methods through these safety structures (see Chap. 7) on day one of our work together.

On the second day, we try to find a common theme to bring here and now strengths to the acute traumas they were all experiencing. The women do most of the talking and are accompanied by great interpreters. One woman begins to break down emotionally and becomes unable to stay in the present due to flashbacks and intense feelings. The team moves in with a TSM double for her, and we ask other group members to offer her strengths. The team member doubles the emergent protagonist to settle, stabilize, and take in the connection to others, sharing the same feelings through the psychodramatic gifts that they give her for restoration. The Iranian woman describes a wooden box with Arabic writing. Her husband from Algeria speaks in French and describes a soft pillow where she can rest her head. All members of the group share images that come from their own cultures, and even from the homes they have lost. She returns to her adult self with doubling and shared strength building. She then asks if the session can be split between husbands and wives, as she has things to tell that she does not feel safe saying out loud with men present.

Luckily, we have a large enough team and space that we can do two simultaneous scenes with the men and women. Chip Chimera, PhD, UKCP directs the men in a sociodramatic prescriptive role scene and builds a circle of safety for all truth. They create a physical and psychological place to release unknowns that can be brought safely without shame, blame, or judgment on self. The team works to empower men who have experienced helplessness at its worst. They work on the prescriptive role of strengths and use a trained auxiliary ego to double as the men share the grief of not being able to be “men that can provide for their families.” As they stand tall in their strengths and share their own grief, the director suggests creating a well for grief. A place where all three couples and families can release traumas without words. The men use chairs and scarves to build a physical well and are standing around it when the women return, united by sharing tears with other men.

The assistant leader runs between the two rooms and shares information with the two directors to maintain contact and goals. The interpreters move back and forth from room to room as needed, and since everyone speaks a little English and some team members speak French, the scenes continue even when one person does not always have an interpreter. It sounds chaotic, but it was not, as we were using the clinical guides of the TSIRA in TSM psychodrama to provide containment through the use of a TSM action healing team and a solid group process of co-creation.

In the women’s room, the other director has each woman pick three scarves for stability, connection to each other, and a spiritual guide to help them share what is needed today. Long role reversals are done with one strength for each woman until full spontaneity is present as described above. Then the woman from Algeria

who was triggered again starts to slip into a victim role, losing her awareness of the present, and talking in rapid French that the interpreter is doing her best to translate. A team member becomes her TSM double and the strengths the other women have offered are quickly put into action in front of her so she can connect in the here and now. As she stabilizes, I invite her to use the other available trained auxiliary ego to play the wounded part of herself as she shares what she needs to tell these other refugee women. Slowly, so as to stay in her window of tolerance, the TAE takes the role of being raped by soldiers as they were fleeing their country. She shows the shame and fear the protagonist describes with low-impact action and emotions. Keeping it within her window of tolerance. Since she is having flashbacks, this role must be done gently so that, when she is ready, she and the other woman can rescue their wounded roles. This is the role-taking stage of changing the victim's role to that of a wounded person so that a connection can be made.

The other women, held in roles of strengths, also shed tears with her and support her to slowly move toward her raped self, played by the TAE, and offer at least some understanding or even self-love and forgiveness. Together they play with what to say to the team auxiliary in the wounded role, trying out different ways to reach and comfort a part of themselves they rarely speak about, much less see in action. This is the stage of role playing that is used to get warmed up to a full role reversal. When the Algerian protagonist rescues herself, the entire prescriptive role cluster is hugging and holding each other as women who share they have all been raped by soldiers or others on their way to London. I ask if the woman would like to now role reverse with the part of herself that was raped and tell her stable self what she needs. This is the dialogue:

Protagonist in Role Reversal in the Victim Role: "Thank you, thank you for finally seeing me. It is too much to bear if even you can't look at me. I am still part of you. I am just very scared and very far away."

Double in Role Reversal as Victim: "See me. I don't want to feel like a victim. I don't want you to hate me. I want you to see I am just hurting and need you to comfort me. Was it my fault?"

Protagonist in Role Reversal as Victim: (Starts to quietly cry and looks at the other women around her offering strengths.) "Yes, yes, I see you." (Starts to cry, yet is in her window of tolerance, with a waterfall of tears sharing the grief without regression.) "Take me home with you. Don't leave me out in the cold anymore."

The group moves in to comfort her as the wounded self, and members spontaneously speak soothing sounds and words that, though they are in different languages, are evidently full of love and care. This is the role creation stage where a new role has emerged from the victim to the wounded child wanting to be rescued. Of course, the group is ready to offer that to the Algerian woman and to themselves and each other. The rescue occurs and the protagonist experiences the feeling of being rescued and held by a group of women with amazing strength. The protagonist then role reverses back to herself to receive the integration into the adult self. The women wrap scarves around their heads in bonding as warrior women and say they are ready to return to the men.

The final scene is that of the men dressed in colors to show themselves as fighters, warriors, and lovers of their families gathered around the well of grief they have physically created in the circle of safety. They open their arms to their wives as they return to a place of shared grief, truth, and comfort. There is no need for the women at that moment to share the gruesome truth in words, as they can sense the men of course already know their wives had been raped and were now experiencing post-traumatic growth.

In the final scene, each person, each couple, and each family release scarves into the well of grief, choosing to name their grief out loud in their own language without interpretation, or simply to do it in action. Group and team members alike stand around the well of grief, holding hands, and crying with healing tears. The Iranian woman begins a heart-opening song of grief in her own language and we truly feel transported into the realm of connection across barriers of culture, gender, race, and time.

9.9 Changing the Abandoning Authority Role with Role Reversal

After successfully rescuing the wounded child in a drama, what we find is that the post-traumatic growth role of the appropriate authority becomes fully available in that moment. There is a direct line from building up the prescriptive roles, to rescuing the wounded child, to the role creation of the appropriate authority in the TSIRA. When the protagonist role and group succeed in rescuing themselves from past memory states, where they had been locked in with images, sensations, and extreme feelings and defenses, they leave self-abandonment behind as you saw above.

Before moving to a role reversal with the perpetrator role, self-abandonment must be further changed into appropriate self-care, showing the ability to comfort and contain self while holding the child's pain, anger, rage, grief, and despair for safe expression of long denied emotions. Sometimes this happens outwardly, such as with addictive behaviors or eating disorders that need to be addressed before direct trauma work begins. Other times, it means the internal change is about being able to stay in the adult role and then to be able to role reverse into the wounded child, knowing the auxiliary playing one's adult self will be able to get them out of the trauma scene.

9.10 Safe Role Reversal with the Perpetrator Role

The final role that is addressed in the TSM trauma triangle using role reversal is that of the perpetrator. Once the wounded child is rescued and self-authority replaces abandonment, the client is ready to take back the power that has been locked into the

role of internalized perpetrator. The internalized perpetrator role is actually a defense called identifying with the person who was the original abuser and playing that role out again and again toward self. Often this role has been self-punitive as an effort to keep feelings repressed, dissociated, and unwelcome in the here and now, as it was unsafe to do so at the time of trauma.

There are several reasons that many people eventually role reverse this role. The first is to observe the experience of this voice from a role reversal to gain new information about what was done in the past. In many cases, new information about how the person was wounded comes out during this portrayal in role reversal. Another reason is if the director thinks that a role reversal may produce an internal shift between the adult role and that of the internalized perpetrator, such as taking responsibility for causing pain, or even an apology. It can be a powerful tool for change when not just used as a place to express dissociated feelings or repeat re-traumatizing behavior toward self.

Here, the three-step structure of role reversing takes the same three steps as working with the victim, but in a slightly different clinical action structure. First, if possible, pick a trained auxiliary ego to play the perpetrator role so they know how to support the protagonist slowly. If not, a group member, with their own double can be used. The director asks the protagonist to name three things that this voice keeps repeating in their mind while still saying in their prescriptive role cluster. This allows the TAE to take the role with those characteristics and test out putting action demands on the protagonist who is in a position of strength. This is the step of role taking.

Second, the protagonist stands with their prescriptive role cluster looking at the TAE who is playing the perpetrator's voice and speaks back to the role taking stage of this role. The director assesses that there is enough containment and boundaries between the adult self and this role, and then takes the next step of starting to play with the role. In this step, the protagonist and the double are role reversed to stand *next* to the TAE and give more voice and expression to what this role is saying internally in the here and now. Again, they are talking back to a strong and resilient adult role made up of all people on the stage in positive roles. Here they move into role playing to determine if the role is changing or not.

Role creation occurs when the protagonist is in full role reversal with their own internal critic. From that role two outcomes are likely. One is that their own internal abandonment hits a wall and finds that this role is not ready to change, so they role reverse back and focus on continuing to build internal boundaries between the force of future intrusions and the wounded child using the strong adult role. The other way role creation occurs is if, while in role reversal, the protagonist shifts into listening to what is being said by the adult self and changes accordingly.

9.10.1 Role Reversal with the Perpetrator Role in Action

As the therapeutic spiral model started working with women and men who had been sexually abused, often by alcoholic, narcissistic parents or family friends, we struggled with how to reclaim the power that participants felt was taken by the actual sexual violence. Early TSM work also focused on eating disorders. In this example, we see how a TSM director can work with a simple role reversal in individual therapy to help shift the power the eating disorder has over the client.

Director in Individual Therapy: “I am wondering if you feel ready to start to learn more from your eating disorder, the voice of your bulimia, today? We have spent several months building up your strengths and stopping this compulsive behavior most of the time, and yet it still has a noose around your neck some days. Would you like to try and sort out a new relationship with this voice?”

Client: “Yes, I get so angry at myself when I relapse now. I know I should be able to control the bulimia all the time, but some days it is just too much for me. Then, I just hate myself further and the whole cycle begins again. I wish it would just stop.”

TSM Therapist: “Ok, so I see this internalized voice of self-criticism is already starting so let’s get it outside of your head and see what the real message might be here.”

Client: “I think its message is that I am just no good, worthless, ugly...I can’t even keep up my college courses.”

TSM Therapist: “Ok, stop the self-talk. Let’s get some strengths up here to see if you are ready to do this role reversal safely.” (Therapist sets up three empty chairs behind the client chair in the office. She asks the client to pick three different scarves for the strengths she needs in order to face her bulimia).

Client: “For my personal strength I will pick perseverance. I have been dealing with being bulimic for almost 10 years now and I really want to stop it. I know I am killing myself.” (Picks a deep purple velvet scarf and places it on one chair.) “I have started to trust a woman in the TSM eating disorders group, so I will use her as an interpersonal strength. Her name is Missy.” (Selects an indigo scarf to represent her friend and places it in a chair.) “Finally, I choose an angel to sit with me and to keep me on track. I often feel like I am the devil when I throw up, so I’d love to have an angel.” (She chooses a white, silky scarf with tassels and places it in the chair to represent the angel).

TSM Therapist: “Great choices. And we will put a chair next to you for me to move into as your body double if needed from time to time. And a chair across from you to be the eating disorder. Now, tell me the three things that you hear and fear most often from the voice of the bulimia.” (Step one is completed without a TAE and with the use of concretization through scarves and chairs.)

Client: “It talks most loudly when I am at home on break and my parents are yelling and screaming at each other. Sometimes it’s about me and how bad I am doing at university, and other times it’s just hatred toward each other. Either way, all I want to do is eat and throw up.”

Therapist: “Good placement of when it happens. Now what are the three things it says that harm you?”

Client: “Make them stop, you stupid cow. Run away as fast as you can because you know you’re next in line to be yelled at now. I hate them. I hate me.”

Therapist as Body Double: “I can say what my bulimia says out loud when I let go of my power. I can look around and see my friend Missy, my guardian angel, and my own willingness to keep going. I can breathe them in and make some short statements back to these messages in my head.”

Client: (Takes a deep breath.) “Ok, Ok...I am not going to let you get the best of me this time. I am NOT a stupid cow. I am a very smart young woman. Smart enough to see the dysfunction in our family. I wish I wasn’t always the one to have to step in and stop it. I truly do wish to just run away.”

Therapist: “Good, you can hear this voice may be trying to help you, even though it is really hurting your body and brain far more than their actual abuse today. Now, let’s get up and stand behind the eating disorder chair and expand what you want to say to yourself from this role. Look back at yourself in the other chair, surrounded by your strengths...a friend, an angel, all of what you have personally done to get better. As your bulimia what do you want to say today? Why won’t you let her go?” (This is the role-playing stage.)

Client in Partial Role Reversal: “OK, now listen to me...I am really not out to hurt you, but you aren’t listening to your own feelings. Coming home so often isn’t good for you. I know you feel self-conscious as a freshman, but it will get better.”

Therapist: “Ok, now sit in the chair for a full role reversal and tell yourself what a new response needs to be to all the yelling and screaming, rather than calling Uber Eats and getting three meals served in an hour’s time.”

Client: (In full role reversal as bulimia). “When you feel like you are so full of the chaos in the house, call Missy, reach out to your friend who is recovering as well. Tell her your feelings. It’s okay to hate their behaviors, to be angry for the hurt they cause. Please just share your feelings and you won’t have to keep stuffing them down with all that food. You are not gross. It is what is around you that is disgusting. See that clearly and stop hurting yourself. I only come when you are not sharing your feelings.”

Therapist: “Ah, ok...we can see now while you are in role reversal that this role has actually protected you. Now, let’s role reverse back to yourself and receive this message of help. This is the step of fully internalizing the new role creation of protection in a new way. Let’s make a final statement today.”

Client: “Ok, I will probably be tempted not to hear your new message, so I hope you can speak it loudly. I really don’t want to hate myself, or even my bulimia.”

Therapist: “Speak directly to this newly changed role of protection.”

Client: “Alright, I get it. It is my responsibility to try out this new response of sharing my feelings with Missy or you, or someone else safe, so that I don’t have to push them down with food. I know there is no point in expressing them to my parents, so this might be a new option. I will try it.”

This example was chosen because some of the meanest, most vicious internalized perpetrator voices come when people have eating disorders. I (Kate) will never forget the time I used a role reversal with the eating disorder in a group and the level of hostility was so intense that I was shocked. This helped support TSM to find a safe

way to role reverse. See Carnabucci and Ciotola (2013) for more information on using psychodrama safely with TSM for eating disorders.

9.11 Conclusions

It was the intention of this chapter to share the ways the therapeutic spiral model has influenced the use of clinically adapted role reversals in TSM psychodrama. We anchored our changes in Moreno's child development theory and the stages of role development. We presented an overall view of how we use the TSIRA to build up prescriptive roles, and then move in order to the wounded child, the abandoning authority, and only then the perpetrator role in experiential trauma therapy. We demonstrated two three-part clinical action structures used to safely enact victim and perpetrator roles by using role taking, role playing, and role creating as our guide, along with clinical assessment at each stage. We hope you have been touched by the examples given in this chapter, especially when seeing TSM clinical role reversals with the trauma-based roles.

References

- American Psychiatric Association. (Ed.). (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- Blatner, A. (1996). *Acting-In: Practical applications of psychodramatic methods* (3rd ed.). Springer Publishing Company.
- Carnabucci, K., & Ciotola, L. (2013). *Healing eating disorders with psychodrama and other action methods: Beyond the silence and the fury* (1st ed.). Jessica Kingsley Publishers.
- Giacomucci, S., & Marquit, J. (2020). The effectiveness of trauma-focused psychodrama in the treatment of PTSD in inpatient substance abuse treatment. *Frontiers in Psychology, 11*, 896. <https://doi.org/10.3389/fpsyg.2020.00896>
- Hudgins, K. (2002). *Experiential treatment for PTSD: The therapeutic spiral model*. Springer Publishing Company.
- Hudgins, K. (2017). PTSD unites the world: Prevention, intervention, and training with the therapeutic spiral model. In C. E. Stout (Ed.), *Why global health matters: How to (Actually) make the world a better place* (pp. 286–324).
- Hudgins, K., & Toscani, F. (2013). The similarities and differences between classical psychodrama and the therapeutic spiral model. In K. Hudgins & F. Toscani (Eds.), *Healing world trauma with the therapeutic spiral model: Psychodramatic stories from the frontlines* (pp. 49–74). http://www.123library.org/book_details/?id=58841
- Moreno, J. L. (1953). *Who shall survive? Foundations of sociometry, group psychotherapy and socio-drama* (2nd ed.). Beacon House.
- Moreno, Z. T. (2006). The function of “Tele” in human relations. In T. Horvatin & E. Schreiber (Eds.), *The quintessential Zerka: Writings by Zerka Toeman Moreno on psychodrama, sociometry and group psychotherapy* (First issued in paperback, pp. 289–301). Routledge.

Chapter 10

Making Friends with Defenses



Abstract This chapter presents a unique experiential TSM intervention module the therapeutic spiral model calls the manager of defenses. It is a two-part experiential intervention. Step 1 is to concretize a place to hold defenses psychologically and physically. Step 2 is to create the manager of defenses to determine when defenses are needed and when they are automatic. We first present the three categories of defenses we have named for the therapeutic spiral model: (1) survival, (2) obsessions and compulsions, and (3) maladaptive defenses (Hudgins, *Experiential treatment for PTSD: The therapeutic spiral model*. Springer Publishing Company, 2002). We examine how survival defenses are often triggered in experiential work with trauma survivors. We demonstrate how to create a space for defenses where they can be held away from interrupting the drama. We introduce you to the Wobble (Forst, Wobble diagram, 2017) concept of defenses being either intrusive, like flashbacks, body memories, uncontrolled regression, and negative thinking, or avoidant like dissociation, denial, and multiple states of consciousness. We present warm-ups to help people spontaneously make friends with their defenses, rather than letting the defenses take over. This chapter provides step-by-step instructions for how to develop this new prescriptive role of the manager of defenses using role taking, role playing, and role creating. Role reversal leads to the deepest connection to the new role of the manager in action. Interesting examples around the world show how spontaneity and creativity are core to the development of this last prescriptive role.

Keywords Trauma · Trauma-informed care · Experiential psychotherapy · TSM psychodrama · TSM · The therapeutic spiral model · Defenses · Intervention module · Spontaneity · Creativity · The autonomous healing center · Global examples

The first time we tried to concretize defenses in the therapeutic spiral model with a private practice group of trauma survivors that met weekly, this is what we found. When the director asked the protagonist to pick someone to be their defense, such as dissociation, what happened was that this group member started to dissociate as well. The next thing we knew, the projective identifications were floating around

in trauma bubbles and popping over the heads of most group members, even those who held prescriptive roles of strengths. Before we knew it, the whole group was dissociated! Finding that it was not useful to simply concretize defenses, we set about creating a new TSM clinical intervention module that is helpful in making friends with defenses. This chapter shows the progression of the trauma survivor's internal role atom (TSIRA) from where we were in Hudgins (2002) to a simpler two-step process that we use today when working clinically with defenses.

Many trauma survivors continue to be haunted by their survival defenses. When trauma happens, the body and the brain come together in fight-flight-freeze responses (van der Kolk, 2015). Defenses are needed to survive at the time of trauma: dissociation, denial, splitting, idealization, projective identification, and identification with the aggressor are all needed at the time of trauma to protect the psychological and physical self from death. While these defenses kept the survivor safe at the time of experiencing trauma, now they interrupt connections to the present, where life is usually safer. However, survival defenses become automatic and interrupt healthy functioning. Spontaneity and creativity cannot be increased, and the defenses also block a connection to the trauma survivor's autonomous healing center and interpersonal relationships.

Our goal is to make friends with these survival defenses, thank them for protecting us, and yet teach them a new role. We aim to help the client develop a sense of self that is able to manage when these defenses are needed and when they are not. We want to provide safety for people to gently let go of their defenses with conscious choice. A rule in psychodrama is that we never lose roles, we just add new ones (Hale, 1985). Thus, people learn they temper these survival defenses and activate new roles, where the defenses are turned into healthy coping skills. When the manager of defenses is established, this naturally results in the TSM post-traumatic growth role of the manager of healthy functioning as it begins to emerge through the action.

After discussing the changes in the TSIRA from Hudgins (2002), this chapter guides you through two warm-ups that bring spontaneity and creativity to the fore. Then we will present the TSM categories of defenses and practice the Wobble dance (Lee, 2018) for assessment and fun as we prepare to enact the two-part intervention module of the manager of defenses. Unlike the other prescriptive roles of strengths and doubles, a manager of defenses is not always needed. As you saw in the last chapter, when clinically safe role reversals are structured, defenses often do not pop up and directors can go directly to the trauma scene. However, when fear and anxiety are high as people face their trauma, this is an additional prescriptive role that can prepare for the role reversals with the victim or perpetrator.

10.1 Why Do We Need Defenses?

It was interesting to go back and read some of the seminal articles used for Hudgins (2002) and see that there was already a very good understanding of the need for

defenses when working with trauma. Gelinias (1983) wrote about the persistent negative effects of incest, pointing out that survival defenses arise because of the horror, terror, shame, rage, grief, and despair that naturally arise at the time of trauma. It is no wonder why trauma survivors continue to rely on survival defenses, even long after they are needed, when they were created in a moment of terror which felt like psychological, and at times physical, death. These are the intense feelings that get dissociated or split off at the time of trauma. Often, they continue to break out unpredictably when body memories or flashbacks arouse the nervous system or dissociation shuts everything down.

A year after Hudgins (2002), Allan Schore (2003) published his book on *Affect Regulation and the Repair of the Self* and was already making the connection between neurobiology and emotions. He speaks of the neurobiological components of projective identification as a useful defense, as Ina Hogenboom, MSc., TEP wrote in Chap. 6. Today, Cozolino (2010, 2015, Siegel (2012) and van der Kolk (2013)) help us to understand the need for attachment to develop a healthy sense of self. They guide us to understand trauma from the neurobiological impacts on the brain, which is beyond the scope of this book.

Simply put, people develop survival defenses at the time of trauma and these same defenses can remain dominant today. People seek to stop the defenses and also need to learn how to stretch their window of tolerance to safely experience these intense feelings slowly and with care (see Chap. 13 for role reversal with the wounded child role). Today, we know this also causes changes in the brain.

10.2 Types of Defenses in TSM

In Hudgins (2002), the therapeutic spiral model created three categories of defenses from a clinical viewpoint: survival, obsessions and compulsions, and finally maladaptive defenses. Often, they can be seen in progression. A survivor who relies on dissociation for protection begins to become more aware of how their trauma has impacted them and the feelings underneath. This can be a turning point toward healthy functioning. Or if they are overwhelmed, they may turn to alcohol, drugs, and eating disorders to keep the intense dissociated feelings at bay. Obsessions become overpowering, and often compulsive behaviors try to stop the chaos of what is trying to come through the defenses. Our third category is the defenses that society rewards—caretaking, people pleaser, or workaholic. Once the defenses are identified, the task is to create a place to hold the defenses so that dissociated feelings can be experienced safely within the window of tolerance. Finally, we build the new role of the manager of defenses so that old defenses are still there, but only used when needed in the present. Let us now see some spontaneous and creative warm-up as we begin to make friends with our defenses and develop the new role of the manager of defenses (Fig. 10.1).

TSM DEFENSES

Function: SURVIVAL	Function: CONTROL	Function: COMPENSATION/COPING
<ul style="list-style-type: none"> • Dissociation—Split off sensorimotor representations that are too intense to bear. • Denial—Refuse to face a negative behavior. • Multiple States of Consciousness—The ego organizes states around different feelings. • Idealization—Projecting their positive feelings onto someone else. • Projective Identification—Identification with a split off part of another. • Identification with Aggressor—Adopting and acting out the representation of the perpetrator. 	<ul style="list-style-type: none"> • Obsessions, eg. Perfectionism, Losing Control, etc. • Compulsions, eg. Excessive washing and cleaning, Repetitive actions, etc. • Addictions, eg. Drugs, Alcohol, Eating disorders, etc. 	<ul style="list-style-type: none"> • Maladaptive Roles • Rescuer Splitting (“All good or All bad”) • Co-dependent/Caretaker • People Pleaser • Control Freak • Over-functioning Authority

Fig. 10.1 TSM defenses. *Note* From “Workshop handout on defenses,” by Kate Hudgins (1998)

10.3 Warm-Up to Your Defenses

Adding spontaneity and creativity to the overdeveloped defenses easily allows people to begin to see their defenses not just as problems, but also as protectors. In all cases, the defenses people form literally helped save their lives, and so they need a bit of spontaneity to help create new healthy coping skills. Here are two tools we have used in person and online for our workshop on making friends with defenses.

10.3.1 Mask Cards

One of our favorite warm-ups for defenses is to use Mario Cossa’s (2012) mask cards that are partially displayed here. Each person picks a card that looks like a representation of a defense they want to make friends with for the workshop. People share in pairs why they picked this card to build group cohesion and connections to others. Then we start doubling the defenses as we begin to engage the whole group. Each person enacts their mask and the whole group doubles it (Fig. 10.2).

Imagine the first person picks one of the goddess-like cards...calm, serene, above it all as well. They start holding their body like the card and do a soliloquy from that role. For instance, they might say “I am just playing music. I am calm. Nothing bothers me.” Now all the group members double this defense and speak out loud as simultaneous protagonists, trying on this defense for size. The next person picks



Fig. 10.2 Mask cards. *Note* From *Mask cards* by Mario Cossa (2012)

one of the angry cards and jumps around like a storm swirling and says, “No matter where I go, I end up creating storms. I don’t know why but I can’t stop this swirling. Now everyone swirls like the angry storm and calls out their own messages.” This continues until everyone in the group has played the role of one of their defenses and the group doubles them. There is always laughter as people risk showing a defense in such a fun, spontaneous, and creative way. The simultaneous protagonist model has already started.

10.3.2 Charades

Another way we play with defenses so we can start making friends with them is to play a game of two-part charades. Two people volunteers reach into a hat filled with defenses from all three TSM categories. Each person picks a piece of paper that has a defense written on it. Neither of them knows what the other person’s defense is. One person tells the director and the other tells the assistant leader what defense they are going to enact. It is quite humorous to see someone playing denial while the other is raging as the identification of the aggressor is shown. We always enjoy the scene where dissociation meets up with multiple states of consciousness. One person is

flipping through different parts of self, and the other is pretending not to know what is going on.

As each dyad enacts the randomly selected defenses, the rest of the group guesses what the defenses are and calls them out until someone gets both right. We add in the second category of defenses that of obsessions and compulsions. Now we see someone with an eating disorder refusing to eat, while someone else receives the maladapted defense of people pleasing. That person is trying to desperately figure out what she can get the other person to eat. The person playing anorexia is horrified by even the mention of so many different foods. We all have a good laugh as each pair interacts. By the end of the charades, spontaneity is fully felt around the group, and we are beginning to trust the process of connecting to our autonomous healing centers while also naming defenses with the group brain.

10.3.3 The Wobble Dance

Once people have identified their defenses in our workshop, we often move to the use of our Wobble Diagram (Forst, 2017) and dance (Lee, 2018). This is staged by creating two lines of people. One side is the intrusive voices, body memories, and flashbacks that are trying to make themselves known to share the trauma. On the other side are the avoidant defenses that take survivors away from the trauma. Each person walks down the middle of this aisle and has a chance to walk through the defenses and see if they get caught in a battle or simply ignore them. Many responses in between are also noticed (Fig. 10.3).

This can be done online with half of the squares lined up on one side as the intrusive defenses, and the other half lined up to play avoidant defenses. There is a pull with the intrusive symptoms to regress into the trauma. The avoidant voices pull survivors away from the trauma. Again, we are warming up the simultaneous group brain as we do this. We thank Joshua Lee, MSW, PAT who added music to this diagram and experiential exercise that supports people to be more playful as we look at defenses in a new light.

Steps to Creating a TSM Defense Drama

Step 1: Creating the Holding Space for Defenses

Over the years, TSM has developed a simple clinical action intervention module to psychologically help people contain defenses. First, TSM directs the group to create a visual or actual physical structure that holds the group's defenses during a drama. This provides a psychological and physical container that allows people in prescriptive roles to return to roles of strengths and stabilization with doubles. The chosen protagonist helps create the safe space for defenses, as it soon becomes a group activity, further heightened by immersive tele as this place emerges through

The Hangover of Trauma

The Abusive Event

Hyper-Arousal, “Permanent Alert”: Fight/Flight, Hyper-vigilant, Irritable, Tense, Explosive, Anxious, Insomnia, Mistrusting, Difficulty with Concentration.

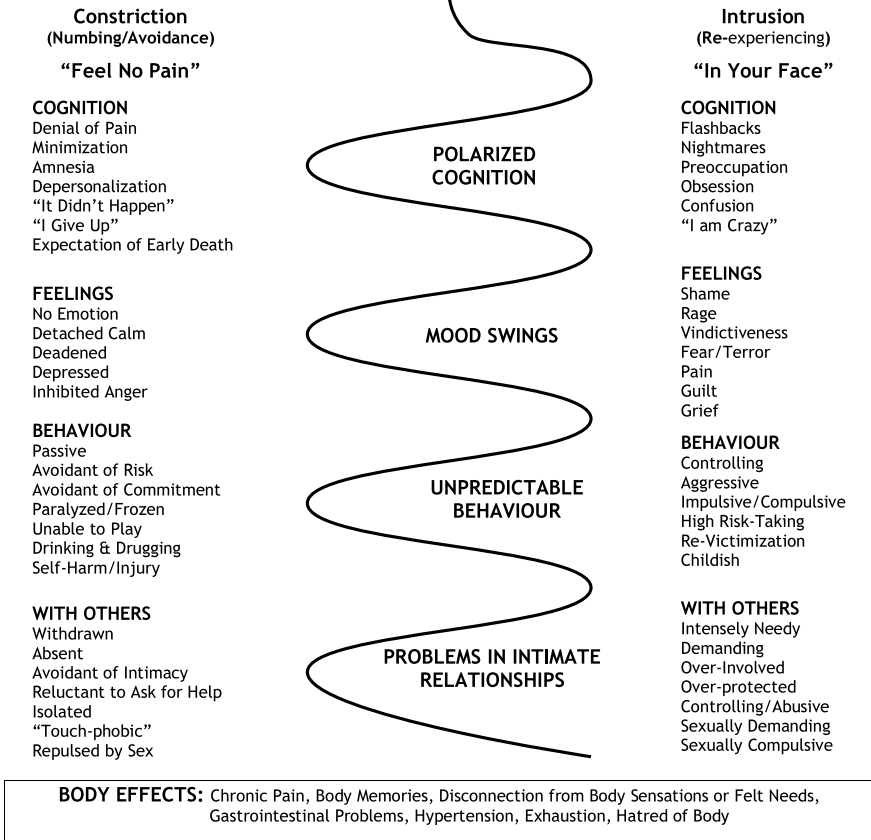


Fig. 10.3 Wobble diagram. Note by Forst (2017)

spontaneous group consensus. Here are a few ways we have concretized the psychological and physical container as the first step in the clinical manager of defenses intervention module.

As you know from Chap. 7, we always create the circle of safety with scarves and actions as the second safety structure in all TSM groups and workshops. One way to create a group container for defenses is to create a second circle with explicit directions for participants to pick a strength they need to contain their defenses during

the next drama. In this action, each person names a personal, interpersonal, or transpersonal strength and the group builds a new circle in the area of the room that they want. We have had a second circle totally disconnected from the circle of safety with scarves all thrown in a pile in the corner. Other times, the group decides to put the defenses circle inside the circle of safety, or the “group brain” as we call it. Neither extreme works well, so the director has to first help them continue to build and move the circle until it is at least near enough to the larger circle for people to reach in. Once the container for the defenses is created, then all group members name their defenses at the same time and throw them into the container. One time in our training group in Philadelphia, a beautiful yin-yang infinity symbol emerged and the energy of connection was felt around the room. However, this is hard to do online.

If you add imagination and creativity, you can concretize a place to hold the defenses through props or visually in your head. At a residential personal growth workshop in Pennsylvania, USA, a TSM action healing team and group created an interesting cave to be the manager of the defenses. The protagonist and group were going in and out of dissociation as sexual abuse was shared. For the chosen protagonist, her body double tried to keep her present. Other team members were provided doubles around the role. We tried to role reverse with her observing ego to bring her into her more cognitive role, her strengths were speaking up in simultaneous voices, but nothing seemed to help her or the group. So, this is how I (Kate) directed the drama when defenses were making forward progress impossible.

I keep the chosen protagonist in the observing ego role so she can access some cognitive ideas about what the container and manager needed to look like. We are standing against the wall with her body double next to her and her strengths all around. It is like a nest but does not seem to be able to contain her dissociation.

Director: “Jillian, what are you afraid will happen if you let go of your defenses? You had set a clinical contract to stay present and consciously share what you can about having been sex-trafficked since you were a baby. Is that still our goal or has it changed?”

Protagonist: “I don’t know what I want to do anymore. I didn’t think it would be this scary. I feel safe in the group. I participated as courage in the prescriptive drama yesterday. I didn’t think I would feel this scared. Maybe we should just stop?”

Director: “We can, of course, always stop if you want, but I have another contract to offer you. Why don’t we make friends with your dissociation? It obviously helped you survive and even now today is trying to do the same thing. To keep you away from naming, sharing, and feeling the emotions that have been bottled up for so long in this group. You have said it feels safe for you here. So why don’t we focus the drama on creating a safe space for your and others’ defenses to be held so we can truly be in contact with each other. What would it look like?”

Protagonist: “I know dissociation and splitting saved my life, but I would like to be able to be more present as I am learning how to heal from my past. I see a small opening to a deep cave. You duck to get in and walk a long way back to come to the end of the cave where no one can see you. I can see a dark corner for my dissociation to stay...just for a little bit while I try something new today.”

Director: “Come back to your protagonist self and with the help of the group, let’s set up this cave. Use chairs, tables, scarves, and anything else you see around here to build this safe

cave for defenses.” (Group members quickly set up a cave of chairs with a small table as the opening. They place dark colored scarves and textures on the top, much like the Native American sweatlodge we had in Black Earth, WI [see Chap. 1]. The protagonist comes out of the set up scene and waits for further direction.)

10.4 Director's Soliloquy

Her dissociation lessens as she playfully builds the safe cave and spontaneously interacts with other group members. She is once more connected to her autonomous healing center through spontaneity and creativity. She is flowing on the stream of immersive tele to create a container for everyone's defenses. That is the first part of the manager of defenses TSM intervention module. We have concretized and made real in the room a cave that can hold the defenses. Now, we need to create a manager of defenses. We do not initially do this through role reversal, because the person needs to be role trained in this new role.

Step 2: Role Training for the Manager of Defenses Role

Protagonist: “Ok, so how do we put them into the cave? I am using dissociation less. I can feel my body more present and feel more connected to the group.”

Director: “Well, to keep the defenses contained when they are not needed, but there if you do need them, we need to pick a manager of defenses. Who stands outside the cave and opens and shuts the door as needed? Who can calm the defenses or keep triggers away with healthy coping skills? How do you see that role?”

Protagonist: “Since the cave looks like rocks I saw in the Anasazi caves out West, I choose to have a powerful female chieftain take the role of guarding the cave. She is all powerful, as she knows the connections between spirit world and the human world. I often wish I could have gone to spirit world, yet I have decided to stay alive today.”

Director: “Pick someone to be your powerful female chieftain and then dress her up with the scarves or other things you see here to give her a costume for her role.”

Protagonist: “I choose Lily because she carries an air of firm boundaries, that can be used inside or outside. Will you play my chieftain Lily?”

Lily as Chieftain. (Knowing the TSM norms on the second day of the workshop, she immediately steps into the role and begins a spontaneous dialogue with the protagonist.) “Yes, I am here. I am always by your side. I don't think you knew I lived inside of you, but I have been growing here for many years. Please help me make my mantle. I need a knife. A feather. A headdress so you can see how powerful I am.”

Director: “Action, action, the chieftain calls to help her get ready for her job to manage the defenses we will put in the cave.” (Group is again spontaneous and filled with laughter as they all dress the chieftain from whatever role they are in. Someone brings in a piece of cardboard that has been cut to the shape of a knife from supplies on our art table. Since the retreat center has a couple of big black buzzards, we are able to find a black feather outside, as there is much made of creating the right dress for the role. A headdress is made from a hat someone was wearing with many colorful scarves hanging down the back with one on

either side of the face. Feathers from the art table add to the role and Lily is shining with spontaneity and love.)

10.5 Director's Soliloquy

We are now into the role playing stage of developing the manager of defenses. Spontaneity increases among the group as all the women are laughing and creating together. The role is being developed and concretized so the protagonist can have a dialogue with the new manager as everyone names and places one defense into the cave.

Lily as Chieftain: "I feel so powerful right now. I am going to open the door and you can each throw a defense as far back into the cave as you want. Or you may want to keep them close to the door. Here, let me open it." (She rolls the small table aside to create an opening to the cave. Rosa, one of the women in the group, starts to run into the opening screaming, "I hate him." Lily continues in the role and steps in front of the door.) "No, please stop. You don't have to go into the cave. I don't want you to get lost in your feelings. Take a moment and let another group member body double you as you slowly walk toward the opening and name what you want contained today."

Rosa: "I hate that I hate him. It feels like the hate consumes me. It's all I ever feel. I think about ways to get revenge, even though I would never do any of them. And of course, it always ends with self-hate for being so stupid. These are the times I feel suicidal. And I have never had more than thoughts there. You see there isn't much room for positive thinking for me."

Rosa's Body Double: "I can slow down right now and take three deep breaths and slowly move toward the cave with my double. I can choose to slow down and not rush into the cave. I'd like to see what it feels like to be even a bit free of the hate, which as TSM believes is you repeating the perpetrator role toward yourself." (Takes three slow breaths and feels Rosa starting to relax a bit.)

Director: "Now, I want everyone to come together with your scarf and either give it to the manager, throw it into the cave, or set it right inside the door. Listen to the body doubles and the strengths that are guiding you as a connected group. Stay in the here and now as you all do this together. Now, I would like to ask our trained auxiliary to go in the cave and pick up the defenses and express which defenses are trying to jump out of the cave by showing us the defenses inside the cave. And chieftain, you will have to keep the boundaries with the defenses inside. Let's see this in action."

Simultaneous Protagonists. (Calling out.) "Dissociation, splitting, running away, running into the chaos, addictions, eating disorders." (There is a swell of energy and all the defenses are thrown into the cave.)

Chieftain: "Yes, yes, give them to the cave. I will take care of them and if you need one as you go forward, you can have it. You just have to talk to me first so I can see if you really need the defense now or that's old automatic behavior. Here, I raise my black feather to show the power of seeing into the darkness. Throw them in and let's see how we meet each other with support rather than defenses."

Jillian as Protagonist: "I am exhausted just from doing this much work. Do we have to continue?"

Director: "Well, I'd like to stop here, and we still have one more role reversal to do to complete the creation of the manager of defenses. Now, I want you to become the chieftain and offer yourself the chance to make friends with dissociation before you end. Is this ok? Your double and prescriptive roles will help so you are not alone."

Jillian as Protagonist: "Yes, I am willing to do one more scene."

Director: "'Okay, then let's role reverse with the chieftain, who is your new manager of defenses, and the feelings that are underneath those defenses. You change the clothes so you can feel the power of this role that was just demonstrated to you. Now you create your own version of it. Remember the goal is to go in the cave and bring out dissociation for Jillian so she and others can begin to make friends with it."

Jillian as Chieftain: (She is now talking to Lily who is holding the protagonist role surrounded by the prescriptive roles that have emerged in the group.) "I am now your chief. I have the job of determining when you need dissociation and when you don't so it's not automatic anymore. I see you are staying present now that I have the dissociation contained. Do you think you could get closer if I hold it tightly?" (She reaches into the cave and brings out the trained auxiliary ego who is holding the scarves Jillian and others threw into the cave and wraps her arms around the auxiliary). "See how quiet the dissociation is right now? Let's get to know it a bit better."

Director: "Great, you have fully created the role in your way. Now, role reverse back to self and see if you will accept your chief's suggestion."

10.6 Director's Soliloquy

At this point, the drama can be repeated for each woman present using the above structure, or it can become a simultaneous drama, where the trained auxiliary ego holds up all the scarves and people slowly take them back and begin to be curious about the possibility of making friends with the defenses together. When done with simultaneous protagonists through TSM emergent psychodrama, some people spontaneously add to the role of the new manager, while others stand in the protagonist role with all the strengths and doubles for support to say thank you to the defense. Here, we demonstrate the group brain as it looks now. The team is moving from one person to the next to provide support as needed, either by doubling the manager role or by doubling the people trying to make friends with their defenses.

Director: "Now, everyone. Hold just a moment. If you are making friends with one of your defenses, take it from the manager and hold it gently in your hands. Move the scarf around and notice its color, texture, and size. Or you can spontaneously add to the chieftain role." (Three people now make up the manager of defenses. One woman is playing the role of a queen and gives herself a crown. The next woman picks up a pile of small feathers from our art table and begins to offer them to the people looking at their defenses through new eyes. The rest of the group is holding their defenses as directed...with gently curiosity.)

Feather Woman as Manager of Defenses: (Suzannah, who has been one of the quieter group members until now begins to speak spontaneously.) "Hello there. I have feathers for each of you. Come take one and bring it to the defense you are looking at in your hands. Use the feathers to tickle, stroke, comfort, and play with the defense. They flow down from the power of the big black feather the chieftain brings. You can all have one."

Director: “Go ahead and take this free offer as a reminder of the cave we made together today, where we made friends with our defenses. Everyone, talk out loud as simultaneous protagonists. Speak to your defenses. Thank them for saving your lives. And give them new jobs. You may need these defenses at some time in the future, but you want to be in control of them, not the other way around. So please, everyone contribute to the group brain in action.” (People laugh and play with their scarves and feathers. Words of thank you are offered in several different languages.) “Jillian, please come up as the chosen protagonist and let’s end with your final words to your dissociation today. You are fully supported by the group, and this is a good place to end today’s session.”

Jillian: “Thank you for changing the clinical contract with me. I thought I was ready to talk more about being sold into sex slavery as a baby from Eastern Europe, but this is more than enough for today. It is important to thank my dissociation, as it did save my life. I think we can be friends from here on out.”

Director: “Tell that directly to your dissociation. This is an internal dialogue to anchor in the new roles.”

Jillian to Dissociation: (Holds the white scarf and the multicolored feather.) “Thank you, my friend. You did save my life many times over. It is only now that I am in a safe place where my family can’t get to me that I can see how much you helped me deal with the daily horror and my scary feelings. I can still use you if I need you, and I think we can have a new start to our relationship where you only show up when I need you. Ahhh...”

Director: “Okay, everyone you can bring your scarfs, your defenses, back to your seats, or you can leave them in the cave if you prefer. We will keep the cave up overnight until we start our trauma dramas in the morning. It’s your choice. Now, let’s have some sharing.”

10.7 Director’s Soliloquy

We have completed the development of the manager of defenses for the selected protagonist and for the group. Some people do return their defense to the cave, while others make them into a ball, or a mat, and put them under their chairs. While Jillian contracted for a trauma drama to share some secrets about sexual abuse to the group from a grounded, stabilized state of containment and restoration, it soon became obvious that even with all the other prescriptive roles of the TSIRA, she was not able to stay within a window of tolerance. However, the use of spontaneity and physical creativity of creating the cave and dressing up the chieftain brought everyone together, uniting their autonomous healing centers to make friends with the defenses. This chapter demonstrated the use of TSM emergent psychodrama and simultaneous protagonists from our model of a group brain. Everyone got their work done at the same time. This group’s sharing was rich, as everyone participated in the drama that focused on defenses and finding newer, healthier coping skills.

10.8 Conclusions

You have now learned the clinical intervention module of the manager of defenses. It can also be used in individual therapy and other settings with the theme being making friends with old, automatic defenses. The principles of first creating the psychological space to contain defenses and then developing the role of manager of defenses were shared here. Our model of TSM emergent psychodrama flowed freely as we moved from one person to the next as they all joined together with authenticity and immersive tele to create a physical space. The act of creating a physical container is more effective, in regard to managing the group's defenses, than simply establishing a psychological container. Psychodrama enactment, doubling, and role reversal all contributed to the three stages of learning the manager of defenses: role taking, role playing, and role creating. We hope you enjoy our fun and spontaneous ways to warm-up to making friends with defenses and create your own. Use the wobble diagram and dance in your own work with trauma survivors to help them understand defenses. This chapter is unlike all other TSM writings and has helped the TSIRA to become more simplified, and yet also expanded, from Hudgins (2002).

References

- Cossa, M. (2012). *Mask cards* [Digital image].
- Cozolino, L. (2010). *The neuroscience of psychotherapy: Healing the social brain* (2nd ed.). W. W. Norton & Company.
- Cozolino, L. (2015). *Why therapy works: Using our minds to change our brains* (1st ed.). W. W. Norton & Company.
- Forst, M. (2017). *Wobble diagram*.
- Gelinas, D. J. (1983). The persisting negative effects of incest. *Psychiatry: Journal for the Study of Interpersonal Processes*, 46(4), pp. 312–332.
- Hale, A. E. (1985). *Conducting clinical sociometric explorations: A manual for psychodramatists and sociometrists* (1st workbook ed.). Royal Pub.
- Hudgins, M. K., (1998). *Defenses workshop handout*. Madison, WI.: Center for experiential learning.
- Hudgins, K. (2002). *Experiential treatment for PTSD: The therapeutic spiral model*. Springer Publishing Company.
- Moreno, J. L., & Moreno, Z. T. (1969). *Foundations of psychodrama* (Vol. 3). Beacon House.
- Schore, A. N. (2003). *Affect dysregulation and disorders of the self*. W W Norton & Co.
- Siegel, D. J. (2012). *Pocket guide to interpersonal neurobiology: An integrative handbook of the mind*. W. W. Norton & Company.
- van der Kolk, B. A. (2015). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Viking Press.

Part IV

TSM Psychodrama in Action

In TSM, the dramas move in sync with the map laid out in the TSIRA. After the safety structures create a strong-enough container for the group and the participants acquire enough group skills to move to the first drama, then the dramas follow in order according to the TSIRA. First, there are prescriptive role dramas to build individual and group strengths. Then, defenses dramas to manage necessary and potentially intrusive survival responses. Next, trauma dramas to safely work with unprocessed trauma material for full developmental repair. Finally, post-traumatic growth dramas to internalize forward motion.

Multiple people must put in the work so that the whole group can feel they have collectively released and moved forward. Participants who take a journey of first establishing safety structures and then participating in the sequence of four dramas (prescriptive role, defenses, trauma, and post-traumatic growth) feel elated at the end of the series. The post-traumatic growth traumas (also known as completion dramas) are the culmination of everything the group's time together has moved toward. Participants share their individual and collective joy generally in movement, song, and intense feelings of connection.

The concept of simultaneous protagonists informs the structure of TSM dramas. This means that the main protagonist can be working on their trauma material while some participants are supporting the protagonist in strength roles that they themselves need to build, while other participants are embodying post-traumatic growth roles which they are working to internalize. In TSM dramas, everyone open to the experience can participate in the drama, even if they are at different places along the TSIRA (i.e. some participants can have deeper experiences of working through trauma while others may be just beginning the process). All participants are protagonists, and all participants benefit when the container is safe and well-constructed (see Chaps. 4–6).

In this section, we present to you four TSM dramas; one from each category and in TSIRA order. The examples come from different groups, workshops, and healing retreat weekends. Even though they were individual to those times and venues, you will see that TSM structures and drama themes are universal as well as personal. We each write two chapters to cover all four types of dramas. Steven describes his work

with prescriptive and post-traumatic growth roles, while Kate writes about defenses and trauma dramas.

Each chapter includes (1) sociometric protagonist selection to choose the issue the group brain wants to focus on in each session, (2) description of the clinical contract, (3) director's soliloquy, and (4) process comments.

Throughout the dialogues, we have interjected the director's soliloquy with regards to TSM structure and theory, choice points, team interaction and information, observations, and clarifications. We hope you will find the director's transparency helpful. You will notice that Steven integrated his director's soliloquies into the narrative of the drama and Kate summarized hers at the end of each part of the drama. We include them as examples of different styles for approaching TSM psychodramas. We hope you will gain a lot from seeing the dramas through our eyes. We also hope you will come away with a sense of how safe trauma work can be when its pacing and structure allow for skills to be established, practiced, and engaged. Enjoy these dramas, as they are very special to us and to the people who participated. We thank them all.

Chapter 11

TSM Prescriptive Role Drama: Igniting Your AHC with Strengths and Containment



Abstract Those who have experienced trauma often arrive in therapy depleted. The cause can be wars, displacement, resettlement, institutionalized violence from poverty, racism and sexism...or personal and transgenerational family traumas. Disturbing symptoms of PTSD, such as dissociation, sensory flashbacks, and intense affect all cause emotional dysregulation within one's self and within one's relationships. The survivor needs something for that ailment. Much like a physician gives medicine to alleviate symptoms and improve health, TSM psychodrama prescribes roles to prepare trauma survivors to face their trauma without further re-traumatizing themselves with uncontrolled regression or unchosen catharsis. This is a unique contribution of the therapeutic spiral model to classical psychodrama and other experiential methods. The TSM prescriptive role drama is Stage 1 of trauma-informed action methods with trauma survivors. Following methods described in this book, this chapter walks you through an entire prescriptive role drama. You will see the trauma survivor's internal role atom presents the clinical guide needed for safety, and you will learn to concretize roles of observation, restoration, and containment by using a clinical contract to guide the drama from spiraling into trauma. Clinically modified doubles and spontaneous role reversals activate autonomous healing centers and engage the entire group in the process of healthy self-organization. The use of an action healing team brings you to an intimate and healing space where you can experience a TSM psychodrama as though you were at an actual workshop.

Keywords Trauma · Trauma-informed care · Experiential trauma therapy · Experiential group psychotherapy · Classical psychodrama · TSM psychodrama · The therapeutic spiral model · TSM · Sociometry · Clinical maps for trauma · Prescriptive roles · Self-organization · Self-regulation · Containment · Healthy self-organization · Clinical contract · Doubling · Body double · Containing double · Role reversal · Spontaneity · Autonomous healing center

The first TSM psychodrama starts firmly at the beginning of the trauma survivor's internal role atom (TSIRA). As the map for safe trauma works, the TSIRA guides the type and timing of TSM psychodramas. Using this map, the skilled TSM

psychodramatist will not move a protagonist and/or group toward their internal vulnerable places until the protagonist and group are grounded in their prescriptive role strengths. This concept is embedded in TSM and is a core principle of all we do. Thus, it should be no surprise that building prescriptive roles is the theme of the first drama(s). TSM intentionally modulates the participants' exposure to trauma material, titrating the experience to keep participants within their window of tolerance while also working to expand it. Thus, the TSM team and team leader focus the first drama on building internal strengths for the participants and the group as a whole.

The clinical goal of the first drama is for the main protagonist to identify, engage, and interact with the strengths they have in order to move to their trauma work without being triggered. The strength roles, starting with the body double, are first selected by the protagonist, and then other strengths are brought in by the team from the projections out to the group members (see Chap. 6). The variety of strengths around the protagonist is interactive, noisy at times, and encouraging. The director will role reverse the protagonist into a strength role as needed and make visible the invisible through action. Prescriptive role dramas usually culminate when the protagonist with all their strength roles around is able to name a trauma, say one line about the trauma, or make one clear statement to someone in the trauma event. Then, the protagonist moves away from the trauma and the scene ends with the protagonist still flanked and connected to their strengths.

In this chapter, we will take you through a prescriptive role drama. These dramas are so named because strength-building is the TSM "prescription" for the beginning of safe trauma processing. In this chapter and the subsequent chapters, we will present the context and setting for each drama described. We will detail the protagonist selection and walk you through the formation of the clinical contract. Then, we will move through the drama itself, with the director's soliloquy interwoven in the dialogue. You will see the steps of a TSM psychodrama, starting with the body double (see Chap. 7) and how strength roles are added in accordance with the TSIRA (see Chap. 3) followed by the incorporation of projective identifications (see Chap. 6); watch how role reversal is used to create protagonist spontaneity (see Chap. 9); experience how the scene is developed spontaneously (see Chap. 4) and is held by the team and team leader (see Chap. 5); and witness how the prescriptive role drama is completed with the naming of the trauma. The goal of a TSM prescriptive role drama is to build the survivor's internal strengths and prepare the individual and group to do trauma work safely. It points forward to the trauma and works with the group's strengths to keep from falling into the trauma. The drama closes and sharing is done.

We encourage you to use your imagination to visualize the action presented. Role reverse in surplus reality with the protagonist, the group members, the team, and the director. Explore what it is like emotionally, interpersonally, and globally to be in each role. We hope you will gain insight on all levels as we move through this TSM prescriptive role drama together.

11.1 Context

This prescriptive role drama comes from an ongoing women's trauma survivor's group that I (Steven) have run for a number of years. The group started out as a year-long offering for the clients at my arts-based therapy center, C.R.E.A.TE! Center for Expressive Arts, Therapy, and Education!. The year program was based on the TSIRA. The 12 participants were completely new to psychodrama and arts-based approaches to trauma recovery. With regards to both, I divided the year into four 8-week group sessions with several weeks off between each. The first set of sessions was focused exclusively on the six safety structures, strength-building roles in action, and prescriptive role dramas. The other three sets of sessions focused on eight weeks each of defense dramas, trauma dramas, and finishing with eight weeks of post-traumatic growth dramas. Each group was closed so that no person could join once the eight weeks had started. And the overall groups were progressive in that no one could join one of the advance groups if they had not taken the previous groups. For example, I ran the eight-week prescriptive role group twice and then merged the ongoing participants into one group for the eight-week defense work. Then, only those who had attended both the prescriptive and the defense sessions could do the trauma work and eventually the post-traumatic growth sessions.

In that first eight weeks, we worked through the safety structures as described in Chap. 7. We created our opening observing ego and circle of safety routine, which became our opening structure for all subsequent group meetings. I paced the group's action knowing that I was starting at the beginning. Having given many workshops with wonderfully spontaneous trainees and experienced psychodramatists, I was aware that I wanted to move quickly to the fullness of the TSM model and to participant's individual healing. I was also aware I needed to balance my enthusiasm with their reality I needed to work within their individual and collective windows of tolerance. I kept in my awareness that major victories often come from small shifts in spontaneity. The drama below happened toward the end of the eight weeks of prescriptive drama sessions.

11.2 Protagonist Selection

To begin the sociometric selection of the protagonist, I used a prompt based on the TSIRA's goal for the prescriptive drama. In doing so, I stated to the group:

Steven: "The goal of this drama is to build up one's strengths. We are practicing going up to the trauma, naming it, and coming back safely. This is not a trauma drama. In this drama, the focus is on engaging our strengths so we can label the trauma, make an observation about the trauma, maybe a speak single statement to someone in the trauma scene, and not lose touch with our strengths. Who is ready to spend some time engaging in their strengths? Please move closer or further from this scarf I am laying in the middle of the circle as you feel warmed-up to engaging in your strengths. Please touch the scarf in the middle to see what your body's wisdom is saying about being the protagonist for this scene."

(The participants move to a position as close to or as far from that center scarf as they feel ready, in this moment, to engage as the main protagonist. The participants move around for a little while and then the movement settles.)

Steven: “Does this feel right to everyone?”

(Two participants shift positions and move close to, but not onto, the scarf.)

Steven: “Everyone please check your bodies and see if where you are represents the right place for you right now.”

(One participant moves closer and one steps back. I turn to the three closest participants.)

Steven: “Thank you for putting yourselves forward. Please make a short two-line statement to the group about what you want to work on.”

(The three people do so.)

Steven: “Now give a title to your psychodrama with your name in it.”

(They each do this.)

Steven: (To the rest of the group.) “When I say to, please put your hand on the shoulder of the person who can do your work for you in this moment. This includes the three of you in the middle. You can choose yourself or one of the other two. If you do choose one of the other two people, then all the choices you receive will go to them. Remember, sometimes choosing yourself is the whole drama.”

(Each of the potential protagonists chose themselves by placing their hand on their hearts. The group makes a clear majority choice of the participant named Julie.)

Steven: (To the group.) “Please, one by one tell the person you chose why you chose them.”

Director’s Soliloquy: I am listening for the themes that are arising. Julie wants to gain strengths to eventually confront her abusive father. The other participants are saying they resonate with that and are not ready themselves to do so. The other two potential protagonists have similar themes of confrontations with difficult people in their lives, but who are not their perpetrators. I will watch how the two unchosen protagonists are integrated into this drama to get their work done as simultaneous protagonists. When everyone is finished sharing with the person they chose, the group participants take their positions. I slowly start to walk around the inner part of the circle of scarves with the chosen protagonist to create the clinical contract.

11.3 Clinical Contract

Director’s Soliloquy: Julie is sharing about her history of childhood sexual abuse by her father. I know a lot more about this story than she is telling in this moment, since I have worked with her in this group for several months now. I know she has suffered intense PTSD symptom for decades as a result of the abuse. She has made a lot of progress since starting group. She has amazing strengths and varies which ones she uses. I also notice Julie overshares about her trauma. She tells a “safe story” with a lot of details that are well rehearsed and struggles to stay present to the real pain of the deeper trauma narrative. So, the story she tells is “safe” to her, but the emotions and other parts of the story are not. Julie

alienates other members by touching on triggering details that she has dissociated from, and the members tend to move away from her. I am glad the group has chosen her so they can get to know her better, and she is bold in her desire for healing. I notice she is repeating the pattern of oversharing during our walk and talk. Before she shares too much and loses some of the members and herself in her rehearsed narrative, I will gently redirect to help her be more present, connected, and productive.

Steven: (To the protagonist and group.) “I want to remind us all that this drama is about practicing remaining in our strengths and not falling into past patterns. We are working with our strengths to go up to the trauma and come back. So often we go up to the trauma and fall in. We are going to work to make sure we do not repeat that pattern.” (Turning to Julie.) “What do you want to achieve in the next 40 minutes that’s different than what you have done in the past?”

Protagonist: “I have never told my father what I think of him. I was always the “good girl” and was supposed to “play nice.” I would like to look my father in the eyes and tell him he is a piece of shit.”

Director’s Soliloquy: *Julie’s father is dead. So, I know she is talking about meeting him in surplus reality. Julie’s goal could lead her to a deep confrontation with her father, and that work would be better for a trauma drama. This drama is to focus on engaging and building strength. And since Julie moves quickly to the trauma and often dissociates and falls in, I am going to offer a more strength-based goal which I think is clinically better. If she does not accept it, then we will fine-tune the contract with the understanding that I am not willing to have her re-traumatized by a drama. This drama can prepare her for the next one.*

Steven: (To Julie.) “I hear your need to confront your father. It is possible in this prescriptive role drama to gather your strengths and make one statement to your father. I am also aware that in a trauma drama you could actually confront him and push him out of your brain. And that seems more like what you are wanting to do. But that is a different drama.”

Julie: “So, what should I do now?”

Steven: “The thought I have is this. We still go to your father. Instead of telling him he is a piece of shit, I wonder if you would be better served by showing him how much strength you have.”

Julie: “I still want to tell him he is a piece of shit.”

Steven: “And you will when the time is right. Remember, we don’t need to get everything done in one psychodrama. We work on getting done what is needed right now. We take this step now in order to do that work later.”

Director’s Soliloquy: *I know this was important for everyone to hear. The group is so new that they think they need to do a big piece of healing in order to partake in a drama. I hope they hear that they can take smaller steps along the way. I trust Julie will be able to reach her goal now that the contract is strength-based. This will also help the group members stay in their strength, though I am concerned that some of the members will be triggered as we move to the scene with the father. I am sure the team will attend to those members in need. This group and the protagonist can be fragile. Thus, the pace must be adjusted accordingly. I will trust the process.*

Julie: “Yes, I will go as close as I can and be able to come back. You have been teaching me that...it works too you know. I was telling my friend the other day of how much better I have been getting at doing that...”

Steven: (Gently redirecting.) “You have been getting better. So good, we now have a clear goal that is achievable in the time we have. You are going to need some strengths to look your father in the eye.”

Protagonist: “I know...and I have a lot of strengths.”

Steven: (Affirming.) “Yes, you do. Shall we start gathering them together?”

Protagonist: “Yes.”

11.4 Prescriptive Role Drama

Director’s Soliloquy: Julie is going to need a strong body double. I could direct Julie to select one of the team members who might provide more stability for Julie. However, I think the team will be needed to support the group. Or, Julie can select a group member which would allow for two members (Julie and the body double) to take this journey together. However, I will have to help the body double with prompts and support. Or, I can leave the decision completely open for Julie to select from the team or group and see where the connection is. Clinically, I think the group is going to need the team’s full support. Julie has good tele when she is at ease. I am going to trust the tele and work with what comes up.

Steven: “Go ahead and pick a scarf to represent yourself. That way if you move into different roles, we will always know who is holding the role of Julie.”

Julie: “I pick this light green one with a little leaf pattern in it. I like it.”

Steven: “Good. Put it on. How does it feel.”

Julie: “Feels good.”

11.4.1 Body Double

Steven: (To Julie.) “Please choose someone to be your body double. Choose with your tele. Who are you feeling the connection with and can hold the role of your wise body?”

Julie: (Looking around a moment.) “Brenda...will you be my body double?”

Brenda: “Yes, I don’t know what to do but okay.”

Steven: “I will help you with the role. Julie, choose a scarf to represent your body.”

(Julie does so.)

Director’s Soliloquy: This is a concern. Julie chose the group member who dissociates the most. A curious choice. It will be a great opportunity for Brenda to practice staying present. Brenda had put herself forward as a potential protagonist to do some work on staying present...so this is where she can take a simultaneous journey with Julie. If I had offered the team option only, this would not have happened. I will trust the process and adjust my clinical focus.

Steven: (To Brenda.) “Come on over to Julie.” (To Julie and Brenda.) “Please face each other and look into each other’s eyes. Julie, put the scarf that represents your healthy body on Brenda. Look into the eyes of your healthy body. Both of you, communicate through your eye contact and body posture the connection you are building with the other. Breathe together. Let the connection sink into your bodies.” (Pausing.) “Julie, what would you like to say to your wise body?”

Julie: “I don’t know you too well but I need you.”

Director’s Soliloquy: *I think it is important to correct the language here so that it doesn’t slip throughout the drama. She should say “and,” not “but.” “But” negates; “and” joins.*

Steven: (Correcting.) “And I need you.”

Julie: “Yes, AND I need you.” (Turning to Steven.) “That really does make a difference.”

Steven: (Gently redirecting.) “Stay in the moment with your body.”

Julie: (Turning to Brenda.) “Oh yes...I don’t know you too well AND I need you.”

Steven: (To Brenda.) “And what is the response from the body?”

Brenda as Body Double: “Er...okay...” (To Julie not quite knowing what to say.) “I’m right here?”

Director’s Soliloquy: *Brenda is going to need a little more instruction and warm-up time to make this work. How can I engage the whole group in being their own body doubles while training Brenda?*

Steven: “Everyone take a deep breath and find where your body is.” (Pause for breath.) “Let’s take another breath and sink into the body.” (Pause for breath.) “Breathe again and feel your body let go of what it needs to let go of.” (Turning to Brenda.) “Julie’s body, are you here?”

Brenda as Body Double: “Yes.”

Steven: “Let her know.”

Brenda as Body Double: (Looking at Julie.) “I am here for you. Even if I don’t know what I am doing all the time, I am here for you. I am here for you now. I am your body. I can’t leave you and I would never leave you.” (To Steven.) “I think I need some of this too.”

Steven: “That is probably why you were chosen.” (Gently.) “Try to stay in the role.”

Brenda as Body Double: (Joking from the role to Julie and referring to herself in the third person.) “Hey, don’t you think that Brenda could use some of this too?”

Julie: (Joking back to Brenda.) “Well, maybe she can be the next protagonist. Hint, hint.”

Director’s Soliloquy: *Good, there is some spontaneity developing.*

Steven: (To Julie.) “Where would you like your body to be? On your left side or your right side.”

Julie: (Thinking a moment.) “On my right side.”

Steven: (To Brenda.) “Okay, move over there and Julie adjust your body double to what feels connected and comfortable for you.”

Julie: (Making a few adjustments and feeling them.) “I think I want her close.”

Steven: “Think?”

Julie: “I want her close. Right there.”

Steven: “Okay body, you are going to keep Julie present and grounded during this journey. If she goes too much in her head, you will help her come to her feelings. If she gets overwhelmed in her feelings, then you will help her move to her thinking more. If she needs to be grounded, then you will offer some grounding statements like ‘I can take a deep breath’ or ‘I can feel my feet on the ground’ or ‘I can see the red chair in this room.’ You will always be with her on her right side no matter where Julie goes.” (To the group.) “The body double is the only role that follows and stays with the protagonist.” (To Julie.) “Julie, if your body double says something, it is important for you to repeat it if she is right and to change the statement if it needs adjusting. This fine-tunes the connection between you. Let’s try that now.” (To Brenda.) “Brenda, make some grounding statements.”

Brenda as Body Double: (Thinking first.) “I can feel my feet on the ground.”

Julie: “I can feel my feet on the ground.”

Brenda as Body Double: “I can take a deep breath.”

Julie: “I *can* take a deep breath.”

(They both breathe together.)

Brenda as Body Double: “I can see the couch over there.”

Julie: “I can see the couch over there.”

Steven: “Good. I think we can move on. I will provide prompts if needed and body you focus on Julie’s breathing. Say, “I can take a deep breath any time you see her not breathing in a normal manner.”

Julie: “That is probably going to be a lot.”

(They both laugh.)

11.4.2 *Strengths*

Steven: “We are preparing to have you look your father in the eye and make a statement about your strengths. So, we are going to need some strengths. What is a strength you have that you would like to bring forward to help you look your father in the eye?”

Julie: “Ah...courage. I am going to need my courage.”

Steven: “Excellent. Pick a scarf in the room that can represent your courage. The scarf will hold the role even if the person playing the role changes.” (Julie chooses a scarf.) “You have picked a red scarf.”

Julie: “Yes. Red for courage.”

Steven: “Now, choose someone to play your courage.”

Julie: “Karen. Can you play my courage?”

Karen: “Yes, I can do that.”

Director’s Soliloquy: *Karen speaks for others well and needs help with being her own courage. This selection will help Karen to internalize courage for herself while speaking it for someone else.*

Steven: “Okay Karen, come over here and stand looking at Julie.”

(Julie puts the scarf over Karen’s head and rests it on Karen’s shoulders.)

Steven: “Julie, what would you like from your courage?”

Julie: “I need you to be with me and support me when I go to meet my father.”

Steven: “Okay, role reverse. Julie, you will become your courage and Karen, you will become Julie. The scarf will stay with the role of courage and Karen, you will take the scarf that represents Julie. Karen, I want you to speak from the role while using your own material. If a question comes up then speak it. If a statement comes up then state it. Don’t try to think about what Julie would say. Rather, trust that you are in this role because of the way your story and Julie’s story touch. So now repeat the last thing that Julie said to her courage.”

Karen as Julie: “I need you to be with me and support me when I go to meet my father.”

Julie as Julie’s Courage: “I am your courage and I will always be with you. I have been with you through your life. I am here for you now.”

Steven: (Speaking to Karen as Julie.) “Julie, what do you want to say to your courage.”

Karen as Julie: “Sometimes I am not sure you are there.”

Director’s Soliloquy: *Good. Karen is speaking from her own experience and is pulling for Julie to go deeper in the role of her courage.*

Julie as Julie’s Courage: “I am here. I am with you always. You don’t see me all the time.”

Karen as Julie: “I know...I don’t see you...”

Steven: (To Julie’s Courage.) “Tell Julie some time when you were there and you both knew it.”

Julie as Julie’s Courage: (Thinking, then to Steven.) “I’m not sure.”

Steven: (Trying to keep Julie in the role of her courage.) “Courage, when is a time you were with Julie and she knew it.”

Julie as Julie’s Courage: (To Steven.) “The other day when she was...”

Steven: (Redirecting.) “Speak directly to Julie.”

Julie as Julie’s Courage: (Turning to Karen as Julie.) “Oh yes...the other day when the man on the bus was being loud and disruptive and you told him politely to calm down because there were others on the bus too. I was there with you because you didn’t know what he was going to do. I was there helping you do the right thing.”

Karen as Julie: “Yes, you help me do the right thing. I like it when you help me do the right thing.”

Julie as Julie's Courage: "And that time that time your doctor was just pushing you off and you decided you would make sure he was listening to you."

Karen as Julie: (As if remembering a time she had done that too.) "Well, I did do that."

Director's Soliloquy: *In TSM, role reversal is for the protagonist to become spontaneous in the role. It is not to train the auxiliary. Julie seems close to being spontaneous.*

Steven: (Feeding a line to Karen as Julie.) "Will you help me do the right thing now?"

Karen as Julie: "Yes...will you help me do the right thing now?"

Julie as Julie's Courage: "I will help you do the right thing now too. I will be right here."

Karen as Julie: "How will I know you are here?"

Julie as Julie's Courage: "You will know because I will squeeze your hand."

Steven: "Good. Role reverse. Karen you are now Julie's Courage and Julie you are yourself again. Switch the scarves back."

Steven: "Julie, where do you want your courage to be?"

Julie: "Well, my body is on my right so my courage should be on my left. I will hold both of their hands."

Steven: "Now, Body make a statement." (To Julie.) "If it is true repeat it. If not change it."

Brenda as Body Double: "I can take a deep breath."

Julie: "I can take a deep breath."

Brenda as Body Double: "I can feel my feet on the ground."

Julie: "I can feel my feet on the ground."

Steven: "Courage, make a statement."

Karen as Julie's Courage: "I am your courage and I am always with you."

Julie: "You are always with me. I will not go away."

Karen as Julie's Courage: "I won't let you go away." (Squeezes Julie's hand.)

Director's Soliloquy: *I can either have the protagonist choose another strength or see if there are any strengths that are coming from the group. The assistant leader just whispered to me that there is hope and resiliency as part of the projective identifications in the group. Because we have some time, I will have the protagonist name one more strength before moving to the spontaneous group offerings.*

Steven: (To Julie.) "What is another strength you have that you would like to have close by when you go to your father?"

Julie: "I don't know how to say it. That I am stronger. That I got through no matter what he did. That I keep getting through."

Director's Soliloquy: *Hmmm...this sounds like it could be the resiliency that the assistant leader told me was in the group. If it is, then I can start bringing the projections from the group into the drama. I will check it out.*

Steven: "Well, we have an offering from the group for some resiliency. Is that possibly what you are naming here?"

Julie: "Yes...that makes sense...yes, resiliency."

11.4.3 Projections

Steven: (Turning to one of the group members.) "Barbara, I believe it was you who is resonating with resiliency."

Barbara: "Yes."

Steven: (To Julie.) "Please pick a scarf to represent resiliency and place it on Barbara."

(A role reversal is done until Julie is spontaneously speaking as her resiliency. Then they role reverse back into their roles with Julie as Julie and Barbara as Resiliency.)

Director's Soliloquy: *The auxiliaries are sticking very close to the scripts. They may be anxious. I will provide some instruction and look for opportunities to increase their spontaneity in role.*

Steven: "Remember you can always say what is coming up for you in role at any time. When you sense your body, your courage, or your resiliency would speak something...just say it. This is different than traditional psychodrama which can stick close to the protagonist's script. In TSM, we want you to play the role from what is coming up for you and from what you need to hear from the role yourself. Speak what your body, courage, or resiliency is saying to you in this moment. We will trust it is important and fine-tune it if we need to." (Turning to Julie.) "Walk around with your strengths. Strengths, I want to you to talk out loud. Speak from the role all at once. Our mind is not a quiet place. We are going to fill it with encouraging words."

(Julie walks around the circle a couple times and the strengths need some encouragement to speak freely and openly. Eventually, they do.)

Brenda as Body Double: (Speaking with the others.) "I can step forward and feel my feet on the ground. I can breathe. I can hear all my strengths helping me."

Karen as Julie's Courage: (Speaking with the others.) "I am your courage and I am by your side. I am squeezing your hand to let you know I am here. Together we can do this thing."

Barbara as Julie's Resiliency: (Speaking with the others.) "I have led you back from a lot of terrible things. We have come back together. He did not break you because I am here. I am here and we are strong together."

Director's Soliloquy: *I think Julie is well-resourced and we have some offerings that are out in the group. I want to bring them in. However, I do not want to spend too much more time strength-building; otherwise Julie could be over-resourced. I think that Julie is almost ready to see her father. The assistant leader said there is someone who is holding anger. I notice that there is a team member with that person now. The assistant leader tells me that hope*

is still in the group along with the new strengths of clarity, purpose, and determination. I ask the assistant leader to have them all find scarves to represent their roles and be ready to come into the scene when I call them.

Steven: (To Julie.) “We have some more strengths in the group and we are just going to call them all in. If they don’t sound right, you can always fine-tune them. Clarity, purpose, hope, and determination.” (Four people stand up, prepared with scarves.)

Steven: (To the four people.) “Tell Julie who you are and then make one statement about what you can do for her as she prepares to see her father.”

Julie: (To Steven.) “Now who are these people?”

Steven: (Explaining.) “These people have picked up on some parts of yourself that you were unaware of in this moment. Those part flew from you and landed on them. So, we are bringing those strengths back in. If they make sense, then accept them, and if not, adjust them. And then place them where you want them.”

Julie: “Okay, got it.”

Clarity: (Stepping up.) “I am your clarity. I will help you see clearly what you want to say and who you are.”

Julie: “Ooooh...I like you. Yes, you stay over my shoulder to the left.”

Purpose: “I am your purpose. I am going to help you remember why you are doing this when things start to get rough.”

Julie: “Okay. I can use you on the right side over my shoulder.”

Determination: “I am your determination. I can make sure you get the healing you deserve.”

Julie: “Can we change this?”

Steven: “Of course.”

Julie: “My father was determined.”

Determination: (Offering.) “Drive?”

Julie: “No...no...my father had lots of drive and he would run people over with it.”

Steven: “Determination, tell Julie what you were feeling when this role came to you.”

Determination: “I feel like you are moving to your healing and are very focused on it and you aren’t going to let anything get in your way.”

Julie: “That is true. That is true.”

Steven: “So what is this to you?”

Julie: “I liked what you said, ‘focus.’ Can you be focus? Focus on my healing.”

Determination/Focus on My Healing: “Yes, I can be that. Where should I stand?”

Julie: “I think you need to stand in front of me but if you do that I won’t be able to see. So, you stand in front of me encouraging me on, but off to the side a little so I can see where I am going.”

Steven: “Good. And we have one more.”

Hope: “I am your hope. I know all will come out all right in the end.”

Julie: “It will. You can be on my right side on the other side of my body.”

Steven: “Okay. Now go ahead around the circle. Strengths, speak from your roles at the same time. Go ahead. Go around a couple times...like a big strengths parade.”

(The group moves around the circle as a large group all speaking at the same time. Words of encouragement, strength, support, and care flood the room.)

Director’s Soliloquy: Julie is well-resourced in strengths now. There is enough spontaneity in roles to proceed to the scene with her father. I will instruct the assistant leader to have one of the team members put a black scarf over her head, face, and body and hold the role of Julie’s father without speaking. When I see that set up I will stop the strength parade and lead us into the scene with the father.

11.4.4 Scene

Steven: “Hold. Hold.” (To Julie, as the strengths procession moves to a hold.) “How does that feel?”

Julie: “That feels great. I wish they were with me all the time.”

Courage: “I am with you all the time.”

Focus on My Healing: “So am I.”

(The rest of the strengths say they are too.)

Steven: “I guess they are all with you all the time, eh?”

Julie: (Smiling.) “I guess so!”

Steven: “So, there is someone you wanted to talk to.”

Julie: “Oh dear.”

Body Double: “I can take a deep breath.” (Repeating.) “I can take a deep breath.”

Julie: “Right. Right. I can take a deep breath.” (Breathes in and out deeply.)

Courage: “I am right here squeezing your hand.”

Julie: “Yes, I can feel you.”

Steven: “You wanted to show your father your strength.”

Julie: “He never saw me as strong.”

Steven: “But you are strong. Look at all your strengths.”

Julie: (Looking over her shoulder.) “I do have a lot of strengths.”

(The strengths break out in encouragement and, “Yes there are a lot of us here!”)

Steven: “Over here we have your father.” (Leading Julie and her strengths to the team member shrouded in the black cloth.) “He cannot talk. You can say anything you like to him and he cannot respond in words. Your time with him is short. So, no long statements... just a couple clear statements about your strengths.”

Julie: “I am not sure...”

Director’s Soliloquy: *If Julie cannot make a clear statement, I can move her into the role of clarity and have her talk from there. I can also move her to her observing ego to get some distance from the scene. I might have her move to the observing ego just to get a good picture from outside of what is going on. I will first prompt the body double.*

Steven: (To the body double.) “I can...”

Body Double: “I can take a deep breath and feel my feet on the floor.”

Julie: “I can take a deep breath and...” (To her father.) “You know, I came all this way to say something to you and I am going to say it.” (Cheers from the strengths.) “I have a lot of strengths and you did not give them to me, I earned them myself.” (More cheers and encouragement from the strengths.) “I am the one that made me happen and you are a piece of shit that is not worth my time of day.”

Steven: “Do you want to focus on who he is or on who you are.”

Julie: “Yeah...I have done a lot to make sure that what you did to me doesn’t hurt anymore. I am a strong person. I took what you gave me and made myself better.”

(Father seems to be shrinking and moving backwards.)

Steven: “He doesn’t seem to like it when you are strong.”

Julie: “No, he doesn’t. I am not strong because of you. I am strong because of me. I am strong because of me.”

Steven: (To the group.) “Everyone say that, ‘I am strong because of me.’”

Everyone: “I am strong because of me.”

Steven: “Again.”

Everyone: “I am strong because of me.”

Steven: “Again.”

Everyone: “I am strong because of me. I am strong because of me. I am strong because of me.”

(During this chanting, the father moves offstage. The team member who was the father drops the black scarf and is being de-rolled.) “I am strong because of me. I am strong because of me. I am strong because of me.”

(Julie begins to cry.)

Steven: (To the group.) “Hold. Hold.”

Julie: “I’m sorry.”

Steven: (Prompting the body double.) “I can have my tears.”

Body Double: “I can have my tears.”

Julie: “Yes, I can have my tears.” (Julie cries a little and then speaks through the tears.) “It makes me sad that he never saw me. He never really saw me.”

Steven: “Ah, there is the hurt that needs to come out. You want to be really seen.”

Julie: “I don’t want to have to be strong anymore. I want my strengths but I don’t want to have to be strong.”

Steven: “So, who in your life now see you for who you really are when you are not needing to be strong?”

Julie: “My friend Melissa.”

Steven: “So where is Melissa? Pick someone to play her and get a scarf.”

Director’s Soliloquy: *I had remembered during the father scene that there was a group member that was holding the role of anger. I ask the assistant what is going on with the member now. I am was told during the father scene the anger was easing up and that pride and connection were arising. Based on this, I wonder if Julie will choose this member, named Jen, for the role of her friend.*

Julie: “I choose Jen.”

Steven: “Jen, can you take the role of Melissa, put on the scarf, and tell Julie what you have been feeling.”

Jen as the Friend Melissa: “I was so angry at first. So, angry about what had happened to you and sad too. I wanted to go beat up your father.”

Julie: (Laughing.) “That sounds just like Melissa.”

Jen as the Friend Melissa: “Then as you were confronting him and showing him your strengths, I was so proud of you and I felt so much connection to you.”

Julie: “Thank you. Thank you for always seeing me.”

Jen as the Friend Melissa: “Of course, that is what friends are for.”

Julie: “And when I don’t want to be strong?”

Jen as the Friend Melissa: “I am here especially then. Being vulnerable is what makes us strong in our friendship.” (They hug. I encouraged the group members to move closer for a soft group hug.)

11.4.5 Closing

Director’s Soliloquy: *We have arrived at the clinical contract. The confrontation is done and Julie engaged in her strengths in the presence of her father. She did not slip into the trauma relationship and has returned with her strengths intact. I have just a little time before de-rolling everyone to have Julie look at this strengths hug from her observing ego.*

Steven: “Julie I am going to have Susan our team member hold your spot in this strengths hug so you can step outside for a second and take a look. Susan, you step in there for a moment and Julie let’s go to your observer.” (We move outside the scarves to Julie’s observing ego position.) “What do you notice about Julie?”

Julie: “I notice she is calm, and peaceful, and happy.”

Steven: “Does she seem vulnerable, strong...?”

Julie: “She seems like she can be both.”

Steven: “She can be both strong and vulnerable. She can have her strengths and be vulnerable too.”

Julie: “Being vulnerable is a strength. Melissa told me so.”

Steven: “She is a good one that Melissa, eh?”

Julie: “Yes she is.”

Steven: “Take another look at this scene and take a picture with the camera in your mind so you can remember it any time you want.”

Julie: “Okay, I have it.”

Steven: “Good. Now let’s go back into the scene and place you in it. Susan, you can step out. Julie, just feel what it is like to be surrounded by all these wonderful qualities and strengths.” (The group starts to sway gently and Julie is enjoying the movement.) “Julie, you may want to take a body picture of this feeling and add it to the scrapbook with the other picture you just took. You got it? Does this feel like a good place to end?”

Julie: “I don’t want to end but...” (Correcting herself.) “...and it is good.”

Steven: “Okay, each strength. We are going to go in reverse order of how you came into the drama. First, give your scarf to Julie saying, ‘I am not longer your (name the strength). I am (say your name).’ Then go over to the team and they will give you a scarf wash to help fully de-role you.”

(Each group member gives Julie their scarf, names the role, says their name, and goes through the scarf wash until it is just Julie and Brenda who was the Body Double.)

Brenda: “It was an honor to be your body double. It was like this was for me. So thank you for letting me come along. I could not have done it. So I am glad you were able to do so.”

Julie: “I could not have done this without you. You helped me stay in my body.” (They hug.)

11.5 Sharing

Steven: (To Julie.) “We are going to move into sharing now. During sharing, the protagonist’s role is to receive. You have done the work for the group and now they will share with you how your work touched their story.” (To the group as Julie and I sit down next to each other.) “Remember, sharing is not advice giving. It is what you received from the work, how Julie’s story touched your story, or maybe it didn’t but you received something else from it. You

can speak from what was coming up in the role, from yourself, both, or neither. Who will be first?"

(Many of the group members share. Significant moments are as follows.)

Karen: "I was your courage. I know I can speak up for other people but when it comes to myself, I...I...find it hard. Seeing you speak up and say that you are strong to your father helped me find my voice and my strength for myself. Thank you."

Brenda: "You know I had put myself forward as a protagonist. I wanted to stay present because I find I am not in the room sometimes. As your body double, I was really feeling I was with you the whole way. That was my story too. Not the father but my mother. I really thank you for choosing me. I think I got more from doing it this way than I would have if I had been the protagonist."

Hannah: "I played your determination which changed to focus. I was scared when you stated you did not like the word determination. Then I offered drive and you did not want that one either. I began to feel anxious. But then Steven helped you find the right words and I became focus on your healing. That was exactly what I needed. I need to focus on my healing and not on everyone else's and not to worry about what everyone else thinks. We can adjust it as we go along. That was very important to me. So, thank you."

Steven: "As the director, I share last. Julie, your story touches mine in that it reminds me of the moment I took my power back. I determined I did not need to prove myself. What I accomplished from there was for me. Thank you for reminding me of that moment." (To Julie and the group.) "Take care of yourself. After a psychodrama, a person can feel raw and vulnerable, great and elated, somewhere in between or nothing much at all. Wherever you find yourself, just attend to yourself in a healthy way. You can be in the psychodrama after care unit for a little while. It helps to concretize the healing if you create some kind of art response within 72 hours of the drama. That can be a drawing, symbol, poem, journal entry, and such. Whatever you do, be kind to yourself."

11.6 Conclusion

The members spent a year together moving through all the types of TSM dramas. At the end of the twelve months, they wanted to continue meeting for action-based group work. I responded by creating an ongoing women survivor's support group focused on post-traumatic growth. We attend to the needs of the group participants while welcoming new members to action-based methods.

Julie did go on to do a trauma-based drama in which she confronted her father with his abuses and pushed (literally and figuratively) him out of her mind. Her mind was represented by the circle of scarves and she pushed him out of the circle and made sure he could not re-enter. Julie found much healing in the group over a number of years. Eventually, she decided to move on from the group and expand her options in other places. She felt she had received what she needed and wanted to explore other non-therapy groups. I am very proud of the work she did and prouder still that she re-integrated into society and moved forward in her post-traumatic growth.

Through prescriptive role dramas, protagonists and group participants practice their strengths. They work to internalize their strength roles in order to manage their

defenses, which they deal with in a defense drama. The strengths offset the trauma roles the group will confront in the trauma dramas. When we bring our strengths to our traumas, we get post-traumatic growth. And, post-traumatic growth is where we are headed. First, we will present a defense drama and then a trauma drama. Keep reading. We promise post-traumatic growth is coming!

Chapter 12

Making Friends with Your Defenses



Abstract This chapter is the first time that a full example of a TSM psychodrama on defenses has been presented. TSM psychodrama's approach to working in action with defenses has not been explored or written about so thoroughly as in this book. From the start of TSM psychodrama, there has been an understanding of the necessary and protective survival response that defenses provide. We have understood that defenses have served an important role in participants' lives. Because of that, we do not aim to remove defenses but to manage them. In this chapter, TSM psychodrama's approach to safely working with defenses is presented in action. This complete psychodrama will take you from the setting to the protagonist selection, clinical contract, main action, and finally to the sharing. We will show you how our clinical understanding of the role of defenses is integrated into the movement of the drama to allow for a protagonist to eventually move into deep trauma work. By making friends with the defenses, the protagonist can safely do the healing work they so desire without relapse or regression. This TSM psychodrama example will be presented with the director's soliloquy for added insight into choice points and clinical decisions. You will see how the director understands the use of defenses in the protagonist's past and how the defenses have outlived that usefulness. It is exciting to present another part of the TSM psychodrama's overall model in this expanded and stimulating manner.

Keywords Trauma · Trauma-informed care · Experiential therapy with trauma · TSM psychodrama · Classical psychodrama · The trauma survivor's internal role atom · TSIRA · TSM · Defenses · Experiential therapy with defenses

After completing a prescriptive role TSM drama, the next drama in a TSM workshop is often one that is clinically structured to help a participant make friends with their defenses. It is the next step toward a TSM trauma drama. The TSM defense drama is found to be increasingly important and is included as a natural progression toward a safe trauma drama. The goal of the defense drama is to help the protagonist and the group to identify the thinking, behaviors, and actions that have previously been helpful in managing trauma responses and have now become over-protective and automatic.

As was discussed in the theoretical chapter on defenses (see Chap. 10), TSM sees defenses as natural and important, even if maladapted and no longer beneficial. Thus, the defense drama works to help the protagonist appreciate and manage the intrusive behaviors which may get in the way of moving ahead to face the trauma still held in trauma bubbles. TSM does not eliminate the defenses, but rather helps the protagonist work with the defenses as resources. Through the drama, the protagonist comes to manage, interact, and control the defenses to allow more space in their head and body to work in the present with conscious emotions. You learned the two-part intervention between observable defenses and the need to create the new role of manager of the defenses where defenses are contained through creativity in Chap. 10. This then allows you to achieve spontaneous interaction with both strengths and containment being used to support creativity and connection to your autonomous healing center (AHC). Now, I (Kate) will direct you in this composite TSM drama to demonstrate how to make friends with defenses.

12.1 Clinical Setting

A TSM team of certified members and those in training work with patients diagnosed with Dissociative Identify Disorder and PTSD in a four-day retreat setting on the East Coast of the United States of America. We have a team of 6 and a group of 14. It is an experiential group using TSM psychodrama in search of post-traumatic growth as they face memories and dissociated feelings from the past.

During the first day of the workshop, we enact the six safety action structures to build group cohesion and decrease anxiety so that spontaneity and creativity can flow. A prescriptive role drama brings simultaneous protagonists into the present where they can feel empowered to face the impact of trauma on themselves and others. This is the first morning session on day two.

12.2 Protagonist Selection

After a warm-up using inspirational cards developed by TSM Trainer Mario Cossa showing masks from around the world, each person picks one card to represent a defense they are curious about for the morning's drama. Participants then become the cards and playfully act out the picture, whether it is of anger, sadness, or stoicism. A group member enacts the image of a goddess playing a lyre. Then we all double. Another shows a very red angry face, which the group doubles too. Thus, we introduce their defenses in this playful spontaneity exercise, decreasing any shame or self-judgment for having defenses that still get in way of full psychological functioning in the present.

Next, I ask the participants who would like to be the first chosen protagonist for day two to step forward. They walk toward a scarf on the floor that shows their warm-up. Each person touching the scarf then shares what they want to work on, and the group is asked to pick an issue that they present so that we can have a simultaneous protagonist drama that represents the group brain. Three women present their issues.

Suzie: "I am still having severe nightmares and sometimes I must sleepwalk because I will find myself in different parts of the house and not know how I got there. I'd love to get the past and the present sorted out, so I do not have flashbacks and body memories. I want an experience of integration."

Regina: "I am so angry at the priests who abused me, I want to tell them to fuck off. I hate them so much. They took so much away from me."

Julia: "I am soooooo tired. It is a struggle each day to keep going. I feel so depleted I could barely get up this morning. I just wanted to stay in bed all day. I am lonely and want to have friends who can support me in my recovery from sexual abuse."

12.3 Director's Soliloquy

As soon as the three goals are shared, I can already see where they belong in the trauma survivor's internal role atom and predict which drama will be chosen on the morning of day two at the residential retreat.

Suzie presents with the most clarity of the three, and I think that her energy will influence people's choice. It is unclear whether she is asking for a trauma drama, but my assessment is that she still needs to work on her defenses first. This is a natural step after a prescriptive role drama if you see individuals and the group still struggling with taking the next step without wobbling. She is speaking from her wounded child.

Regina is clearly presenting with emotion, and it is of rage at the external perpetrator. According to the TSIRA, this is a full trauma drama and is the last role we address in the transformation of the TSM trauma triangle. If the group picks her, I will have to assess if she can do this work, as it seems too early in the group process, though as stated a place where many survivors begin in therapy. This role represents the internalized perpetrator.

Julia seems to need more strengths to bring her AHC alive and yet puts out to the group that she is too tired to do a drama. I immediately see that she can play strength in someone else's drama and find her restoration there. She might in fact play a good friend so she can learn to be a good friend to herself. Now we see that Julia continues to abandon herself today, representing the abandoning authority.

As we pick a group protagonist, my assessment is that the group will pick Suzie, who in this case is presenting as the wounded child role, the first role to be addressed in the TSM trauma triangle. We shall see if I am right.

I ask people to take a moment and see which issue they connect to the most at the moment. Group members understand the idea of a group brain and are asked to put their hands on their hearts when they know who they will pick. I ask people who have volunteered to put their hands on their own hearts if they choose themselves.

Then when everyone has shown they have chosen, I ask them to place their hands on the shoulder of the person whose issue connects most with them.

The group responds. Eight people have chosen Suzie. Two have chosen Regina. One person chooses Julia. Some examples of why people picked Suzie are as follows:

Lourdes: “I pick you because I still have flashbacks and body memories, and I’d really like to stop them too.”

Ada: “It’s been difficult time in the USA for me. Sometimes I don’t sleep for days due to my anxiety and fears. After I immigrated here, I had imagined my life would be so much better. However, it became worse as I trusted the wrong people, who I thought were supposed to help me. You can’t get rid of your past no matter where you go.”

Charmaine: “I feel like I am missing my life. So much of it is taken by dissociation like you said. Either that or switching to my victim self and losing both time and power. My life is more stable now. I have a supportive partner. Our daughter just started kindergarten, and so I am less busy now. There is no need to keep these defenses alive today. They are taking so much away from me now.”

12.4 Director’s Soliloquy

As the group members share why they picked one of the three protagonist choices, the assistant leader and trained auxiliary ego are gathering information about what defenses are present, how people connect with other, and the need for more spontaneity and creativity as the group is forming a strong connection with their AHCs. As I look at the sharing from the point of view of defenses, I see Suzie wants to work on dissociation and multiple states of consciousness, both long practiced defenses to cope with the horror of her life. Regina is displaying the defense of identifying with the aggressor, both internally and externally. Julia is speaking through the defense of having given up. You can now connect the choice around these themes and the defenses at the end of Stage 1 in a TSM drama.

12.5 Clinical Contract (Walk and Talk Around the Stage)

Director: “Suzie, I can see that you and the group are all struggling with automatic survival defenses as we begin to name individual traumas that we have experienced. I would like to help you create a role that can manage these defenses so that you can stay in the here and now. You have a well-developed protagonist cluster of strengths, a body double and your observing ego. I think we need to build the last prescriptive role, a manager of defenses. What do you think?”

Suzie: “I would be quite happy if we can even *begin* to get rid of these defenses, but I am scared. What if I’m not okay without them? I mean, dissociation and switching have served me well in my life. I’m not sure if I can make it without them. When I don’t have these old ways of protecting myself I get so overwhelmed with grief because I start to remember how

awful it was to be a product for sale, not a person. It is almost too much to bear. I am too young to carry all this weight around. Will I be Okay?"

Director: "Well, you have come to other TSM weekends, and you know we always go slowly. So, we will create a manager of defenses to hold these automatic ones for the drama today. Then you can slowly test out if you need the defenses to protect yourself today. You can of course have them back when you are done or if you do need them during the drama. Let's see if we can make friends with them and see how they have helped so you can embrace new ways of self-support and connections to others. Would that be a way to try out change?"

Suzie: (Takes a deep breath.) "I am a bit wobbly and I am willing. I really don't want to miss more of my life than was taken from me already."

Director: "Okay, our goal is to experience the safety that containing your defenses brings so that you can live in the here and now. We will test out if your manager of defenses can become a support for you this weekend. Remember, we are all part of the group brain so we will all be with you as you work. You are never alone when we have simultaneous protagonists.

Role 1: Body Double. This is the first role of containment that starts all TSM dramas of any kind, so that a warm, empathic bond is created between the protagonist and an auxiliary. The auxiliary provides bodily support to help the protagonist stay in the present and within a window of tolerance. This is most often a team member because they have the skills to keep the person grounded in their body and present in the moment. It can also be held by a group member.

Role 2: Personal Strength. Suzie chooses Charmaine to play courage for her. The courage to let go a bit and see how it feels to begin to feel from an integrated place.

Role 3: Interpersonal Strength. Here Suzie chooses Julia to be the role of a wished-for best friend, giving Julia the chance to define and experience being a good friend to herself.

12.6 Director's Soliloquy

I have Suzie walk and talk with her double. The body double helps her stay in the present when dissociation or regression shows up. We do not role reverse with the clinical doubles in TSM because if they are needed, then you cannot be sure the depleted protagonist can do the role competently. After the body double and the containing double are well established, she role reverses with each of her strengths of restoration to increase her spontaneity.

We now activate the group brain by asking if anyone else wants to play a good friend or expand the role of courage. If so, they come up and play the role they are spontaneously attracted to as a part of the simultaneous protagonist model in TSM. People are also invited to add whatever strength they become warmed up to using the theme of which defenses are needed to make friends with today.

As Director, I ask them to all respond to the question—what do I need to change my relationship with my defenses? I encourage them to get curious about the mission of protection their defenses have held throughout their lives. The prescriptive cluster seems full of resources when the group members are all increasing their psychological stability through the concretization of their own voices in action. To activate the

group brain, everyone now speaks simultaneously saying “I am _____ strengths for change.”

One TAE is now the body double and will be with Suzie and the group throughout the drama, no matter what role she role reverses with at any time. The AL continues to look at what is happening with all group members and directs two more TAEs to be floating containing doubles for group members. These TAEs help group members stay in the present with a thinking and feeling balance, where defenses can be changed for the better. One TAE is available as needed to collect information from group members and take on any emerging roles that might have the power to re-traumatize the group.

Even though all prescriptive roles have been concretized, the protagonist is still being troubled by dissociation as we move to end stage 1 in the TSIRA. Thus, I decide to use concretization to enact the manager of defenses role. As above, the simultaneous protagonist model allows everyone to identify their defenses and begin to manage them in a new way.

Director: “Okay Susie. We can see how your dissociation is still taking you away from the here and now in your drama. Let’s playfully create a scene for your manager of defenses to grow. Talk with the prescriptive roles on stage to get some creative ideas for what this manager looks like.”

Suzie: (After spontaneous interaction in the TSIRA.) “I see it needs a strong container to keep these defenses from interrupting me in this drama. How about we build a tight jail scene for it to work. It’s all new and shiny, and there is a digital and ocular touchpad as a lock.

(The team and group members push chairs together on four sides, one with an opening that can serve as the locked door. Someone adds a cell phone as the digital padlock.)

Director: “Great. Now we have a strong jail cell to deposit your defenses and those of the group. But first we need to describe what the jailer looks like. Can you describe what this manager looks like? What is the manager dressed in? Pick someone to be the jailer.”

Suzie: “I pick Jafee to be the jailer. She is a strong, powerful woman that doesn’t take any bullshit. She is dressed in a long flowing black cape and has many weapons on her body that can be used if needed.” (Starts to dress Jafee as a protector using a black scarf as a cape. She ties different scarves hanging down her belt to represent a gun, a stun gun, tear gas, and a knife.)

12.7 Director’s Soliloquy

It makes total sense to me that this woman who had been sold into sex trafficking from the time she was born would want a jail cell to hold disrupting elements in her life. In this case, these elements are the defenses of dissociation and multiple states of consciousness. The next step in creating this role is to have all group members name a defense they too want to put in the strong container of a jail cell. Everyone picks up one or more scarves to name their defense before the door opens and they can all put their defenses in. I am aware that with the many weapons the manager is given, I need to be careful to not turn that into yet another defense, that of identifying

with the perpetrator. The next step is to role reverse with the jailer and talk to the auxiliary (Jafee) in role reversal as the protagonist, so that the new role is infused with spontaneity and new creative choices. Her body double will go with her, while the protagonist cluster stands behind the auxiliary holding the protagonist role.

Director: "Now, let's role reverse with Jafee, the jailer who manages the defenses."

Suzie in Role Reversal as Jailer: (They swap scarves to indicate who is the protagonist role and who is in role reversal. Her body double goes with her to help provide the support to become spontaneous in the new role). "I am here as your protector. I can put away anything you are not ready to deal with yet, or anything in the way of staying present, where all trauma responses can change."

Director: "Please speak to yourself from this role that will manage and keep your defenses safely locked up for the drama, or until change can happen."

Suzie in Role Reversal as Jailer: (Starts pace back and forth in front of the physical jail that has been created out of chairs.) "I am here to protect you from blocked spontaneity and life in the present. You tell me what you want to put in this cell, and I will make sure it doesn't come sneaking out. See how strong I am. Look at all the tools I have in case I need to protect your boundaries."

Director: "Suzie, please look around at the enlarged self, standing there. Tell Susie (played by the chosen TAE) and the group how you can help."

Suzie in Role Reversal as Jailer/Manager of Defenses: "It's okay. I can open the door for you and the group to identify the defenses you want to change. Let's start there."

Director: "Role reverse back to your protagonist role and let's see if you can receive the message from your new manager of defenses. Jafee, please go ahead and take the role and respond from an authentic place inside you to help foster spontaneity and new creative actions."

Jafee as Manager of Defenses: "I know we can do this together. We can all identify defenses that we want to change from survival to healthy coping skills today. I will keep them contained so you can gently get to know them."

Suzie as Protagonist: "Yes, I am ready to give it a try, though I'm still a bit scared. Let's all gather our defenses and be ready to lock them up when my jailers open the door. I don't want to do this alone. I need everyone to do it with me."

Director of the Group Brain: "Look at the defenses you are holding in your hands with scarves. Everyone call out, at the same time, what these defenses are."

(Group members speak spontaneously at the same time, trusting the immersive tele and interpersonal spontaneity to bring them all together. As the group brain talks, it is interesting to see what words stand out in the moment.)

Group Brain in Action: (The director and the TSM action healing team wanders around the group so that everyone's voice is heard. Some of the words that are called out as they move their scarves to are the following.) "Obsessions, I can't get the past out of my head. Suicidal thoughts I can't let go of. Denial anything even happened. I hate them, I hate them. I need my mommy." (This continues until everyone has been heard as part of the TSM simultaneous protagonist model.)

12.8 Director's Soliloquy

We have now taken the first step in developing the role of manager of defenses. The creation of a jail cell establishes a place for defenses to be contained. Role reversal with the jailer helps instruct the protagonist to become a conscious and clear role to guide what needs to happen when a defense intrudes in the drama. It is of note that Suzie could take on this new role with immediate access to her autonomous healing center. However, I question if doing so would be authentic or a repetition of learning new roles and then being unable to remember what was done.

The team and group brain are working together. The first step is for everyone to narratively label the defenses before we move into the action of putting them in the jail. We are making progress in beginning to ask how these defenses have helped, and honoring them, rather than just tossing them out, which of course would be impossible without containment. Remember that we believe that defenses serve the function of communicating the trauma story when it is safe enough to do so in the present (see Chap. 10). Let's move to the next scene where the jailer opens the doors and puts the named defenses in jail so that a dialogue can begin today. We will continue to keep the group brain alive throughout the rest of the drama, so it becomes a TSM psychodrama for all.

Jafee as Jailer: "Okay, let's open the door. When I open the door I want everyone, one at a time, to approach the door and throw the scarves inside as you name what defenses you need to understand for continued progress toward post-traumatic growth. Let's get them in the jail cell and then we can talk to them in the present. Okay, get ready I am opening the lock." (She peers at the cell phone, showing her retinal pattern for identification. Someone starts making a six digit "beep, beep, beep" as sound effects to help create the surplus reality of the door opening.)

Suzie as Protagonist: (Suzie goes to the door first as it opens. She is balling up her scarf and squeezing tightly, almost wringing her hands, which reveals her ambivalence about letting go.)

The Body Double: "I can take a deep breath and feel the four corners of my feet on the group." (BD takes three deeps breath.) "I know I am scared, and I still want to walk forward. This is my goal for today. I can connect with my breath and my body, and I can connect with my courage."

(At this point in the drama, three group members are holding the role of courage, showing how much the protagonist needs in order to stay present. One creates an eagle of courage, flying above and seeing it all. Another becomes an angel of courage that is well connected to the AHC. The third is a wise elder who has used courage throughout life.)

Director: "Alright, let's have everyone speak up from their strength and surround Susie's brain to feel the comfort of all voices speaking up at the same time. Remember, this is not a time for being polite. Speak up as one of the strengths to increase spontaneity and creativity for all, thus creating a group brain in action."

Group Brain in Action: (The three voices of courage start the chorus of support, and they are joined by others. These are some of the things we hear as everyone speaks from a place of courage to Suzie.) "I am your eagle. I keep an eye on things today. I can always see the big picture. I also bring the ability to target with great force anything in your head that doesn't

belong there anymore. I will just strike and pull them out, so you are safe. I see everything. I am your angel. I see courage to always keep moving forward. I will wrap you in my wings so that you know you are not alone. And I am the wise elder you will become. I come from the past and know all. No need to be scared."

Director: "Let's open our voices and hearts, and speak to ourselves from the role of courage. All at the same time to bring the group brain together."

12.9 Director's Soliloquy

Everyone now comes together as a chorus to increase the interpersonal spontaneity and immersive tele between group members. When all voices are speaking at the same time, sometimes even in different languages, this wonderfully activates everyone's AHC. The energy in the room has fully changed, and we are ready to move ahead to speak courageously to the defenses and determine how they have helped, as well as what new jobs the group members might give them.

Jafee: (Speaking up spontaneously.) "Yes, come on, you have the courage to trust me to put everyone's defenses in jail. Until they are proven innocent of the charges, they are bad and out to hurt. You can do it...everyone can do it together. There's always safety when you are not alone. Come on. It's okay. I'm here to help."

Suzie: (Responding spontaneously.) "Okay, I am ready. I will just hold my double's hand for a moment. When you are ready, open the door."

Director: "Role reverse and be the manager. Use your retinal pattern and thumb print to open the door when you think it's safe. Role reverse and speak to you scared self. Gather in the group." (Suzie leans in and touches the cell phone to put in touch code as a group member adds side effect of "beep, beep, beep.") "Suzie, please open the door and invite yourself and everyone in the group brain to name a defense and throw a scarf into the jail."

Suzie: "I am going to give you my dissociation to hold. It has been around long enough. I'd like a new protector."

Charmaine: (Jumping up and down and waving her scarf around.) "Yes, yes, yes, more dissociation. You stay in there 'til I am ready to deal with you."

Julia: "I am tired of people pleasing. I really want to let that go." (She does a bowing and scraping posture, and as she drops it in the jail of chairs, she turns around and looks fierce.) "I am NOT everyone's doormat. I am a good person deserving of love."

Lourdes: (Flinging the scarf over her head and throwing it in with vigor.) "I give you my flashbacks, body memories, and my terror."

12.10 Director's Soliloquy

We now have completed the initial steps of creating the manager of defenses role. We created a physical container to hold defenses, in this case a jail (alternatively, we

could have created a visual container). Then we created the description of the jailer. So, we have a place to put the defenses when they are named. First, the participants embody the roles by drawing on the spontaneity and authenticity of the chosen role before they role reverse. After the group responds to the auxiliary in the role of manager, I look to see if there is curiosity to make friends with the defenses through surplus reality.

Director of Group Brain: “Everyone has thrown a defense into jail. Let’s have a celebration dance just for a moment as a group, and notice how it feels to just have them contained for the moment. Dance from your AHC. Feel how you are free in your body. Hold hands, join with others.”

12.11 Director’s Soliloquy

Adding sound and movement allows the participants to further connect to their AHCs. In these nonverbal ways, everyone’s bodies and brains are connected to their hearts and souls. It is a way to renew the connection as we move to our final scene.

Director: “Ok, let’s take this energy to the future. Suzie, come back to the manager and your defenses. I’d like you to pick someone to play dissociation. Please choose one of the team members.”

Suzie: “I pick Carolina. Do you want me to role reverse and be the defense?”

Director: “No, I want you to role reverse into your new manager role and see if you can help the group touch their defenses with curiosity about why there are still hanging around when they are no longer needed. Please role reverse into the manager, and your body double will do the same to help add spontaneity and grow this new role. If your body double says something, then please repeat it out loud if it is right for you.”

Suzie: “Okay, I can see this jailer routine is not really the best way to get to know my defenses. I’d like to be more curious, but mostly I am just miserable that they keep disturbing me in the present.”

Body Double: “I am going to take a deep breath, breathing in all my courage, the courage of my eagle, my wise elder, and my angel. From the view of the manager, I can feel all the strengths that I am looking back at. I am no longer just that scared little child.”

Suzie as Manager of Defenses: (Sticks her hand through the opening in the jail. She touches the TAE playing dissociation.) “Here, let me introduce you to Dissociation. Suzie...Dissociation. Dissociation...Suzie. I hear we are supposed to become friends.”

Director: “That’s right manager. You need to help Suzie be in a state of spontaneity so she can form a new relationship with Dissociation. Maybe you could ask Dissociation to share how it has been a protector.”

TAE as Dissociation: “Come on, you know I have helped you. There is no way you would have survived if I hadn’t been there. Even now, sometimes it just feels so overwhelming, you invite me in without words.”

Director: "It seems Dissociation has been your friend, and you need to sort out a new relationship so it can take a rest and you can use better coping skills. Please role reverse with Dissociation and add anything you want to say to Dissociation or to Suzie."

Suzie as Dissociation: "I think you really need to thank me, as I've saved your life. Stop treating me like I am the problem. The problem is you need to use your strengths and help to not need me so much. I really am tired of trying to protect you every time you even begin to get triggered. Can't I have a new job? I'd like to be closer to you."

Director: "Great, now let's test out the new role. Suzie, you become your protagonist role. Jafee you go back to the manager role and let's see how everyone responds to the news that the defenses in the jail don't really deserve to be there, as they have been lifesavers. The rest of the group brain, speak from the strengths you are in, answer back all at the same time so we once again feel ourselves becoming connected and supported by each other."

Group Brain Voices Call Out: "It's okay. I hear you. You are trying to help. It may take a while for us to build a friendship. I hope I can trust you. I am willing to learn. I am still scared. I can say I am thankful."

Director: "Ah, here we go again, join as a whole and everyone feel the power of many voices talking simultaneously. You truly are not alone. Talk out loud, move your bodies, connect with each other as you develop these new roles together."

(Lots of energy is flowing and people move around the space, some hugging, a few running around, and one crying softly in release. The eagle flies. The director asks them to come together for a final picture and then settle.)

12.12 Director's Soliloquy

We have followed the TSIRA from the first role of the body double, followed by role reversal with prescriptive roles. If the prescriptive roles are not enough for individual and simultaneous protagonists, then we move on to a defense drama. You can notice here when we went forward to create the manager of defenses, and when we had to return to the strengths to maintain forward momentum. Each time, the group brain was brought in so every group member has an experience that is similar to that of the protagonist and feels connected to the whole.

The first step to making friends with defenses is to imagine and create a scene that includes a physical or psychological container to hold the defenses. Then pick someone to be the new role. Describe what the manager wears. Name the defenses and put them into the container. Pick a team member to play the defense. Role reverse with the manager and help bridge the gap of understanding between the well-resourced protagonist and the defenses. Then the group will be ready for sharing.

Director: "Okay, now it's time for sharing. Please stand up and shake off the roles you had in the drama. Keep the ones that are yours and let go of anything that lingers. Stand up, shake your body and use your breath to 'whoosh, whoosh, whoosh' anything you want to leave here. (The group does so.) Great, thanks. Now let's have some sharing for Suzie. How did this drama help you today?"

Julia: “I really didn’t know why I was so exhausted and shut down. Now I see it is because I am abandoning myself to please others all the time. I can change that...with help of course. It was great to play the role of inner friend. I will find one for myself.”

Rama: “While you created a jail, I created a monastery as my container. My guide was a monk and helped me put my defenses in a place of calm and a connection to the universe. The silence helps.”

Regina: “Well, I am not sure I like what my defense told me...that raging at the perpetrators only takes me away from healing. But I rage so I don’t have to feel pain. I will continue to build up my strength and start feeling my feelings in the present. It is hard to be angry all the time. I often feel sad, and I will begin to feel that, little by little.”

Director: “I too had to learn how to stay steady and not get triggered when I was working as a client. It was hard to stay in the present when so much internal chaos was going on from my own childhood experiences. I created this clinical action intervention of making friends and recognizing all my defenses as part of my own healing.”

Director: “Alright, thanks for being here with all our defenses, and for your creativity in creating a manager of defenses. Please put your hand on your heart to pledge confidentiality and say your name out loud. Let’s enjoy our homecooked meal and have a bit of a break before we come back this afternoon.”

12.13 Conclusion

This chapter demonstrated the manager of defenses action intervention module and how to build the manager of defenses in action through a full TSM drama focused on making friends with defenses and honoring their protective function. It is only here, where defenses are welcomed and seen for the protection they gave at the time of trauma, that the new role of manager of healthy functioning fully emerges. When defenses are contained, the group learns to use their spontaneity in new ways to create new responses to the defenses, so they can stay in the here and now during the next type of drama: a full trauma drama. While this type of drama is not always enacted in weekend workshops, it is a great intervention when working with people who are severely traumatized and still clutch to their survival defenses. We hope this chapter shows you a new clinical tool for directing trauma survivors safely with TSM psychodrama.

Chapter 13

Safe Enactment of Trauma Scenes with TSM Psychodrama



Abstract This chapter on the TSM brain in action brings us to the safe enactment of the TSM trauma triangle with simultaneous protagonists. We have already shared a prescriptive role drama and a defenses drama in this section. Now, we move into the depth of the TSM trauma work. This chapter presents a brief description of the overall view of TSM trauma dramas. After Scene 1 of the prescriptive roles, we are ready for direct trauma work. Follow the journey around the TSM trauma triangle that starts with the wounded child, adds appropriate authority, and only then moves to the perpetrator role. Learn the three-part role reversal with the victim and perpetrator roles so that the group brain is not overwhelmed and pushed out of the window of tolerance, which is needed to consciously change these roles into post-traumatic growth. The composite example that is shared represents Kate's work in China from 2004 to the present. This chapter follows the format of the previous chapters in this section: setting, sociometric protagonist choice, prescriptive role scene, and in this case, safe enactment of victim and perpetrator roles. Complete with the director's soliloquy, this chapter presents the inside workings of a TSM team with four assistant leaders, eight trained auxiliary egos, and Kate as the director and team leader, all of whom work with one interpreter. It shows the use of the TSM group brain and simultaneous protagonists in a group of 100 participants, that is representative of Kate's work in China.

Keywords Trauma · Trauma-informed care · Experiential therapy with trauma · TSM psychodrama · Classical psychodrama · The trauma survivor's internal role atom · TSIRA · TSM · Window of tolerance · Prescriptive roles · TSM trauma triangle · Victim · Perpetrator · Abandoning authority · Cross-cultural applications · Large groups

The trauma drama is the heart of TSM work. Though many clients and clinicians alike are eager to get to the "real work" and to have a "real experience," TSM resists the urge to move too quickly...or too slowly...toward trauma work. Too quick and the client, and group, can be re-traumatized. Too slowly and neither the client nor the group does any work. We have found that properly created moments of quiet can provide

as much healing as emotive scenes. The protagonist does not owe us a catharsis of abreaction. TSM realizes this statement is true. TSM knows that introverted and extroverted protagonists receive, process, and move through their dramas differently. Though one may happen, we as a team work toward a catharsis of integration, and these come in all shapes and sizes as post-traumatic growth emerges from the group brain.

A TSM trauma drama proceeds like the other two dramas mentioned: warm-up, sociometric choosing, a body double, strength roles, and defenses roles managed. Since hours are spent developing the prescriptive roles prior to the trauma drama in a TSM group or workshop, the main protagonist and group are usually able to move quickly and efficiently through these stages of the drama. The trauma drama scene is enacted with the purpose of fulfilling the goal agreed upon when the clinical contract was made. There is much to be aware of and many moving parts during a trauma drama. The team works fluidly to fill in all the spaces, and the container nurtures the group in exploration, expression, and transformation. The trauma drama generally ends with the protagonist having shifted some part of the trauma narrative. They rescued their wounded self, gained power over their internalized perpetrator, or helped their sleeping child to awaken. Through new experiencing, they found new meaning.

13.1 Setting

The example shared here comes from a composite of workshops I (Kate) conducted in China from 2004 to 2008 while I travelled around the country working at universities and private workshops. This was prior to when I became a Visiting Professor in 2008 at Hua Qiao University and worked with Dr. Zhao Binjie. It is set in 2008 at a private TSM workshop in Beijing, China. There are over 100 people in the group, all sitting around a huge square of chairs as we begin. Many are minimally trained in classical psychodrama, and some have psychological training. There are basically five types of people attending: (1) physicians, (2) psychologists, (3) social workers, (4) people in business, and (5) volunteers there for their own personal growth.

We start with a sound and movement introduction where everyone shares the meaning of their Chinese name. It was a beautiful scene in which so many positive qualities swirled around the stage through a sharing of names given in blessing. In action, people shared being a beautiful flower, a gentle wind, a warrior, and many others. As it came around to me, I introduced my name as coming from the Catholic tradition of naming girls after the Virgin Mary and a martyred saint, which was not so beautiful. So, they named me morning flower (Chen hui), as I have always woken up early, much to the dismay of my teams.

We used inspirational TSM animal cards to further the warm-up and sociometric connections in the group. They form three groups of people to create a moving sculpture or a short scene showing personal, interpersonal, or transpersonal strength. They start by sharing in groups of four why they picked their cards. Then we move

into building group strengths. A team member is assigned to help each group become spontaneous and creative within the time boundaries.

In my 18 years of working in China, I have always found that individual and group members are alive with creativity. The scenes they bring back to the group are steeped in culture, communal connection, and a sense of hope.

Group 1: This group is mostly made up of physicians, a few social workers, and two volunteers. The interpersonal scene they present is one of caring and comfort for someone in pain. One of the volunteers sits on several pillows, as if it were a bed. She sits with a black scarf covering her head and shoulders and rocks back and forth, moaning lightly. The group members all have brightly colored scarves that they come in and offer, flowing back out. One of the doctors offers a bright orange scarf of fire to get rid of depression. She takes it and holds it to her belly. The second volunteers offer a green scarf and says it is for the growth she has already made and more to come. She slips it around her shoulders. Each group member shares an interpersonal strength, and the person in the center slowly begins to stop rocking. She gradually gets up and starts moving to a rhythm that others join in, creating a dance of life.

Group 2: This group is a mix of people in business, social work, and all the psychologists, except one. They have chosen to share personal strengths. Their moving sculpture starts as two people, a man and a woman dance together calling out the strengths of courage and curiosity, which they demonstrate in action. Two more people join the dance as they come in and widen the space with hope and freedom. Three more add to the dance and share wisdom and discipline. They whirl around the room, throwing the scarfs to touch other group members, and soon the group dance quietly ends with everyone holding hands and giving a bow.

Group 3: This final group is made up of the rest of the social workers, people in business, four more volunteers, the last psychologists, and a physician. They too have elected to show interpersonal strengths. The people in business are leading the scene. They create a workstation where six group members are typing away on computers or phones. There is a man who is the "bad boss." He starts walking back and forth, yelling at the workers to stay disciplined and do their work. The workers show their fear. The boss keeps yelling. The workers put dark scarfs over their heads and computers or phones. Then, the psychologist and physician come in with two baskets of scarves. They invite each worker to select a scarf that will help them leave the fear and remain in the present. The first person says, "I need the strength to respond today as an adult not a little boy." The second takes "freedom to be myself with others." A fourth picks the bright blue sky to see things from above the human interaction. Number 14 finishes the scene by stating: "I accept being a leader to this group so that we can unite and speak up to the boss" and they all come together with a big handshake.

13.2 Director's Soliloquy

Scene one has already happened just through this simple warm up structure to increase personal, interpersonal, and transpersonal strengths. The immersive tele and interpersonal spontaneity is enlivening all the connections among people as they engage their bodies, hearts, and minds in the group presentations. Our simultaneous protagonist model is working as themes emerge with feelings ranging from despair to hope. We are ready to choose a protagonist to represent the whole group brain.

13.3 Protagonist Selection

I repeatedly say that people need to pick a protagonist based on the issue, not the person. At the same time, I know that many people will pick their friends no matter what. It is what it is. I do not try to change it more than to try and teach that the way sociometric choosing works to bring the whole group together is based on shared topic.

I lay a beautiful red shawl with embroidered flowers on the floor for people to stand on if they want to be protagonist. Five people immediately step up, and I can see others in warm-up, so I close the selection quickly.

Protagonist 1: (Volunteer, female). “I came here because I desperately need some help. My parents have disowned me because I divorced my husband because he was cheating on me. They disapproved and told me I should have stayed for the children’s sake. They are even opposed to me keeping custody of them. Now it is half and half, which I know is very lenient for mothers in China. Usually, the father keeps them no matter what. I keep hearing their critical, disappointed voices in my head. I want them to stop.”

Protagonist 2: (Psychologist, male). “I am tired of always having to do what my leader wants me to do. I know he doesn’t like me, and it’s very difficult to work under those conditions. No matter how good my work is, he just can’t see it. He’s starting to feel like my father. I dread going to work each day.”

Protagonist 3: (Volunteer, female). “I hate my mother-in-law. She insists we live in her house under her rules, and my husband is a good Chinese son and accepts her wishes. What he doesn’t see is how she sabotages our relationship all the time, no matter what I say to him. I feel like the maid, the outsider. It even feels like my children are her children. I know times are changing, but this traditional arrangement really does not work for me. I am angry and frustrated all the time.”

Protagonist 4: (Entrepreneur, female). “I understand that there is a clash between the old Chinese traditions and the freedom we all want to live our lives in new ways. I am confused myself. For me, it’s about starting my own company and my parents’ wishes that I would find a husband and not become a “remainder” who is seen as past the age of marriage. Honestly, I do not like the marriage system in China now. It is repressive. I’d rather run my own business and be a boss. I am smart. People want to invest with me. Yet, I am haunted by nightmares of my grandparents in the re-education camps and all they did to continue the bloodline of our family.”

Protagonist 5: (Physician, male). “I hear everyone talking about parents, grandparents, and tradition. What I don’t hear anyone talking about is the Cultural Revolution. I know we couldn’t even mention that word until a few years ago, but as a doctor I see the impact on myself and everyone around me. I love my parents and I understand how broken they are. Their lives as professors were totally turned around by their years in the camps. It was survival at its worst. There was no one you could trust. They passed those fears down to me. My life is on hold. Yes, I have a position with the fifth hospital in Beijing, but I have no ambition or joy in my work. I know it’s good work, but I can always feel the fear underneath.”

Director: “Thank you everyone. I hear many of the themes that we explore in other TSM workshops in China over the years, about the impact of intergenerational trauma on people as they live their lives today. You all have anchored it to the Cultural Revolution, parents, and grandparents, and how the same behaviors show up with bosses. Together, let’s see what the group brain is ready to witness.”

"For the people who have offered to be the group protagonist, please put your hand on your heart if you are still choosing yourself, or on the hand of someone else who has offered their story. If you don't choose yourself, no matter how many people pick you, you will not be the protagonist and all the other hands will go to the person you choose. Everyone else, when you know who you are choosing, put your hands on your heart. That way we don't rush the people who are waiting to be chosen."

(Twenty-six people quickly put their hands on Protagonist 5, who is struggling to move beyond the impact of the Cultural Revolution and how intergenerational trauma is holding him back. Twenty-two people surround Protagonist 4, who has put her hand on the shoulder of Protagonist 5. You can feel the electricity of the group beginning to flow with connection and their own act hungers. Twenty people choose Protagonist 3, who has expressed a common theme of women who are married and living with their in-laws in a traditional way. Eighteen people are putting their hands on the shoulder of Protagonist 1, who seems to be holding some of the group feelings about being lost and not knowing what to do. Fourteen people show support for Protagonist 2, who is man expressing the feelings of powerlessness I have heard from others over the years.)

Director: "Ok, we will work with Dr. Zhang as the protagonist. It is clear that almost half the group has chosen him because Ruby, who wants to work on sorting out the past to build her own business and her own identity, has also chosen Dr. Zhang. Please stay with the person you chose and sit down on the floor and share with your chosen protagonist. Ruby, please hear why people picked you and then bring everyone over to Dr. Zhang's group. We only have 20 minutes, so please keep your sharing short so that everyone can share at least one statement." (One or two team members supports each group and helps keep the time structure so everyone can have a chance to speak.)

13.4 Director's Soliloquy

I am, at first, very surprised that the group seems willing to take on the ultimate authority role from the Cultural Revolution. I have been teaching in China for four years at that point, and I have been told to *never* mention Tiananmen Square because I would never be invited back. They said people are now starting to talk about the impact of the Cultural Revolution, but it takes courage, and the person has to have some power behind them. So, I see why the male doctor and the female entrepreneur have received the most votes, thus also reinforcing the theme of transgenerational trauma stemming from the Cultural Revolution. I know I will have to be very careful in the line I walk as a Western director, not used to working with off limits topics. I know the workshop is videotaped and thus I must walk with an additional element of care to help the group work with this sensitive topic. I will treat it gently, as an internalized dialogue with self rather than an external expression toward the Chinese government back then.

I notice that the volunteer who was clearly full of emotions about needing critical voices in her head to stop was well chosen, and yet possibly not chosen because of that. She is full of emotion and a need for care, while the others are professionals who came to learn about the therapeutic spiral model and have time for their own healing. Finally, the man who displays despair, giving up, and powerlessness is chosen. His energy is so depleted that it makes sense to me that he did not connect as well with

others. When you step back and look at the group brain, you can see how the last two stories are personal impacts that build from the energy going toward dealing with the Cultural Revolution and how it still affects people's lives.

We have a team in training of 12 for this size group and could of course always use more. There are four assistant leaders, each assigned to a quadrant of the group as we start out. The eight TAEs follow them to get information, provide doubling, or support a warm-up to help them come into the drama spontaneously. All team members are university faculty throughout China who have come together to continue their journey in learning TSM psychodrama by being on my team. We are ready to get a clinical contract, a body double, some strong strengths, and begin the trauma drama focused on intergenerational patterns of fear holding people back today.

13.5 Clinical Contract

Director: "Dr. Zhang, I thank you for working for yourself and for the group today. Let's walk and talk around the circle of safety and get a contract for what you want to succeed at today in your TSM trauma drama to break transgenerational patters of fear passed on from the Cultural Revolution. We have two hours for the drama and then sharing from the group."

Dr. Zhang: "Thank you. I am honored...and a bit scared too. I know it used to be dangerous to even mention the Cultural Revolution, although more and more of us could see its harm. I am not mad about the decisions the government made. I simply want to stop the influence of fear, secrecy, and threats of harm. I am a good doctor. I keep up with all that is new, and I know since psychology started to be taught in 2004 after the Nanjing Conference on Mental Health, we have learned a lot about how the past influences the present. It is the present I want to stop."

Director: "That is good. We know that all we can change is our internal dialogue. Put boundaries to the past voices and build up our own authentic voice today. We do not want to confront the societal image of the Cultural Revolution, but one's internalization of the messages passed on by parents and grandparents. Can you imagine a scene where you'd like to be in two hours?"

Dr. Zhang: "I can imagine a scene where I have broken the thread of fear and lack of trust I was taught by my parents and grandparents. I'd like to imagine me feeling safe and ok, no matter what is happening around me. I want to know my own voice."

Director: "I think we can make progress in that, and we can help the whole group find their own spontaneous and authentic voices today as we all seek to create new dreams together. Dreams that carry the forward momentum of this time of psychological progress in China. Let's get some strengths and see where we go. Please pick a body double from the team."

13.6 Prescriptive Role Scene

Dr. Zhang: "I would like to ask Nanyan to be my body double. Is this okay?"

Director: "Nanyan, please step into the circle of safety we created yesterday and join Dr. Zhang in this journey. Walk around the stage together a couple of times to make your connection and get in sync. Remember to use your own spontaneity and creativity to help guide him to a positive change inside."

Body Double: "I am feeling my feet on the floor as I walk into my future. I can take deep breaths as I walk and open my heart and my mind to new creative solutions to my old fears. I can do this."

Dr. Zhang: "Yes, I do believe I am strong enough to do this. To face my fears and give them back to the past so I can have my honest voice today. I want to create good in the world."

Director: "Great, so our next step, now that you are connected to your body double, is to invite the strengths you need to consciously confront the influence of the past on who you are today. I think because the group is so warmed up it will be easy to create our protagonist cluster of prescriptive roles. Pick three strengths you need and see if one of them can be a quality you already possess or would like to have, one that is an interpersonal skill you need, like trust or communication, and one that is from the ancient teachings from someone like Confucius, the Tao, or anything that you feel is an inspiration and that is larger than yourself. As you pick the main auxiliary you want for each type of strength, we will also invite people who need that strength to join and share their voices as part of being simultaneous protagonists."

Dr. Zhang: "I pick Chao because his name represents victory. That is my desired outcome. A personal experience of victory today. I want to invite Dr. Chen to walk beside me and explore how to find trust again after decades of fear. I want Shulan to play a Confucian elder to provide wisdom and enlightenment for me."

Director: "Each person picked, come up for a role reversal with the protagonist. After we complete the first role reversal with each strength, we invite group members to spontaneously jump to double the strength as you need it or add new ones of their own to face trauma. It is there for the whole group." (See Chap. 9 on the use of clinically modified role reversals.)

13.7 Director's Soliloquy

We have a strong and well-resourced protagonist as the prescriptive roles emerge from him and the group. He accepts his body double easily and experiences the strengths of being victorious, trusting again, and having the wise elder guide him today. Group members are already stepping onto the stage and connecting with these strengths through touch, movement, and spontaneous dialogue. The team lets that happen to build spontaneity through immersive tele that flows and connects people to each other in a positive way. I am curious what role he will have for Ruby, who chose him to be protagonist since he did not pick her for a strength. Creativity is beginning to surge. We are safely ready to go to the TSM trauma triangle and see what growth we can reach as we directly address parts of self that carry the fear and the holding back. Let us move onto Stage 2 in TSM psychodrama: safely enacting the trauma roles with the TSM three-part role reversal as needed for containment.

13.8 Safe Role Reversal with the Victim Role

When we begin working on the three roles of the TSM trauma triangle, we always begin with the victim role so that it can be accurately seen as a wounded child role. The volunteer who offered to be protagonist starts to regress, along with several other people who are now clustered together. We assign a team member as a body double for her and this small group to stabilize. Several good enough mothers and a good enough fathers respond to the call of pain and the need for comfort. She and others in the wounded child cluster begin to feel the support and are able to stay consciously present with their feelings, rather than get lost in them and go down the trauma spiral.

As the second scene, the trauma scene, opens the stage is filled with almost three fourths of the group brain to be in action with simultaneous protagonists. The protagonist asked for the strengths of victory, trust, and the power of a wise elder, which have been added to and expanded as everyone activates their own chosen strengths and steps into the drama for themselves and the protagonist. As you heard, seven good enough mothers and a good enough father have spontaneously responded to the cluster that is holding the wounded child role. There is a second cluster of people that are warming up to anger and an assistant leader and a TAE are working this as a subscene to be integrated after the work with the wounded child. There is a lot of energy floating around the room, and you can see projective identifications with the feelings of the protagonist and group passing from one person to another around the large stage area we have marked with the circle of safety.

Director: (To the group.) “Hold. Dr. Zhang, look around the stage. Listen to your body double and your strengths as you do so.” (Takes a moment to activate anyone in the prescriptive role cluster to speak up simultaneously to increase the positive roles for everyone to hear.) “Now, where do you see you need to go for the next step in your trauma repair? There are wounded parts of you being comforted, there are others that are getting angry as we all work as a group brain. Other seem to be caught in dissociation or other defenses. You can see each cluster has an assistant leader and at least one auxiliary. Where are you drawn?”

Dr. Zhang: “I am pulled to my anger, but I am also so scared of it, because you know this is all scary to talk about even though China has changed a lot since the years of Chairman Mao.”

Director: “Yes, we will get to the anger, but first I think we work with your fear. The best place to start is with your wounded child. As you can see, the wounded parts are crying on the floor with comforters nearby. That part holds the most fear and needs to be connected to you as an adult so you can utilize your anger in a good way. Pick a team member to play this role of victim emerging to wounded child, so you can speak to all from your autonomous healing center.”

Dr. Zhang: “I pick teacher Fei. He and I have talked about our feelings privately, and I think he understands me.”

Director: “Alright, Mr. Fei, please sit in the middle of this cluster, gently begin to pick up the feelings here, speak to your adult self, and see if he will rescue you.”

Director: “This is the first role we deal with in the TSM trauma triangle. If we are going to get to your final scene where you feel safe to express your own voice, then we need to start

here and rescue this wounded part before we can move onto the anger.” (See Chapter 9 for safe enactment of trauma roles in TSM.)

13.9 Director's Soliloquy

As we often see, the protagonist is pulled to anger; anger at self, anger at others, and anger, in this case, with institutions. Here is a Chinese transgenerational trauma where most everyone feels lingering effects. They may not have personally experienced the re-education camps and secrecy of the Mao years where people were punished, and even killed, for small, arbitrary transgressions, but their parents and grandparents did. This is a delicate situation. We do not want to increase rage about the past, so we first need him to see his wounded self and direct the scene there. He has given me the opening when he said he was scared of his anger. I quickly directed him toward the spontaneous cluster of people sharing pain and receiving comfort. I tell him the TSM rule that you need to rescue yourself before we move onto the anger. As you see, we ask a group member to play the victim role because he knows the stages of role taking, role playing, and role creation to support the transformation from wounded child to rescued child—an internal rescue. Let us see what happens next. Note that we do clinically modified role reversal into this victim role as a three-step process to maintain a safe window of tolerance. Trained auxiliary egos and group members alike are asked to trust their own spontaneous production in role rather than having it scripted. This is the essence of emergent psychodrama. TSM trusts that immersive tele and interpersonal spontaneity allows what emerges between human beings to be authentic and surprisingly accurate.

Director: “Mr. Fei, please begin the role of the wounded child as you are picking up projections from Dr. Zhang and let’s see how he responds to you. He has a whole cadre of strengths to back him up this time as he sees his own pain. Pain that is represented in no less than eight other bodies. This is a communal and cultural trauma as we can see.”

Mr. Fei as Wounded Child: (Speaking spontaneously.) “I am scared. I don’t want to be seen. I am scared I will get hurt if I speak up. I just want to hide.”

Dr. Zhang: (With his large prescriptive role cluster adding their voices as they feel called to voice and action.) “Hey, who are you? I don’t even know you. Are you sure you are my wounded child? I don’t like to feel pain.”

Mr. Fei as Wounded Child: “Oh, YOU can’t even see me. I don’t want to be THAT invisible. I carry your pain and the pain of generations. I don’t want you to feel it so much as I want you to get me out of it. I am stuck. I am your little boy. Remember I got scared when there was so much chaos in the house? I have been hiding ever since and just gathering up more pain. I feel like I am going to burst.”

Dr. Zhang: “I don’t like to think of those things. Whenever I remember the rage in the house or the frozen emotions, I just want to scream. I know now, from my studies as a doctor, that this is transgenerational trauma. My grandparents lost everything during the Mao years. They were scholars and made to work as peasants. They separated them. My mother was a lost child. I see how she repeated that role with my father and it incensed him when he

wanted a functioning wife. I was born soon after the camps were ended and my parents were reunited.”

Wounded Child: “Ok enough. I am glad you are smart and can see what is happening. What you don’t see is that I am stuck in the middle of this pile of crying people, people who hold the pain for us all just like I do. Do you really want to leave me here? I won’t hurt you. I just want you to comfort me. I am scared.” (He has now moved into role playing and is putting a demand on the protagonist for self-rescue.)

Director: “Let’s hear from all the wounded children in this cluster at the same time, just for a moment, so Dr. Zhang can hear the wails inside of himself and respond.”

Wounded Child Cluster: (From the eight people in the wounded child role, these are some things that are called out.) “I am scared. Don’t talk about this. We will get into trouble.” (A woman held by the good enough father screams out loud and everyone becomes still around the room.) “I can’t stand this anymore. Please get me out of this pain NOW!!!”

Director: “You can see yourself screaming there—that is also inside your little boy in this cluster... Please go forward and pull him out of the pain pile using your strengths. Strengths, doubles, all around the room, call out to connect with your own inner pain.”

Dr. Zhang: (In a hesitant voice at first.) “Okay, okay, I don’t want you to keep carrying all this pain. Come on, come on, I am going to come and sit beside you on the floor with all my helpers. See how big I am now?” (Prescriptive roles continue to call out from around the room with words of encouragement, urgency, and love.) “Okay, I am ready. Let’s go.”

Wounded Child Cluster: (Led by Mr. Fei’s voice.) “Please, please see me. Please get me out of here. I am only little. I can’t carry the pain of all my ancestors, my country, my culture anymore. It is too much! I am just a little child hiding in the dark all alone.”

Dr. Zhang: (Moves with his prescriptive role cluster toward Mr. Fei playing his little boy and the other people who started in this cluster, which has now spontaneously expanded as 10 people from the defenses cluster have joined with tears of their own.) “Let’s sit down. Come hold my hand. I am not alone now. Look at how big I am.”

Body Double: “I can reach out and gently bring him to my heart. I don’t have to be scared I am not alone anymore. I can take three deep breaths and reach in and pull him to me in a hug. I can do this. I am big now.”

Dr. Zhang: “Come here, jump into my lap. I won’t fall over. I have all my strengths to catch you.”

Mr. Fei as Wounded Child: (Throws himself and lands heavily in the lap of Mr. Zhang. He is almost knocked over, but two good enough parents have spontaneously added themselves to his prescriptive role cluster and they catch his back, so he doesn’t topple over.) “Thank you, thank you. I knew you would come back for me. You’ve been so angry at the world that you haven’t been paying attention to me. Can we get even further away from this pain?”

Dr. Zhang: (With the help of his auxiliaries and the good enough parents, all the wounded children stand up.) “I am here to support you now. I didn’t know that you were beneath my rage. Come on, let’s walk to the center of the stage. You were almost out of my brain here at the edge of the circle of safety. Come on everyone...let’s go to the center of our lives.”

13.10 Director's Soliloquy

You can easily see how the TSM emergent psychodrama continues to move spontaneously, guided not only by the director but by all the assistant leaders and trained auxiliaries as we worked with the group of 100 to look at their wounded child role. We saw at first how the group brain was split into prescriptive roles around the protagonist. And then three other clusters that were projective identifications the group picked up on. A wounded child cluster, an angry, possibly perpetrator cluster, and a cluster of people struggling with defenses as they abandon themselves in the here and now. As we go back to the scene one more time for the last step in role reversing with the victim role as a wounded child, the scene has changed dramatically. With the support of the team, people trusted their spontaneity and found they were able to speak from their authentic self, connected to the autonomous healing center.

We now see that the wounded child cluster has been brought to the center of the stage with the positive roles that have emerged. The wounded child cluster grew more than double in size and was responded to by more good enough parents coming in to help. The anger has quieted as they too see the pain they carry, not just the rageful response. The last 10 people held by the manager of defenses in a nice safe cave are peeking their heads out of the cave that was made by chairs and scarves as a subscene directed by an assistant leader. We are now ready for the protagonist to role reverse with his wounded child. Because he demonstrated he can rescue himself from the wounded child role, we now assess he can take that role without being triggered into more regression and dissociated feelings. Let us see this final step in working with the victim role safely.

In a TSM drama, we rarely work directly on more than one of the TSM trauma triangle roles in a drama. However, using spontaneity and creativity from the whole group you can see these role clusters shifting in action. The defenses cluster is seen as the internalized abandoning authority, as people flee from this experience of reclaiming the wounded child inside themselves. The anger has the potential to become an internalized identification with the aggressor and turn rage onto self or to burst out explosively in the drama. The scene of reunion between the wounded child role and his adult self continues for at least five minutes, and maybe more, as people are in groups or pairs where there are post-traumatic roles to soothe the pain. I do not have to direct anything. I stand and witness the miracle of healing that is occurring right before my eyes.

Director: (Steps gently toward the healing scene that is happening.) "Ah it is so good to see you and others rescuing yourselves. Take a moment with your body double to really feel the love in your heart you are bringing to your wounded child."

Body Double: "I can take three deep, slow breaths and deeply experience the miracle of this moment of us all coming together in a moment of true connection and change."

Director: "Dr. Zhang, we have one last step to this self-rescue. If you would like, you can now go back to the scene at the corner of your brain, at the edge of the scarves, and experience the rescue you just showed you could do. It's safe now. We saw you in your adult protagonist role successfully take your wounded child out of the pain. We know that this can happen

again. Your body double will accompany you and you will see Mr. Fei as your adult self, the big adult self with all of the prescriptive roles. You can see you are big now. At least 55 people are on stage to show you their connection and support.”

Dr. Zhang: “Yes, I am ready to do that. I know I can trust myself to rescue me now. They have already helped me do it once, now I am sure they will help Mr. Fei to rescue me if he falters.”

Director: “Please, everyone go back to the original scene of self-discovery. Let’s move to the space at the physical edge of our group brain, right near those darker colored scarves. Set up the scene as it was before, carrying the healing you have already received back to this scene and changing it for yourselves as well. Dr. Zhang, sit down with your body double beside you and let’s take a moment for people to share the pain all around you so you can feel the heaviness this part of you has been carrying. The weight of a cultural trauma that is still touching you today. Action please.”

Wounded Child Cluster: (They call out their pain this time and spontaneously add statements.) “Come get me. I know you will now. I don’t want to wait anymore. You know how to get me out of here so do it. I am tired of living in this pain. I am not invisible.”

Dr. Zhang as Wounded Child: (Starts to weep quietly, and then it turns into a true wailing as he is held by his protagonist role along with the body double. In between the release of feelings, he is still able to put some words to what he is experiencing in the here and now.) “Ouch. I hurt so much. This is too much to bear.” (Another wail rings out.)

Body Double: “I am ready to get out of here to release this pain to the wise elder that has been standing here all along. I can get up and shake it off as my adult comes to me. I can connect with my big self today.”

Mr. Fei as Adult Protagonist: “Yes, come to me quickly. You have already spent too long in this pain. You are not the hero. You are just a little boy. Come on, run with me, out of the pile.” (They start running away from the pile of pain with their strengths joining in the chair. All the wounded children and good enough parents join in a joyful dance that spirals around the circle and collects more people as it grows spontaneously. All the people held safely by the manager of defenses are enlivened and connecting and running together as a long dragon’s body emerges with new spontaneity and creativity for change.)

Director: (After letting this scene expand until it is filled with post-traumatic growth energy. Gently, but loudly.) “Hold.” (The scene quiets with laughter shared and intimacy established through bodily connection and joyful hearts.) “Dr. Zheng, as your wounded child who has just emerged into the natural authentic sleeping-awakening child, surrounded by all these wise elders, victory, curiosity and many new strengths add, what is the final thing you want to say to your adult self?”

Dr. Zhang: (Breathing heavily and smiling broadly.) “I say thank you. Thank you for seeing me. I don’t want to be invisible anymore. I want to be as alive as I feel right in this moment with me wherever I go.”

Mr. Fei as Adult Protagonist: (Spontaneously responds.) “Ah little Zhang. We are going to have a great new life now that I have you with me. We will use our power to fight for ourselves and for others, but not by hiding from the pain. We will use it to take back control of our lives. Come, let’s keep playing dragon fire!”

Director: “Role reverse back to your full self now. And respond to your little Zhang.”

Dr. Zhang: "Yes, let's go. I love the dragon we created with the group. Shall we play a bit more?" (More dragon energy happens and movement begins again.)

Director: "Well dragon, I see that there is still a small group of men standing together looking like they are dragon slayers. Shall we run away or go toward them?"

Dr. Zhang as Head of the Dragon: (Roars like a dragon and many follow his lead. It does look like a fiery dragon spread from one end of the circle to the other through the beautiful colors of the scarves.) "I am a peaceful dragon. I come in peace. I do not want to hurt you. I do not want you to hurt us. Roar!"

Director: "Dragon slayers—what do you say back?"

Dragon Slayers Cluster: "It is our job to kill you. We were ordered to kill you. We don't care if you are peaceful or not. We must kill you."

Director: "Let's hear from all the voices of the dragon. Everyone, speak up from whatever role you feel in now. Let's hear you voice the role of appropriate authority."

Victory Shouts: "We have already won. Can't you see how many more of us there are than you?"

Wise Elder: (In a booming voice.) "There are times for war. There are times for peace. Today, we are at peace. Come join us."

Good Enough Parents: "There is room for everyone. We could use some protection. Could you march beside us?"

Dragon Slayers Cluster: (Speaking to each other, we overhear.) "He is too big for the eight of us. We are outnumbered. I am tired of this stupid job anyway. Always killing dragons. But I don't know what's wrong with dragons. Maybe they are all peaceful until we try to kill them? What do you think? Want to try something new?" (A solitary voice disagrees.) "I have always been a dragon slayer. I could never become friends with a dragon and help protect him. I mean, he can damage all of us in an instant. I just can't trust. This is my only job in my life, to kill dragons. I don't know anything else to do."

Director: "It seems all but one of the dragon slayers would like to join you in a march. Let's set up this march of humans and dragons and we will let the one lone dragon slayer hold his mission to kill while we embrace our new strong protectors."

13.11 Director's Soliloquy

The scene spontaneously forms as the dragon body begins to move again, undulating across the space with sound effects of dragons snorting rather than sending fire into the air. Ruby becomes the dragon's wings, ready to fly and to take the new helpers on her back. She reaches down and offers her back to the new appropriate authorities who have joined the dragon. They fly around the room and a Chinese song (I no longer remember the name) breaks out. I do remember the feeling I had. The dragon started singing, 100 plus voices singing a national song together that speaks of power and hope. Post-traumatic growth emerges as we are living it in the present. The group brain is alive and connected to our own and other's autonomous healing

centers. Tears run down my face as well as I witness this coming together of 100 simultaneous protagonists and our team as an outsider. While accepted in my role as Western teacher, I will always be seen as a foreigner. I am deeply touched.

Director: “Take one more fly around the circle of safety and let’s come back for some sharing. Please go back to your original choice for protagonist and sit and share in those groups what you got out of the drama today. Elect a spokesperson to share to the large group the essence of the small group sharing please. From wounded child to dragon fire!”

(The team helps everyone get into their original groups. An assistant leader and at least one auxiliary is in each of the four other groups to help keep time and sharing on target. The Director sits with the protagonist, the interpreter, and all the people that picked Dr. Zhang to begin sharing. There are over 20 people in this original group so the Director asks them to break into pairs to share. She asks Dr. Zhang to pick group members come close and share one-on-one. Dr. Zhang chooses Ruby, Mr. Fei, and his colleague Dr. Chen to come share.)

Ruby: “The first part of the drama when the scream happened, I was caught in my own inner pain. An assistant leader took me over to the pain and I was surprised when a good enough father came to help me. He was quiet and patient and listened to me tell him my dreams of having my own business and being my own voice. And then, as we moved around as the dragon, all of a sudden I got the images of growing wings and flying, and I spoke and acted it out. I was not scared. Thank you.”

Mr. Fei: “Thank you for asking me to play your wounded child. My own inner wounds from growing up with grandparents who had been directly affected by the Cultural Revolution are about being lost, not seen, so I got some goodness for my inner child too. That’s the benefit of being on the team. We get to grow alongside you. Thank you.”

Dr. Chen: “When I started out, I had no idea what to do. I have never done TSM psychodrama before. It was all a bit intimidating at the time. I wasn’t sure I could trust myself to be authentic and speak from myself, as I too was told be quiet. ‘Do your homework. Become a doctor.’ I love my work, but sometimes, I just want to be a playful child, so when the action turned to the metaphor of the dragon, I was all aboard. It felt like the most alive experience in my life. We can continue to grow that sense in our friendship. Thank you.”

Director: “Everyone please finish up sharing and come back to the group with a very short summary of the essence of your changes. As people finish in their clusters, let’s hear one word from everyone here that initially chose you.” (Some of the words shared are “Peace, calm, power, fun, tired, enriched, touched, golden dragon.”)

The themes the small groups bring back are:

- “We related so much to the fear of being seen. But when we were a dragon; that was a powerful experience! We felt our true selves having fun and just enjoying life. What an experience! We will all take the dragon energy with us into our future. Thank you.”
- “Our group actually had many people that were in the angry cluster, and we had a hard time not just bursting out in rage. Rage at you, rage at our parents, our grandparents, and even the Cultural Revolution. Thank goodness for the assistant leaders’ support to stay within boundaries until we were needed. We created the dragon slayer group and the assistant leader helped us start to play with this energy. I could feel that I was part of the Cultural Revolution that did kill people, and at

the same time it felt safe in the metaphor. I was glad most of us got a ride with the dragon. Thank you.”

- “It’s interesting to hear others. Because many in our group spent at least half the drama inside the safe cave the manager of defenses made for us. The person who played the cave protector was good and kept telling us we could let go of fear, dissociation, and denial inside of the cave because nothing else was getting in there. The assistant leader directed us inside the cave ‘til we could peek out with curiosity. Some of us naturally connected to strengths. Some of us were scared, but in the end we all joined the flying dragon.”
- “Since our group was mostly new to TSM psychodrama, it was all a bit scary at times. But we saw the thread always bringing us forward out of the pain and into post-traumatic growth. You have made a believer out of us! See you next workshop.”
- “As the final group sharing, we want to say thank you to Dr. Zhang. You brought up things we are all feeling and were courageous enough to voice them for everyone here. We learned a lot about how to speak up through being a peaceful dragon. Thank you for teaching us about power.”

13.12 Director's Final Soliloquy

As you have seen, during the final stage of role reversing fully with the wounded child, experiencing self-rescue was the goal. This is a true example of simultaneous protagonists working together with our TSM team to move from prescriptive roles through the recognition and acceptance of the wounded child roles. You saw the three-part structure of safe role reversal that is completed when the protagonist role reverses fully into the wounded child to consciously experience dissociated feelings in the safety of his adult self and body double. You can see how the body double is instrumental in helping the protagonist to keep moving up the therapeutic spiral to create new roles of post-traumatic growth.

It was interesting to see how the energy of the dragon formed spontaneously. Thanks to the assistant leaders who were working the defenses and anger clusters to keep them contained until there was the time to introduce them. This assistant leader was the one who created the image of them as dragon slayers. You can easily see the playful overlap between a peaceful dragon and the killing dragon slayers, who, like people during the Cultural Revolution, killed because they were ordered to do so, rarely understanding the reason. It was a way to speak up to the past and to gain even more power back, as all but one of them joined the scene of post-traumatic growth as they flew around the room. Yet, it was a safe way, whether for the group or for the watchers of the videotape. We did not attack the Chinese past. We made it into a powerful metaphor that allowed Dr. Zhang to find his new voice in a role. We ended in a place of high spontaneity and low anxiety, perfect for change.

13.13 Working with Interpreters

During all dramas shared in this book that have required interpreters, this was one of the most powerful. How does one person direct 100 people in a different language? I wrote it as I experienced it as director and team leader, without pause for interpretation that slowed down the process. I experience the flow and always know what is going on even in a group of 100, because of the interpreters who do simultaneous translation. I am often amazed how they seem to flow in sync with where I am looking when directing a large group and provide interpretation for roles they see emerge. I always say my work in others countries is only as good as my interpreters, and that is the truth.

I have been blessed to work with three amazing simultaneous interpreters over my years in Taiwan and mainland China. Wei Hei Chen, Ph.D., has accompanied me for over a decade in Taiwan. We got into such a rhythm, she would sometimes go off and direct part of the scene herself since she was also a psychodramatist, and I would fully trust her to do so. In mainland China I was delighted to work with Liyun Zhang, who was my interpreter during my sabbatical and for the next five years. Rebecca Ding became her replacement and continued the excellent level of simultaneous interpretation that I have become used to today. Rebecca and I have continued to work online with Hua Qiao University through these two years of Covid-19, continuing the expansion of the simultaneous aspect being written into chat. It is an expansive experience to work, not only in other countries, but in their own language. I feel privileged to have help from such a wonderful woman.

13.14 Conclusion

This chapter brings alive the use of the core TSM concepts we have spoken about throughout the book. You can see here how we worked with a group of 100, in another language, using simultaneous protagonists, immersive tele, and interpersonal spontaneity. Projective identifications became uniting in clusters that were smaller than that of the protagonist. They were enacted and then embraced by the selected protagonist for a rich TSM trauma drama of working with the victim role. The use of a trained team of assistant leaders and trained auxiliaries shone in this description of how we worked together as a team to contain explosive rage, while comforting the wounded child inside of everyone. When the spontaneity and creativity were fully there, the protagonist, group, and group brain flowed freely across the lines of interpersonal spontaneity to create a metaphor of a peaceful dragon and win over the dragon slayers. I am sure you continually saw how I used the trauma survivors' internal role atom to guide the progression up the therapeutic spiral as we prevented triggering people to go down the trauma spiral. We ended in playful joy and power as the metaphor of the peaceful dragon emerged spontaneously through group interaction.

In the next chapter, Steven shares his experiences directing a drama of post-traumatic growth. We hope that all together, the four TSM dramas in Section Four show you how we do see the group as a brain in action and use the model of emergent psychodrama and simultaneous protagonists to create the spontaneity that always leads to new creative solutions.

Chapter 14

TSM Post-traumatic Growth/Completion Dramas: The Sleeping-Awakening Child and the Appropriate Authority



Abstract In Stage 3 of the therapeutic spiral model's trauma-informed clinical approach to psychodrama, we focus on post-traumatic growth (PTG) (Calhoun and Tesheschi, *Handbook of posttraumatic growth: Research and practice*. Lawrence Erlbaum Associates Publishers, Mahwah, NJ, 2014). The purpose of PTG dramas is to celebrate participants facing their trauma, activate their autonomous healing center, and create new self-organization. This results in increased spontaneity and the development of autonomy, integration, and connection roles. Following the trauma survivors' internal role atom described in Hudgins (*Experiential treatment of PTSD: The therapeutic spiral model*. Springer Publishing Company, 2002), this chapter gives special emphasis on the roles of the sleeping-awakening child and the appropriate authority. In recent years, it has been acknowledged in longer workshops that many participants are left with "act hunger," an intense desire to do psychodrama work. It has been found that some of the act hunger can be discharged through a short-form format called completion dramas. In this chapter, the prompt, setup, and time-structure of these dramas are presented as an alternative to the regular TSM format for psychodramas. These short-form dramas run 10 min long, which allows everyone in a small group or a selected number of people in a large group to be the main protagonist, discharging their act hunger and allowing for the group members to engage in a variety of new or expanded roles. A lot can be done in a short time, and all the richness that makes TSM powerful is evidenced in the multi-layered, simultaneous protagonist, and immersive tele environment created by PTG/completion dramas.

Keywords Experiential trauma therapy · Experiential group psychotherapy · Classical psychodrama · TSM psychodrama · The therapeutic spiral model · TSM · Sociometry · Clinical maps for trauma · Post-traumatic growth · Sleeping-awakening child role · Appropriate authority · China · Chinese mental health · Chinese psychodrama

Post-traumatic growth dramas used to be referred to as transformation dramas (Hudgins, 2002) and they have helped the protagonist take their work forward into the

world. Now that the protagonist has engaged their strengths and consciously moved through their trauma, the post-traumatic growth drama can help the protagonist, and the group, practice and apply their post-traumatic growth roles to life situations. The post-traumatic growth dramas span a wide variety of possibilities, from role playing how one will interact in new ways to old situations to exploring the possibilities that arise in new situations. In these dramas, the body double and strength roles are quickly established, the trauma is seen in the past, and the prompt is for participants to put themselves forward if they want to practice a new behavior as they move to internalize and explore their post-traumatic growth. These dramas start with the body double, add several strength roles, and then move to the post-traumatic growth scene. Projection roles are brought in as needed, and the dramas usually culminate with some celebration, music, release, and joy.

In recent TSM years, Mario Cossa has introduced a short-form psychodrama format for the PTG dramas, which he calls completion dramas. With completion dramas, a number of individuals are selected or invited to do 10 min dramas focused on releasing some act hunger which will help them complete part of their personal work. In a small group, everyone might have a chance to be the protagonist for a short time. In a larger group, a limited number of people based on the time available might be self-selected, director-selected, or sociometrically selected. The criterion of a completion drama is clear, the setup of the dramas is fast, the focus of the dramas is forward, and the completion of the dramas is at 10 min. Regardless of where the protagonist is, the drama finishes within the timeframe, and the protagonist closes their work accordingly. It is amazing how impactful and helpful these completions are for the protagonist and the group. The short form helps participants to focus on some part of their post-traumatic growth. The short form allows multiple people to work, the entire group to feel collective release, and everyone to point towards their growth.

The elation felt at the end of the transformation drama or at the end of a series of completion dramas comes from the participants who have taken a journey. This TSM journey has moved through the safety structures, to the prescriptive role drama, to the defense drama (if included), to the trauma drama, and finally to the post-traumatic growth drama. The PTG/completion dramas are the culmination of everything the group has moved toward, and we find the participants share their individual and collective joy in words, movements, songs, and intense feelings of connection.

The TSM team decides which format, traditional or completion, will clinically benefit the group the most at that moment. They also discuss which structure the team feels more competent to support. All the group sharing for either the regular format drama or the completion dramas is done after the drama or dramas are finished. For the completion dramas, this means that the individual dramas are done back-to-back, and the sharing portion for all these dramas occurs after the sequence ends.

The completion drama format has the distinct advantage of allowing a wide range of issues, interests, storylines, and energy to be expressed and released. We see multiple dramas overlaid in theme and focus, yet with nuances specific to the main protagonist. The other advantage to completion dramas is that group members who

have been hesitant to be the protagonist for a full 45–90 min drama often feel more comfortable putting themselves forward for a 10 min piece of work.

Completion dramas have a specific structure which usually arises from the weekend and the nature of the group. One of the more popular formats is as follows:

1. The body double is quickly established.
2. Protagonist chooses someone to play their appropriate authority.
3. Protagonist is role reversed into their appropriate authority and the role is played until the protagonist is spontaneous in the role.
4. Protagonist, still in the role of their appropriate authority, concretizes what is in the way of the protagonist becoming their own appropriate authority.
5. From the role of the appropriate authority, the protagonist instructs how the blockage is to be worked with and removed.
6. Protagonist then role reverses back into themselves and moves the blockage. This movement is not a confrontation with the blockage. Rather, it is practice for moving the blockage. Thus, the action happens quickly.
7. Protagonist then proceeds forward to join their appropriate authority.
8. Scene ends.

This format was provided to show how concise completion dramas need to be in order for a group to allow multiple protagonists to have their 10 min. As mentioned, the above format is just one possible structure for a series of completion dramas.

Since the last three chapters include examples of full dramas, we decided to utilize the completion drama format for this post-traumatic growth chapter's example. We will detail three completion dramas that were part of a set of seven. You will see how quickly the work is done when the group is properly warmed up and spontaneous. After leaning into and building trust for each other, group participants can quickly move in and out of roles and engage with each other from the depths of their authentic selves. Anxiety is low, immersive tele is high, and interpersonal spontaneity is rich. In this TSM environment, the autonomous healing centers of all members glow brightly with self-healing, and participants experience a lot of healing work in a short time.

14.1 Context

The completion drama that follows was done at the end of a four-day training workshop that I (Steven) conducted overseas. The group had completed their prescriptive, defenses, and trauma dramas and were looking to their post-traumatic growth. The group had 28 participants and ran with a team leader, assistant leader, and four trained auxiliary egos.

The prescriptive role drama had focused on the protagonist gathering the courage, clarity, and authenticity in order to confront her current boyfriend's emotional distance. During the drama, the protagonist became more aware of how her boyfriend's actions mirrored her father's neglect. We did not explore these themes, just gathered the strengths needed to name them.

The defense drama worked with managing the intruding critical voices and unproductive behaviors that prevented the protagonist from acknowledging her successes. Because her critical voices were active, the protagonist did not feel worthy of receiving a positive acknowledgment for the work she had been doing. Through the drama, she was able to manage these defenses in order to acknowledge her actual level of competence and internalize the appreciation she was receiving from those around her.

There were two trauma dramas during this workshop. During the first, the protagonist sought to find her lost sleeping-awakening child. The protagonist was unsure of where the child was lost because there were two significant locations of abuse. Since TSM works intrapsychically, the TSM team presented the idea during the drama that the two external locations represented two internal locations in the protagonist's mind that needed to be integrated. Since the movement in this drama was slowly paced and the protagonist struggled to stay present, they could only rescue one part of the self. The protagonist understood that there was another part of self to be found, and it would have to wait for the moment. Nonetheless, she was pleased with herself, her progress, her clarity, and her direction.

The second trauma drama was a rescue drama in which the protagonist from the previous trauma drama (who still had a part of self that needed to be integrated) was chosen to play the sleeping-awakening child. In this drama, the victim child self who received the abuse was rescued. Then, the sleeping-awakening child (played by the protagonist from the first trauma drama) emerged with playfulness and spontaneity. Thus, the unfinished work of the first trauma drama was completed in the second trauma drama even though the protagonist from the first drama was not the main protagonist in the second. The second trauma drama's protagonist received all the benefits of rescuing her victim child and playing with her sleeping-awakening child self.

These individual dramas all work independently, and they also collectively form an overarching group brain narrative. Each drama builds on the last drama. As happens repeatedly, the group tele moves the individual and group narratives along. Thus, it was no surprise when the protagonist from the first trauma drama was able to continue her work by being the sleeping-awakening child in the second trauma drama. The team anticipated how they would help other participants' stories told through the workshop find a satisfactory holding through the completion drama.

One other note for context, I alternated the directing of the short completion dramas with the assistant leader. We determined we had the time for seven dramas and we would each direct three. We also decided we would offer an advanced trainee from the team to direct one of the dramas. The trainee chose to direct one of the middle dramas so she could see some examples of time-limited dramas before doing one herself. The assistant director and I stated we would support her through the drama and she could always ask us for directions during the drama. (As a side note, I find these short format dramas are great for training, as they have to be clear, on point, and keep moving. A lot can be taught in a short time.) We decided the assistant team leader would direct the first drama so that I could direct the last drama. To make this happen, I directed the second, fourth, and final dramas of the seven. Those are

the dramas I will present as examples below with a synopsis of the ones directed by the assistant leader and trainee.

14.2 Protagonist Selection

Since the group was large, there was not enough time to have everyone do a 10 min drama. Instead, protagonists were self-selected. The assistant leader and I determined that we had time for seven dramas, along with a rich session for sharing. Thus, we stated to the group that the first seven people to step forward would be able to do a completion drama. We also asked that only people who had not yet had a chance to be the main protagonist put themselves forward.

14.3 Clinical Contract

The global clinical contract for completion dramas is created by the director and the team based on the themes arising from the workshop. We presented the following prompt to participants: “Two themes have arisen through this workshop: becoming your own appropriate authority and embracing your sleeping-awakening child. Who would like to practice some form of post-traumatic growth they have gained from this workshop with regards to these two themes or any other post-traumatic growth you have gained through the workshop? Remember the dramas are done in 10 min, so the work must be clear and concise.”

The first seven people that stepped forward were the seven protagonists. The assistant leader and I said we would alternate directing. The trainee stated she would direct a piece in the middle of the set, as she wanted some warm-up time. We explained to the group how the directing would run and we would allow the seven to self-select at the moment when they felt warmed up to do their drama. At that time they could just step forward. We find in trusting the spontaneity of the process that an arching story is told and the dramas more or less fit together in a cohesive manner.

As each of the self-selected participants step forward to be the next protagonist, the director of that drama did a short walk and talk to hone and focus the work for the 10 min structure. We understand that the challenge with doing a psychodrama in 10 min is that protagonists may want to do all their remaining recovery work during that time. Or, they may want to return to the trauma and get caught in a trauma spiral. We know it is up to the director to clearly define and limit the scope of the drama, to point the drama forward as a future projection, and practice post-traumatic growth. During our brief walk and talk, we made sure the drama was something that could be done in 10 min...and then quickly moved into action!

14.4 PTG/Completion Drama 1

The assistant leader directs the first drama. The protagonist is someone who has placed herself in the sociometric choosing for the strength drama and has not been chosen. She did not offer herself as a protagonist again until now. She states she has gained a lot from the workshop as if she had been the protagonist in each. She says that through the workshop, she found her voice. In the completion drama, she wants to claim her appropriate authority for herself and her family by making statements she feels are necessary. This assistant leader skillfully amends the contract acknowledging the limited timeframe. They agree the protagonist will make *one* statement to her family as her appropriate authority. The appropriate authority is established, role reversal is done, the family scene is set up, the statement made, and the goal accomplished. The scene ends with a tableau of the protagonist in the center of her family with some family members moving closer as a result of hearing the truth and some moving further away. This feels complete to the protagonist.

14.5 PTG/Completion Drama 2

I direct the second drama. The protagonist comes forward of her own accord.

Director's Soliloquy: *I am glad she is coming forward as I have seen her play some significant roles for others through this and other workshops. She has not put herself forward to be the protagonist before this moment. I am proud of her work and her growth. We will start the walk and talk. I only have 10 min.*

Steven: "Welcome. I am glad you are doing this. I have seen you do roles for other people. I am glad you are doing this for yourself."

Protagonist 2: "Yes, I think it is my time."

Steven: "I feel close to you. That we have developed a close bond with each other during this workshop and the other workshop you were at."

Protagonist: "Yes, I feel close to you too and that is why I stepped forward."

Steven: "Thank you. What would you like to do with the time?"

Protagonist 2: "Well, it is very much like what we just saw. I think that was a good lead into what I want to do. I need to claim my appropriate authority for myself so that my sleeping child will be safe to wake up. I want to be my family for my inner child."

Director's Soliloquy: *I need to be clear about the work and time here. I know this protagonist has good ego strength and good skills. Working with the inner child is powerful work and people can be overwhelmed quickly. She also said that she wants to work with being her appropriate authority before awakening the sleeping child. That directive can keep us pointing forward.*

Steven: “What I am hearing you say is that you want to use this time to claim your appropriate authority first. Later, you will find out if your inner child responds.”

Protagonist 2: “Yes. I need to claim my appropriate authority for my child to feel safe.”

Director’s Soliloquy: *I will have to watch what she means by claiming her appropriate authority because that could be the work of a trauma drama and not a completion drama.*

Steven: “So I am curious what you mean by ‘claiming’ your appropriate authority because this is not a trauma drama. We can work with the parts of your appropriate authority you have claimed or are claiming. If there is more to be claimed, then that is another drama. You know, Zerka would say, “one drama begets 25 dramas.” So, what part of your appropriate authority have you claimed through this workshop and can practice now?”

Protagonist 2: “My father was abusive, and I know my victim child and sleeping-awakening child are still there, and I know I have to confront him, and...”

Director’s Soliloquy: *She is going back to the trauma and I don’t want her to spiral in.*

Steven: “So, we are looking forward here.”

Protagonist 2: “Yes...I am just saying that I know there is work to do but that I want to take what I have learned during this workshop and talk to my appropriate authority and get to know it better.”

Director’s Soliloquy: *Excellent. She did know what I was talking about but could still have fallen into the trauma there. I will remain aware of this just in case.*

Steven: “Great. So the scene is for you to meet your appropriate authority and spend some time connecting with her.”

Protagonist 2: “Yes, that sounds good.”

Steven: “We can do that. In psychodramatic time we have all the time in the world. In actual time, we have about eight minutes left. So, pick someone to play your body double and find a scarf to represent the role.”

14.5.1 Body Double

Protagonist 2: (Stands in front of one of the group members.) “Will you be my body double?”

Body Double: “Yes, I would love to be your body double.”

Director’s Soliloquy: *She chose Jennifer. Jennifer was the protagonist during the defenses drama and she chose Protagonist 2 as her body double. Now Protagonist 2 is choosing Jennifer as her body double. Clearly, the interpersonal spontaneity and tele is strong between these two participants. That should make the work easier. Jennifer knows how to be a good body double and may not need a lot of coaching.*

Steven: “Place the scarf on your body double.” (The protagonist does so.) “Let me have the two of you look into each other’s eyes. Take three deep breaths together.” (They do.) “Let that connection settle into your body.” (They do.)

Director's Soliloquy: *I can feel that the connection has clicked into place with the two of them.*

Steven: "Ah, you can feel that connection strongly. Okay, which side would you like your body double to be on?"

Protagonist 2: "On my right side."

Steven: (To the body double.) "Please move to her right side. Now, walk around inside the circle and make two or three grounding statements to feel the connection." (To Protagonist 2.) "Remember to repeat the statements if they are accurate, and change them if they are not. In this way, we fine-tune the tele."

Body Double: "I can take a deep breath."

Protagonist 2: "I can take a deep breath." (They do together.)

Body Double: "I can feel my feet on the floor."

Protagonist 2: "I can feel my feet on the floor."

Body Double: "I can take the next step with thought and feeling."

Protagonist 2: "I can take the next step with thought and feeling."

Director's Soliloquy: *Their connection is strong enough to do the work. We can move on. I need to keep the drama moving and we know where we want to be at the end. So, I will have the protagonist pick her appropriate authority now as a post-traumatic strength role and doing so will help keep the drama moving forward.*

14.5.2 Strengths

Steven: "Okay, you know that you want to connect with the part of your appropriate authority that has been growing. Pick someone to play that appropriate authority."

Protagonist 2: (Moves to one of the male participants who has been a strong supportive figure to many during the workshop.) "Can you play my appropriate authority?" (Participant nods "yes" and stands up.) "I am nervous."

Body Double: "I can take a deep breath in and out."

Protagonist 2: "I can take a deep breath in and out."

Director's Soliloquy: *The protagonist is not quite ready to meet her appropriate authority. I am not sure why. I can ask or I can wait to see if it comes up. I will wait to see what surfaces in the drama.*

Steven: (To the protagonist.) "Get a scarf for your appropriate authority." (Protagonist does.) "We are going to have appropriate authority over here." (I place Appropriate Authority at one end of the circle and talk to him.) "Now Appropriate Authority, I want you to start small and as you watch what happens, I want you to grow in response. Just feel what happens and respond to the protagonist. Become bigger or smaller as it feels right." (I ask the assistant team leader to have a team member keep the role active while I work with the protagonist.)

Director's Soliloquy: *I know the man who has been chosen as the appropriate authority has a history of childhood abuse by his father. Even though he can be the appropriate authority for others, I know at times he has struggled to be his own appropriate authority. I am glad he has been chosen for this role because he has received some difficult projections through the weekend. I have been concerned he may have some role fatigue. This role will help him find and rehearse his own appropriate authority in service to the protagonist. I ask the team to help the participant to work with his own material to be fully authentic and spontaneous in the role when we need him. While the team member is doing that, I will focus the next part of the drama on helping the protagonist to be in her strengths so she can truly claim her appropriate authority.* Steven: (To the protagonist.) "What strength do you have that will help you stay present to your growing appropriate authority so you can really connect with her?"

Protagonist 2: "I think that would be clarity."

Steven: "Great. Pick a scarf to represent the role and find someone to play clarity."

Protagonist 2: (Moving to one of the participants who played the role of clarity in another drama.) "Will you play my clarity?"

Clarity: "Yes, of course, I will."

Director's Soliloquy: *This person had a little struggle staying in the role of clarity during the strengths drama. I know the protagonist is friends with this person. This role will be good for the person playing clarity as it will help her own appropriate authority. Thus, the tele is good for both and we will look to help both be more spontaneous...in the six minutes we have left, yikes. I can also help by bringing in other strengths from the projective identifications that have gone out to the group. The assistant leader will bring me those soon because I can see the trained auxiliary egos talking to the participants now. All is on track so far.*

Steven: "Role reverse. Remember, when you role reverse, the scarf follows the role and the body double stays with the protagonist. Now, clarity, talk clearly about connecting to her appropriate authority."

Protagonist 2 as Clarity: "It is time for you to own your appropriate authority. Your inner child needs you to do this and you need to do this."

Director's Soliloquy: *I am going to encourage an authentic response. I am hoping that this participant will gain something for herself while in the role of the protagonist.*

Steven: (To the participant chosen as Clarity who is now holding the role of the protagonist.) "Go ahead and respond from your own authentic self to Clarity. It is likely that because you were chosen what you say will be what is needed in this moment."

Clarity as Protagonist 2: "Sometimes I am scared."

Protagonist 2 as Clarity: (Falling out of role.) "Yes...that is so true."

Steven: "Stay in role."

Protagonist 2 as Clarity: "Yes. Sometimes, it is scary but it is okay."

Director's Soliloquy: *"But" negates what went before. I will offer an "and" to help expand their container.*

Steven: "How about using an 'and' instead of 'but.'"

Protagonist 2 as Clarity: (To Steven.) “Yes, you’re right.” (To participant.) “Sometimes, it is scary AND okay.”

Participant as Protagonist 2: “It’s okay to be scared? But if I was in my appropriate authority, I won’t be scared.”

Protagonist 2 as Clarity: (Pausing, thinking, and then saying as if realizing this for the first time.) “You can be in your appropriate authority AND be scared. One doesn’t have to go away for the other to be there. It is okay for things to change...” (Thinking again.) “Actually, it is important for things to change AND it is okay to be nervous about the changes.”

Participant as Protagonist 2: “I don’t want things to change but I know they need to.”

Protagonist as Clarity: “Your family will not like it at first but your little girl inside needs this for her to feel safe.”

Director’s Soliloquy: *Ah. That is what the hesitancy is. The protagonist thinks she will lose her family if she owns her authority so her sleeping-awakening child can feel safe. The protagonist is spontaneous in the role of clarity. Time to role reverse her back to self.*

Steven: “Role reverse.”

(The protagonist and participant change positions. The scarf goes with the role of clarity and the body double stays with the protagonist.)

Steven: “Now, Clarity, repeat that last line.”

(While this is happening, the assistant leader whispers in my ear the projected roles the team had been hearing from the group: vision, voice, connection, courage, and self-care.)

Clarity: “You can be scared AND be in your appropriate authority. You don’t lose one because the other is there.” (Then adding from her spontaneity.) “Actually, it might be scarier to act from one’s appropriate authority.”

Protagonist 2: “That’s what I am afraid of.”

Director’s Soliloquy: *Before the protagonist spends too much time looking at her fear, I am going to bring in some of the projections I just heard about. I hope to quickly build up the protagonist’s strengths while also including more participants in the drama.*

14.5.3 Projections

Steven: (To protagonist.) “I have been informed that there are other strengths that have been popping up around the room. Would you like to know what they are?”

Protagonist 2: “Yes.”

Steven: (To the group.) “Take a step forward when I mention the strength you are connecting with, find a scarf to represent that strength: vision, voice, connection, courage, and self-care.” (To Protagonist 2.) “We have time to hear a short one line from two of them. Who do you want to hear from?”

Protagonist 2: “Voice.”

Steven: “Voice, a short sentence.”

Voice: “I will help you say what needs to be said when it needs to be said.”

Steven: “And a short sentence from Connection.”

Connection: “I feel very connected to you.”

Director’s Soliloquy: *I wonder if this is someone in the protagonist’s life. I wonder if we can concretize this role with an interpersonal strength. I will offer this thought to the protagonist.*

Steven: (To the protagonist.) “I wonder who this is? Who is connected to you and supporting you?”

Protagonist 2: “That is my friend, Ivy.”

Steven: (To the participant who offered the role of connection.) “Is it okay if we fine-tune that role of connection to the role of Ivy, a very connected friend?”

Ivy: “Yes.”

Steven: “Good, then make a statement as Ivy.”

Ivy: “I am so proud of you.”

Protagonist: “That is exactly what she would say...” (Correcting and looking at Ivy.) “What you would say. What you do say.”

Steven: “Good, tele is alive. Place Ivy where you want her.” (To the other strengths.) “The rest of the strengths join the group over here behind the others.” (To the protagonist.) “Are you ready to engage with your appropriate authority?”

Protagonist 2: “Yes. I am ready. I am very ready.”

Steven: “Excellent. Please walk around the circle fully at least once with all your strengths talking to you.”

(The protagonist cluster moves in unison all speaking words of encouragement out loud. During the drama, Appropriate Authority has grown by adding scarves and is enjoying seeing the protagonist with all her strengths move around the circle. When I see the protagonist move to the opposite side of the circle from Appropriate Authority, I ask for the cluster to hold.)

14.5.4 Scene

Steven: “Hold. Hold. (To the protagonist.) How are you feeling?”

Protagonist 2: (Looking at her strengths.) “Good, really good.”

Steven: “You wanted to connect with your appropriate authority.” (Pointing across the circle.) “There she is. She has been emerging and growing and expanding as you have been gaining your strengths. What’s it like to see her?”

Protagonist 2: “She is lovely. Can I go over to her?”

Steven: "Absolutely."

(The protagonist moves over to Appropriate Authority. Appropriate Authority reaches out her hands to the protagonist.)

Appropriate Authority: (From her spontaneity.) "I have been waiting for you to come. I am so glad you are here."

Protagonist 2: "I am too."

Body Double: (Noticing some tears.) "I can have my tears and my feelings."

Protagonist 2: "I can have my tears and I can have my feelings."

Appropriate Authority: "And I am here to make sure you do have them because you deserve your feelings and you earned your tears."

Director's Soliloquy: *The immersive tele here is good. I normally hold the role reversal off a little longer to allow more space for the protagonist's emotions. However, we have a little over two minutes left and I want to make sure the protagonist has some time in the role of her appropriate authority.*

Steven: "Okay, role reverse. Change the scarves. The body double goes with the protagonist. All the strengths stay with the person holding the role of the protagonist." (Talking to the Protagonist in the role of Appropriate Authority.) "Appropriate Authority, what do you want to say right now?"

(While the next part is going on, I ask the assistant leader to tell the team member to instruct the remaining participants to warm up to their inner child. Then, they are to take a step towards the protagonist as their inner child every time something happens or is said that make them feel safer and more trusting. I hope to connect the desire the protagonist has of claiming her appropriate authority to her desire to create safety for her sleeping-awakening child.)

Protagonist 2 as Appropriate Authority: "I know you were nervous to meet me because things will need to change so everyone can be safe and that is the way it needs to be."

Appropriate Authority as Protagonist 2: "I know, but I have been scared to meet you because I know things will have to change."

Protagonist 2 as Appropriate Authority: "Yes, they may change but..." (Correcting herself.) "...and it will be good."

Director's Soliloquy: *I would like the protagonist to respond to her fear of losing people if she speaks from her appropriate authority. I also know that the man playing the protagonist has had a similar struggle. He might get there, but I need to move the scene along. I think I will feed him the line.*

Steven: (To the person holding the role of the Protagonist.) "I am afraid of losing my family and friends if I stand up for myself and use my voice."

Appropriate Authority as Protagonist 2: (Picking up the line and realizing this is similar to his story.) "Yes, I am very scared of losing family and friends if I say what needs to be said."

Protagonist 2 as Appropriate Authority: "Well, that might happen. No, that *will* happen. Not all of them. Some of them. Some of them will not be able to tolerate the truth and that is okay. You know the truth. And we need the truth if we are going to protect our child." (She

puts her hand on her chest, signaling that she is talking about her inner sleeping-awakening child.) “She is the most important in this.”

(As soon as she says this, all the participants who are in role of an inner child move forward and spontaneously start making playful noises. The protagonist, still in the role of her appropriate authority, notices them.)

Protagonist 2 as Appropriate Authority: (Breaking out of role.) “Who are they?”

Steven: “Those are all the inner children that have drawn closer to you because they felt safe, and they moved closer when they felt they could trust you more. They are waiting to play with your inner child.”

Inner Child 1: “Yes, can she come out and play?” (Everybody laughs.)

Steven: “Okay we only have a minute to wrap things up.” (To the participants who are in role as children.) “Children, can you join hands and make a circle around us please?” (To the protagonist and appropriate authority.) “Can you two role reverse?” (To the protagonist.) “You back into yourself.” (To the appropriate authority.) “You into the appropriate authority. Now, appropriate authority, can you say that last line again in your own words?”

Appropriate Authority: “You will lose some people but the truth needs to be told. Your inner child is the most important person and I will be here to help you keep both of you safe. We can do this.”

Protagonist 2: “I believe you.”

14.5.5 *Closing*

Director’s Soliloquy: *I need to bring this to an end and I would like the protagonist to have an image of the entirety of her strengths and growth. I will have to move fast yet meaningfully.*

Steven: (To the protagonist.) “Pick one of the children to hold your spot for a moment and step out here with me.” (The protagonist does.) “I want you to see what this looks like from here.” (To Appropriate Authority) “Say that line again. And children, you can react if you like.”

Appropriate Authority: “The truth needs to be told. Your child (touching his heart meaning the child inside) is the most important part of all of this. I am here to help keep you and her safe.”

Protagonist 2: “I believe you.”

Steven: (To the protagonist.) “What is this like to see?”

Protagonist 2: “It is wonderful. I want to go in.”

Steven: “Yes, of course.”

(The protagonist moves back into the middle of the cluster and embraces the person who was holding the role of herself. The children play around the outer edge spontaneously and the protagonist cluster joins in with cheers.)

Director's Soliloquy: *I notice that the protagonist is embracing the person who played herself. That person was one of the inner children who was brought in from the outer circle. So, the protagonist may have just met her inner child. I don't have time to open this up. I will just have to trust that the work is received in her body even if I do not point it out to her brain.*

Steven: (To the protagonist.) "Does this feel like the right place to end this drama?"

Protagonist 2: (Holding onto the person who was the inner child playing the protagonist.) "It is like she is my inner sleeping child and I am getting a chance to meet her."

Director's Soliloquy: *I am smiling. She understood the significance of the moment without me having to point it out. Isn't the process wonderful!*

Steven: (To the protagonist.) "Then, it sounds like it is the right place to end this drama and move to the next." (To the whole group.) "Everyone, keep playing as you move back to your seats." (To the protagonist) "Thank you."

Protagonist 2: (To Steven with a smile.) "Thank you too."

Steven: (To the assistant leader.) "I turn the space over to you."

14.6 PTG/Completion Drama 3

The assistant team leader picks up the next drama by working with one of the members who wants to expand on her courage. The assistant leader knows that the prompt is to practice one's post-traumatic growth and that an expansion of courage is growth for this protagonist. Though this drama is not about the appropriate authority or the sleeping-awakening child directly, the assistant leader is open to how it will fit into the overall group narrative. The drama is playful and engaging. The protagonist picks someone to play her courage and then, in role reversal, the protagonist as courage teaches herself many ways to walk, move, and talk with courage. She explains that courage is sometimes loud, sometimes soft, sometimes quick, and sometimes thoughtful. By the end of the 10 min drama, the assistant leader has the entire group practicing their own courage by walking around the room trying different ways of showing courage. At the end of the drama, a group member says offhandedly, "it takes courage to be my appropriate authority." Someone else responds, "and to play with my inner child." Everyone agrees.

14.7 PTG/Completion Drama 4

Just before the previous drama starts, I notice one self-selected protagonist has not placed himself forward yet. I know he is potentially a difficult protagonist because he is very cerebral. He hopes to connect to his emotions through the weekend. Knowing that one of the four roles of the director is production (see Chap. 5), I am aware that his drama, if left to the last, could limit the culmination of the group's work. I trust the process and I trust tele. So, acting from my tele and my experience, I sit down next to him during the prior drama to warm him up to his work. He gets up to join the courage parade and is moving around in his courage at the end of the last psychodrama. While everyone else is moving away, he is still standing in the circle. He is clearly ready to do his work.

Steven: (Stepping up to Protagonist 4.) "Well, you seem ready to be next."

Protagonist 4: (A little surprised.) "Yes, I guess I am."

Steven: "What would you like to do in the next 10 min?"

Protagonist 4: "I have been called on to do things in the community, and I have been doing these trainings, and I have some friends who want me to...well, my friend, she says to me..."

Director's Soliloquy: *This person is going to need some firm and caring boundaries to keep this drama moving. He could talk for 10 min and not get into action. I will need to interrupt and move this along.*

Steven: "So, we only have nine minutes left and we could describe a lot of things or we could do something in action..."

Protagonist 4: "Yes, you are right. But I just want to finish that my friend..." (Protagonist 4 continues to talk about his friend and training. He is not sure where he is being called or if he can help people.)

Director's Soliloquy: *I am not sure this drama will be able to move along a regular format because the protagonist is struggling with being concise. I will remain flexible and open to what can be done in the time we have. I will let go of some of the format. I will look for other ways of getting to the end. I will help the protagonist find definition and direction.*

Steven: "What I am hearing you say is that you are unsure of where the training is leading you and maybe you would like to explore that a little more."

Protagonist 4: "Yes, that sounds good...I think."

14.7.1 Body Double

Steven: "Okay, then let's bring in a body double. Choose someone to play your body double."

Director's Soliloquy: *I hope he chooses someone strong for this role. Maybe I should have suggested he pick someone on the team, as they have been trained. I will trust the process at this point, and I also know I can make course correction if needed.*

Protagonist 4: “Can I pick someone on the team?”

Steven: (Relieved.) “Why yes you can.”

Protagonist 4: “I would like Daniel.”

Director’s Soliloquy: This is a solid choice. Daniel is on the team, knows the role, and has made a strong connection with this protagonist. Daniel has been in other workshops with this protagonist and had talked to the team about how the protagonist needs to connect to his heart and feelings more. I will try to have this protagonist connect with his body double like I did in the second completion drama earlier. I may have to limit the time and trust Daniel to hold the role well based on his training. This moment is a time I am glad there is a trained auxiliary in the role.

(The protagonist takes a longer time to connect with his Body Double because he questions whether he is doing it right. He keeps thinking about the process rather than experiencing it. The body double works to help the protagonist stay in the moment and not become too cerebral. After a few exchanges, they are standing side-by-side.)

Body Double: “I can let this moment be experienced and I can let go of analyzing it.”

Protagonist 4: “I don’t have to analyze this.” (After a pause.) “What am I supposed to do?”

Steven: “This is your wise body. Repeat after him if it is true and adjust what he says if it is not accurate.”

Body Double: (Returning to the basics.) “I can take a deep breath.”

Protagonist 4: “I can take a deep breath.” (They take a deep breath together.)

Body Double: “I can feel the ground under my feet.”

Protagonist 4: “Well...okay...I can feel the ground under my feet.” (Pauses.) “Sometimes...”

Steven: “Stay in the moment.”

Protagonist 4: “Oh right.”

Body Double: (Repeating.) “I can feel the ground under my feet.”

Protagonist 4: “I can feel the ground under my feet.”

Director’s Soliloquy: We only have six more minutes. I am going to move forward here even though I would like to see a stronger connection. This connection will be strong enough for the six minutes we have left. I also would like to have the end goal better defined. I will see if I can offer more clarity on that without taking more time.

Steven: (To the protagonist.) “Okay, we need to keep moving along. You said you were unsure where the trainings are leading you. We have been talking about being one’s appropriate authority. So maybe that is one of the places this is all leading.”

(Client spends time questioning the idea of appropriate authority and what it means for him.)

Director’s Soliloquy: I need to move this into more action and help the protagonist spend less time talking and more time experiencing.

Steven: “Instead of talking about what appropriate authority means, please pick someone in the group who represents the appropriate authority that you would like to embody, whatever way you understand it to mean.”

Protagonist 4: “Well, I don’t know.”

Body Double: “I don’t have to know. I can feel what I need in this moment.”

Protagonist 4: (Turning to the body double.) “I don’t have to know?”

Body Double: (Repeating with emphasis.) “I don’t *have* to know. I can just feel who to pick.”

Protagonist 4: “Well, I pick Jacqueline.”

14.7.2 Strengths

Director’s Soliloquy: *Jacqueline is the trainee who is going to be directing. This is a cosmically interesting tele choice in that Jacqueline has been wondering about being an appropriate authority as a psychodrama leader. She will get to practice the role before performing the role. This is a post-traumatic growth role for the protagonist and I am not sure I have time to get him any strengths, as the pace here is necessarily slower.*

Steven: (To the protagonist.) “Why did you pick Jacqueline to hold this role of your future self?”

Protagonist 4: “My future self? What do you mean?”

Steven: “This is the appropriate authority you are growing towards.”

Protagonist 4: “Well...okay...but she is so...”

Steven: “Talk to her not to me. Tell Jacqueline what you see in her that led you to choose her.”

Protagonist 4: “You told me to choose from my body and she was the first one I saw.”

Steven: “And what does your body know about this choice? Tell Jacqueline.”

Protagonist 4: “Well, you are nurturing, kind...I like the way you speak...and I see how others react around you and how you are with them. You help people.”

Steven: “And is that what you would like to do in your life?”

Protagonist 4: “Yes, but I am not sure...”

Steven: “Sure of what?”

Protagonist 4: “I don’t know what people think of me.”

14.7.3 Projections

Director's Soliloquy: *We have four minutes left. I could have him role reverse with his appropriate authority. That might be time consuming. I could get projections for the group. Not sure that would be helpful in that the assistant team leader has told me that there is some disconnection surfacing, probably mirroring the protagonist's disconnection from his emotions. He said he wants to know what people think of him and the group needs connection to the protagonist. I am going to try to attend to the group and the protagonist by not calling in any more strengths and not directly bringing in projections. I think and feel that we need a more direct and less metaphoric interpersonal experience, a couple quick, positive, here-and-now encounter-type experiences.*

14.7.4 Scene

Steven: (To the protagonist.) "Okay, you don't know your impact on people. So, let's ask them." (To Appropriate Authority.) "Why don't you come over to this side of our protagonist." (I place her on the opposite side from the body double and then talk to the protagonist.) "You have your body double on one side and your appropriate authority on the other. And we are going to ask the group to tell you if they have felt connected to you during their time knowing you, whether that was during this workshop or any other you have been in together." (To the group.) "Some of you have been feeling connected and disconnected through this drama. I want you to put those projections aside and connect with yourself for a moment. If you have felt connected to our protagonist at any time during this workshop, or at any point during the time that you have known him, no matter how big or small, please step forward."

(About 90% of the group steps forward.)

Protagonist 4: "Oh, wow. I didn't know."

Body Double: "This feels good."

Protagonist 4: (Surprised.) "It does feel good...."

Appropriate Authority: "I am your appropriate authority and when we work together, people are helped by you."

Protagonist 4: "Wow, I never knew."

Steven: "We don't have time to hear from everyone. So, pick someone whose reason for stepping forward you are curious about."

Protagonist 4: "Chris."

Chris: "You make me laugh." (They laugh together.) "I really enjoy how you are all right there and are determined to keep moving forward and keep learning. I admire that."

Protagonist 4: "Thank you. I didn't know."

Steven: "You can pick someone else."

Protagonist 4: "Leo."

Leo: “You were the first person I met at this workshop and you started talking to me like you had known me all your life. I was scared to come and you made me feel very comfortable.”

Protagonist 4: “Wow.”

Body Double: “I can breathe and take this all in. I can open my heart to all this love.”

Steven: (Noticing the protagonist does not repeat.) “Repeat the statement if it is true. Change it if it is not accurate.”

Protagonist 4: (Takes a breath.) “I can breathe and take all of this in. I can open my heart to all this love.” (To Steven.) “Who would have thought!”

14.7.5 Closing

Steven: “You have time to hear from one more person. But instead of choosing one, I am going to have everyone who is standing say what they want to say all at once. We are going to flood your brain with all this gratitude. You may not be able to hear each individual but your body will know it is being wrapped in love.” (Turning to the group.) “Okay, everyone all at once, say why you put yourself forward.”

(Everyone speaks at once telling about how the protagonist had connected with them. The body double helps him stay present, and the appropriate authority holds his hand to ground him. The sound falls away.)

Protagonist 4: “Wow. Thank you everyone. Thank you.”

Chris: “No, thank you!” (Everyone laughs.)

Steven: “Thank you everyone, you can all sit down.” (To the protagonist.) Say thank you to your appropriate authority.” (He does and hugs her.) “Say thank you to your body double.” (The protagonist does and they hug.) “What is one thing you are going to take away from this experience?”

Protagonist 4: “Ah...all the love.”

Steven: “Yes, all the love. Thank you.”

(Protagonist 4 sits down and the trainee, Jacqueline, stands up to direct.)

14.8 PTG/Completion Drama 5

Jacqueline, the trainee, steps forward to direct. I am aware that in directing in front of her peers, Jacqueline is owning her leadership in the psychodrama community. In the overall story that the completion drama’s spontaneous sequence tells, it seems natural she directs next. During the previous completion drama, Jacqueline said she was given “thoughtful courage.” Now I see that the previous drama set the scene for Jacqueline’s directing in that Protagonist’s 4 drama was about being an appropriate authority in his community. I see Jacqueline taking the natural step to her role as

an appropriate authority in the psychodrama community. It is as if the story told in Drama 4 was becoming reality in Drama 5. As further confirmation of Jacqueline stepping into her appropriate authority, the next protagonist to step forward states she had been waiting to be directed by the trainee specifically.

Protagonist 5 states to the trainee, "I was thinking about what was said about being able to separate what is mine from what is someone else's stuff. I would like to use my authority to practice not taking other people's stuff." The trainee uses this statement as the action for the drama. She establishes a body double, brings in the strength of discernment, role reverses with the protagonist's appropriate authority, and brings in some other strengths through the projective identifications. Then, the trainee asks for everyone left in the group to stand up and take a scarf. The trainee then asks participants to make a circle and offer their scarves to the protagonist as she walks by them. She instructs the protagonist to say "no" to each offer and walk on. The trainee then instructs the group to name their scarf as they offer it. The group responded with offers of "please take this laundry that I have to do," "please drive me to the store," "please take this shame I am holding," and "please do my healing work for me." One by one, the protagonist with her strength cluster moves around the circle practicing "no" and not taking anyone else's issues. The scene ends in a tableau with the protagonist feeling peaceful in the middle of her strengths. One arm is around her body double and the other is around her appropriate authority.

14.9 PTG/Completion Drama 6

The assistant team leader directs the sixth drama. The protagonist who steps forward has not presented herself as a potential protagonist for any of the previous dramas during this workshop. She has played a few roles and has stayed in the background for most of the workshop. Stepping forward is a significant move. The protagonist states she is learning through this workshop that she has other options in her life. "I don't have to freeze," she says. She wants to practice doing something different. The director points out that Protagonist 6 had already made a change by stepping forward to do this drama. The drama moves along with a clinical contract, body double, strengths, and projective identifications. The director allows for more flexibility and spontaneity in the format to parallel the protagonist's desire "not to freeze." The director reframes the desire into a positive. "I have options. I can move." The protagonist accepts this reframing. The director then puts the protagonist and the group into motion. The director mentions that movement is good and play is better. The director asks who the protagonist can bring in to help her to play. The protagonist says her sleeping-awakening child knows how to play. The director knows this protagonist's back story and feels confident that bringing in the sleeping-awakening child will add playfulness. Protagonist 6 chooses someone to play the role and the sleeping-awakening child leads the protagonist and group in play. There is a lot of energy, excitement, cheering, and joy.

14.9.1 PTG/Completion Drama 7

The protagonist for the final completion drama emerges out of the playfulness of the previous drama.

Protagonist 7: “Wow. That was wonderful. I feel so playful.”

Steven: “With that playfulness, what do you want to do with this time?”

Protagonist 7: “I want to stay playful.”

Steven: “What do you need to stay playful?”

Protagonist 7: “I need an ongoing relationship with my sleeping-awakening child. I can keep him safe now. I would like to learn from him, and I would like to give to him.”

Steven: “To learn and to give what to him?”

Protagonist 7: “Well, my music for one thing.”

Director’s Soliloquy: *I noticed he has brought a guitar with him to the workshop but has seldom touched it. He has played some cords but no songs. I wonder what is going on there. I wonder how I can tie his music and guitar into this final drama.*

Steven: “I noticed you have a guitar this weekend.”

Protagonist 7: “Yes, I play by myself a lot. I would like to perform.”

Steven: “You mentioned your sleeping-awakening child can give you something which will help your music and that you can give him the music. So, what does the inner child contribute to your music?”

Protagonist 7: “Playfulness. My inner child just wants to play with everyone. I want to bring that forward and with that I will give him our music.”

Steven: (Repeating.) “Our music?”

Protagonist 7: “Did I say ‘our’? Wow, it is our music. We are already playing together.”

Steven: “Sounds like it. Let’s start with picking your body double, and I am pretty sure the rest will just flow.”

Director’s Soliloquy: *By this time in a workshop, the protagonist and group have seen so many examples of the process that they are moving efficiently through the body double, strengths, and projections. This group is very spontaneous at this point and the immersive tele is strong. I am going to look for opportunities to have the protagonist play his guitar for all of us. It would be great if he would sing and play for us. If not, I am sure the drama will move to where it needs to be to end this workshop well.*

14.9.2 *Body Double*

(The body double is chosen and the connection is established quickly.)

14.9.3 *Strengths*

Steven: “Now that you have your body double, what strength is needed to give the performance to your sleeping-awakening child?”

Protagonist 7: “Playfulness...actually, I would like to bring my inner child in. He is my playfulness.”

Director’s Soliloquy: *Hmm. He is seeing his sleeping-awakening child as the strength of playfulness. The drama and the workshop has been about connecting with the sleeping-awakening child. In this drama the protagonist said he can keep his sleeping-awakening child safe. That means he can be his own appropriate authority. So, bringing the sleeping-awakening child in now as a post-traumatic growth role which holds strength will create a fullness and completion to the workshop.*

Steven: “Excellent. Choose someone to play your sleeping-awakening child.”

Director’s Soliloquy: *Oh wow. Protagonist 7 is choosing Protagonist 2. Protagonist 2 said she met her inner child at the end of her completion drama. However, she had not yet been able to integrate her sleeping-awakening child. She had some more work to do and somehow through tele and choice, she will be able to take another step in her process while in service to Protagonist 7.*

Steven: “Okay, pick a scarf to hold the role of your sleeping-awakening child.”

Director’s Soliloquy: *Protagonist 7 sees his inner child as the strength of playfulness and playfulness is what he will need to play guitar for others. Protagonist 2 wanted to find and spend time with her inner child. To work with them both, I am going to role reverse Protagonist 7 into the playfulness of his sleeping-awakening child so he can practice his post-traumatic growth. And I will have Protagonist 2 play the adult self who will be meeting their playful child self. These overlapping stories are great examples of simultaneous protagonists. Protagonist 2 is emotionally expressive and Protagonist 7 is action expressive. They have a lot to learn from each other. This is an exciting telic choice. I can’t wait to see how this all evolves.*

Steven: “Role reverse.” (To Protagonist 7.) “You will be your playfulness as seen in your sleeping-awakening child.” (To Protagonist 2.) “You will be the adult meeting your sleeping-awakening child.”

Protagonist 2 as Protagonist 7: “I have been waiting to meet you.”

Protagonist 7 as Playfulness/SAC: “I have been right here.” (Playfully.) “Where were you?”

Protagonist 2 as Protagonist 7: “I have been looking for you.”

Protagonist 7 as Playfulness/SAC: “I was playing hide and seek.” (The group laughs.)

Protagonist 2 as Protagonist 7: “Well, I don’t want you to hide anymore.”

Protagonist 7 as Playfulness/SAC: “You don’t?...”

Protagonist 2 as Protagonist 7: “No, I want you to play openly.”

Protagonist 7 as Playfulness/SAC: “Do you want to play too?”

Protagonist 2 as Protagonist 7: “Yes...yes, I *would* like to play with you.”

Protagonist 7 as Playfulness/SAC: (Astonished.) “*You* want to play with *me*?”

Protagonist 2 as Protagonist 7: “Yes, let’s play. What shall we do first?”

Protagonist 7 as Playfulness/SAC: “Well, first we run around.” (They both start running around the circle and laughing.) “And then we pretend we are frogs.” (And Protagonist 7 shows Protagonist 2 how to be a frog and leap around the floor. The group is enjoying watching the play.) “And then we roll around in the grass.” (And they both roll around on the floor. They are laughing, the group is laughing, and then they all settle down.)

Director’s Soliloquy: *They are spontaneous in the roles. So, I can role reverse them back. I would like the Sleeping-Awakening Child to ask that the adult teach him some play. That will lead well into some music. I may prompt that request.*

Steven: (To Protagonist 7 as Playfulness/SAC.) “Sleeping-awakening child, you have been teaching him to play and doing such a wonderful job. He told me a little while ago that he has a gift for you. Would you like that?”

Protagonist 7 as Playfulness/SAC: (Impertinently.) “No.”

Steven: (Surprised.) “No?”

Protagonist 7 as Playfulness/SAC: (Smiling and laughing.) “I was just kidding!”

Steven: “You are very playful!”

Protagonist 7 as Playfulness/SAC: “I got you.”

Steven: “Yes, you did.” (Pauses.) “Would you like the gift?”

Protagonist 7 as Playfulness/SAC: “Yes, I like gifts very much.”

Steven: “Excellent. Role reverse while changing scarves.” (To Protagonist 7.) “You are now yourself.” (To Protagonist 2.) “You are now playfulness/sleeping-awakening child.”

14.9.4 Projections

Assistant Team Leader: (Whispers in my ear.) “We have projections of joy, connection, creativity, excitement, and poise.”

Steven: (Whispers to the assistant team leader.) “Here is what I am thinking. Make an audience of all the projected parts of self as well as everyone else left in the group. They will be his audience ready to hear him play his music. If he needs, I will bring in the projected strengths by name. They will all be the audience. Usher that audience behind him quietly without the protagonist seeing. Also, have someone ready to hand him his guitar. Don’t let him see them with the guitar though. I want each scene to open before him as a surprise.”

Assistant Team Leader: (Whispering.) “Okay, I’ll make it happen.”

Director’s Soliloquy: *Now, I have about three and a half minutes to bring this drama to a close. My plan is to put the guitar in his hands and to have him play a song for an audience with his sleeping-awakening child helping him. In this way, the whole group will be involved, the protagonist will have his contract met, and the sequence of seven dramas will end with music. Of course, I don’t know how well he can play, so even if he strums a few cords, I will have the group make up a song. And I am open to this going in another direction because that is the way of emergent psychodrama.*

14.9.5 Scene

Steven: (To Protagonist 7 as himself.) “So, you had told me at the beginning of our time that you had a gift for your little child and here he is ready to receive it. He has played and you both have had some great fun. What do you need to give this gift to this little one?”

Protagonist 7: (A little nervous.) “Um...well my guitar, I guess.”

(Right on cue, a team member steps forward just to the right of the protagonist as I turn the protagonist to see his guitar is “magically” appearing before him.)

Director’s Soliloquy: *That was perfectly timed. What a blessing to have such a great assistant team leader and such a wonderfully creative and intuitive team of trained auxiliary egos.*

Protagonist 7: (Strums a little on the guitar.) “Wow.”

Body Double: “I can take a deep breath and feel the music in my guitar and in myself.”

Protagonist 7: “Wow. That is good. Say it again.”

Body Double: “I can take a deep breath.”

Protagonist 7: “I can take a deep breath.”

Body Double: “I can feel the music in my guitar meet the music in myself.”

Protagonist 7: “Yes, I am going to change that. I can feel the music in myself meet the music in the guitar.”

Body Double: (Repeating to create better resonance.) “I can breathe and feel the music in me meet the music in the guitar.”

Protagonist 7: “I can breathe and feel the music in me meet the music in the guitar.”

Steven: “What else do you need to give this gift of music to your sleeping-awakening playful child self? You have offerings of joy, connection, creativity, excitement, and poise.”

Protagonist 7: “Ooh, those are good. I think poise...but not stern poise...playful poise.”

Protagonist 2 as Playfulness/SAC: “Yes, we want to be playful.”

Protagonist 7: “Yes, we do don’t we.”

Steven: “Where would you like your playful poise to be?”

Protagonist 7: “At my back with his hands almost touching my shoulder blades, sending me energy.”

(We place the group participant who received the projection of poise into the requested place.)

Steven: (Moving things along.) “So you have your body double, your sleeping-awakening child, your playful poise, your guitar, and I know you wanted to play for an audience.”

(I turn Protagonist 7 to the right to reveal all the group members. They are sitting in a semi-circle and start to cheer like an audience expecting a performance. One of the team members looks at me and points to the stool she has in her hand, offering it for the protagonist to sit on. I nod “yes.” She brings it forward seamlessly and places it for the protagonist to sit on during his performance.)

Protagonist 7: (Responding in surprised delight.) “Wow...well...okay...yeah.”

(I hold my hand up to make the cheering subside.)

Steven: (To Protagonist 7.) “They are cheering for you. Here is your child waiting for his gift. What are you going to play for us?”

Protagonist 7: “What if I play something original. Something I wrote?”

Steven: “Sounds good. The stage is yours.”

(I motion to the group to cheer a little more. The group, Protagonist 2 as the sleeping-awakening child, and playful poise all cheer and speak at once. Everyone is really enjoying the anticipation of this moment.)

Protagonist 7: (Takes a deep breath, lets it out slowly, then strums several cords on his guitar. Everyone is drawn into the moment in anticipation.) “Here is a song that I wrote and I am offering it to my inner child and to all the children in all of us that need to play more.” (He starts to sing.)

Director’s Soliloquy: This song is beautiful. It is upbeat and joy-filled. The group is clapping along. This moment is like being in an auditorium filled with fans when the musician is able to connect with each person intimately. I wish I could forever remember all the words to this lovely song. They are so perfect. I am going to hold this moment in my heart and return to it when I need to play along with my inner child. Everyone here is fully present. I can see our healing centers open and we are truly connected to each other in this moment. Here is the beauty of this work.

14.9.6 Closing

(Protagonist 7 ends the song. There is a moment of joyful awe and then the group erupts in cheers asking for an encore.)

Director’s Soliloquy: I wonder if the protagonist has something that will lead us out of the dramas with some thought and reflection as people go back to their places.

Steven: (To Protagonist 7.) “I wonder if you could play some soft music we could all hum together.”

(Protagonist 7 starts to strum a lullaby that everyone knows. All hum and sing it. Eventually the group is swaying back and forth with arms around each other's shoulders. A soft, warm, and connected feeling is experienced by all.)

Steven: "Everyone keep humming and (to Protagonist 7) keep playing while the audience leaves to go back to their homes. Anybody who has a scarf representing a role you were offering to play, please come forward and place those on his neck as he plays. As you do just name the strength."

(Four people move forward and place a scarf on Protagonist 7 naming each one as they do: joy, connection, creativity, and excitement.)

Steven: "Find a good place to end the song and then thank each of the people who have been holding the roles of playful poise, your sleeping-awakening child, and, of course, your body double."

(Protagonist 7 does this and everyone, including him, goes back to their seats.)

14.9.7 Sharing

A sharing for all the completion dramas is done after all the dramas are completed. Participants can share as a protagonist from the role or from their experiences. I remind the group that sharing is not advice giving. Sharing is a time to talk about how the stories, roles, and connections touched you and your story. This sharing is rich and full. Participants talk about how each story provided some other part of their own story and how each role they took seemed to be just what they needed at that time. Each participant found something to hold on to while they were playing so many roles so quickly. Mario Cossa calls this experience "role soup."

The participants remark that doing so many short-form dramas helped them see how one person's story layers over and in between other people's stories. They say they understand better the idea of simultaneous protagonists. Comments on this phenomenon come up multiple times, especially in regards to Protagonist 2 meeting her sleeping-awakening child in her drama and then being chosen to play the sleeping-awakening child in Protagonist 7's drama. Many participants tell the group how their story fits into an overarching theme that arose from the weekend, and a larger group story that played out through the dramas. All are amazed, satisfied, and joyful.

14.9.8 Conclusion

TSM post-traumatic growth dramas, whether regular length or as completion dramas, are a powerful way of creating action formats to practice the transformations that arise out of a TSM workshop or group. Through prescriptive role dramas, group participants engage their strengths. Next, they utilize the defense drama to manage defenses that have kept them safe but can also keep them from healing. Participants

move on to confront the trauma roles. Then, when we bring our strengths to our traumas, we get post-traumatic growth. PTG dramas practice the growth gained through the TSM healing journey.

This chapter was the last in this section of four TSM psychodrama examples. We were excited to present these dramas with the addition of the director's soliloquy. We believed that hearing the director's internal thoughts and reasoning for decisions they made at each choice point would enhance the reading experience. We also believed you would be able to hear how the director continually refers back to TSM theory, TSIRA, roles of the director, and their own experience to create action-based healing in long- and short-form psychodramas. We hope you have found this open look into the dramas and choice points informative, helpful, and even a little exciting.

As we move into the final section of this book, we take a new look at the art of integration projects and hope you fully participate in experiential learning by doing the art projects yourself. After that, we present in the final chapter our future projections for TSM psychodrama. The world needs healing individually, interpersonally, societally, inter-culturally, globally, and trans-personally. TSM psychodrama is well positioned with its clinical guide, spontaneous use of unprocessed material, and trauma-informed action methods to help in reaching all of personkind. Listen to our future projection and see what part you can play in healing the world.

References

- Calhoun, L. G., & Tedeschi, R. G. (Eds). (2014). *Handbook of posttraumatic growth: Research and practice* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum Associates Publishers. Print ISBN: 9780805851960, eBook ISBN: 9781315805597, Adobe ISBN: 9781317778011. <https://doi.org/10.4324/9781315805597>
- Hudgins, M. K. (2002). *Experiential treatment of PTSD: The therapeutic spiral model*. New York: Springer Publishing Company. ISBN-13: 978-0826149428, ISBN-10: 0826149421

Part V

Going Forward

Part V rounds out the book by pointing forward. We started this book looking back over the past 20 years of TSM psychodrama since the first edition was written. We have detailed the history, theory, and practice that are the foundation of TSM psychodrama and that support its use as a safe, trauma-informed, experiential therapy. We have shown advances in TSM concepts, and have presented detailed examples of its application. In this section, we point forward with two chapters on expansions of TSM psychodrama.

Chapter 15 is the first full chapter written exclusively on the art of integration project. Though much has been written about the other five safety structures, the art of integration project has remained in the background. Many projects have been created over the years for TSM workshops around the world, but none have been documented, detailed, nor described. That changes in this book with this chapter. History, rationale, guidelines, and instructions are all part of this chapter with a focus on opening more dialogue about this important safety structure.

Chapter 16 wraps our exploration and application of TSM psychodrama with a look into the future. We point ahead to the next level of TSM psychodrama around the world. We imagine what new avenues for training there will be and how the shift to online workshops has expanded the possibilities. We envision reaching more countries with trauma-informed care. We imagine how research will validate and expand the field of trauma-informed experiential therapy, and how TSM psychodrama is already leading the way. So, join us in looking forward.

Chapter 15

Celebrating TSM Psychodrama Through the Art of Integration



Abstract The art of integration project is one of the therapeutic spiral model's (TSM) six safety structure. Each art project is developed and formulated for left and right brain integrative experiential learning. The art of integration project bridges the creative and the cognitive sides of the brain. Each project is constructed to enhance the conceptual learning of a TSM workshop while also deepening the creative/emotional healing process. The project aids in cognitive/emotional meaning-making and is informed by and follows the trauma-survivor's internal role atom map, referred to as the TSIRA. In this chapter, we present how the art of integration project was conceptualized in its origin as one of the six safety structures in TSM psychodrama. We show you some of the theory and research supporting the use of art in trauma work. We demonstrate how the art project becomes a container allowing for sustained processing of trauma material. We provide the instructions for two art of integration projects, allowing you to have an enhanced interactive experience with the book. One project works with strengths, defenses, trauma, and post-traumatic growth. The other project is one of our favorites which helps you create an artistic representation of your autonomous healing center. We hope you will enjoy and share these projects.

Keywords Trauma · Psychodrama · Therapeutic spiral model · TSM · Trauma-informed art therapy · Arts-based psychotherapy · Art therapy for trauma survivors · Expressive art therapy

Though the art of integration project has always been a foundational part of the therapeutic spiral model, its equality with the other safety structures has waned over the years. Francesca Toscani was foremost in presenting and developing the art of integrations as one of the six safety structures during the early years of TSM psychodrama. As the years went by, Kate Hudgins focused more on her strengths as a psychodramatist and the art of integration project held a lesser role in a TSM workshop. When I (Steven) arrived to TSM, I helped create several art of integration projects now used around the world. These newly developed projects, along with

my training as an expressive arts therapist, reinvigorated this foundational TSM psychodrama safety structure.

With Toscani, the art of integration projects were developed from Jungian psychology. They were created to form a container for unconscious materials which surfaced for participants during workshops. I shifted the project from a non-directive to a directive art piece. I refocused the art of integration project from a container for exploring unconscious material to a container for naming conscious material. It seemed to me that the emergent nature of TSM psychodrama (see Chap. 4), the clinical reliance on projective identification (see Chap. 6), and the therapeutic use of tele (see Chap. 4) allows ample space for unconscious material to arise during the “art” of the TSM drama. With a little re-engineering, the art of integration project now takes unconscious chaotic material that has found meaning and provides space to encourage the left and right brain to integrate that meaning. These newly developed projects approach, amplify, and concretize the experiential learning process, providing a container which holds, reminds, and enhances participants’ processes and healing.

This chapter is the first of its kind in TSM literature. The art of integration has not been written about on its own nor expanded outside a limited content within chapters and articles on the TSM safety structures. To start a wider conversation specifically on the importance of the art of integration project, I will discuss the topic from three vantage points. First, I lay out the basic understanding that art, in itself, is therapeutic and further I advance theories that state the intentional use of any and all of the arts, including drama, poetry, visual art, music, movement/dance, in the healing process is art *as* therapy. Second, I detail a guide by which you can create a TSM art of integration project that is unique to your own group, workshop, or conference. It is not presented as the only way to create an art of integration project. Instead, it is a platform from which other interesting and diverse projects can be developed. Third, I provide step-by-step instructions on how to create two key TSM art of integration projects.

You have already been exposed to and hopefully have done an art of integration project while working through the TSIRA in Chap. 3. In this chapter, there are instructions for two more projects used around the world. I hope you will enjoy this chapter, apply its principals, and see it as an important milestone in TSM psychodrama’s development and growth.

15.1 Arts-Based Therapy and Trauma

The renowned psychodramatist Adam Blatner stated what all psychodramatist believe that the mere act of self-expression is healing in and of itself (1996, p. 12). This foundational understanding of the therapeutic nature of self-expression, especially through the arts, is asserted in the literature of arts-based therapy authors all around. Ellen Levine writes that “the imagination is implicitly therapeutic” (1999, p. 272). Van der Kolk mentions as an example of the societal need for art-based

healing that theater had been used throughout history as a ritual for dealing with communal trauma (2002, p. 388). Paolo Knill conjectures that the regular practice of art might be part of a healthy diet (1999, p. 50). Knill further states that we may be negatively impacted when we do not engage in dreams, imaginative thinking and play (1999, p. 50). These concepts have similarities to Moreno's own concepts of spontaneity and creativity (Moreno, 1993). Research and theorists agree that art is important, healing, and life-sustaining in whatever form it takes.

The theorists go on to state that the imagination is a bridge between the external and the internal world (Myers, 1999, p. 244) allowing inner images to emerge from non-verbal hiding places. Art is a holding container for these emerging symbols. Art, in all its forms, allows for the body to express itself fully. This is important because the body is a living anthology full of our emotions and thoughts and identity (Halprin, 1998, p. 133). With no creative or therapeutic outlet, our bodies can hold a life of stories, and what we cannot express, the body does express (Myers, 1999, p. 242). These stories can find their way out through physical, emotional, and mental distress (Halprin, 1998, p. 133, 134). Could it be possible that some of the symptoms that are currently being medicated could be relieved if people were given the opportunity to explore their non-verbal narratives through arts-based therapy?

While working on my dissertation (Durost, 2011) on ageism and its impact on arts-based therapy literature, I came across an amazing research project by David Read Johnson (1985) which shows the positive impact on life expectancy of a weekly drama therapy group on elder men in a nursing home. After five years running this group, the death rate for participants was one-third of the rest of the nursing home. Johnson states in his study that "by creating a playful and metaphorical atmosphere, conflictual material is expressed more easily since, if necessary, it can be more easily disowned" even for lifelong issues (Johnson, 1985).

In another exciting study that utilized theater as a healing modality, 122 older adults in subsidized retirement homes participated in eight bi-weekly groups modeled after college acting classes (Noice & Noice, 2009, p. 56). A no-treatment control group and a singing group were used for comparisons. The study used a group of 11 cognitive/affective test measures and found that there were gains even though the theater interventions did not focus on increasing those cognitive or affective markers. In other words, the members of this acting class tested statistically better for having participated in this group than those who did not.

What is interesting to note is the above group was not an arts-based therapy group. The positive effect of the participation in this group was a therapeutic by-product of art. The research again shows the importance of art, expression, and creativity on our physical, cognitive, and emotional well-being.

From this understanding of the intrinsic need for art as a form of expression, arts-based therapies were developed to employ the intentional use of the healing nature of art as the therapy process. Arts-based therapies are seen to engage the symbolic and generally non-verbal expression of the inner psyche through an intermodal application of the arts. These body-involved therapies, such as dance, music, art, drama, poetry, and story-telling, provide environments through which a client can explore internal symbols, alter personal narratives, and release conflictual materials. These

healing actions are especially important with trauma survivors whose bodies carry these narratives.

Natalie Rogers, Carl Rogers' daughter, states, "when trauma is too great for words, people may find that symbols, colors, movement, and sound provide acceptable paths for expression" (1993, p. 145). For "imagery can speak when there are no words" (p. 143). Arts-based therapies, including psychodrama, use some form of art (or with expressive therapies all forms of art) for the documentation of imagery, with an understanding that imagery is the language of the non-verbal parts of the brain. The expression of that language is seen as being healing, and often quicker than talking at revealing the psyche (Newham, 1999, p. 90). Bessel van der Kolk states, "people require physical experiences that directly contradict the helplessness and the inevitability of defeat associated with the trauma" (van der Kolk, 2002, p. 388). In his own clinic, theater is employed as an action-oriented approach aimed at transforming the participant's traumatic experiences.

The "work" of an arts-based therapist is to create an environment in which the client explores these inner images, works with them in various forms, and gives external shape to them. This book is about how TSM psychodrama works clinically, with mindful intention, to create a safe healing environment for the exploration and resolution of internalized roles. Then through the art of the psychodrama, the TSM team helps make the invisible visible so that the participants can work toward healthy self-organization. This is not art *in* therapy; this is art *as* therapy.

In similar work using visual arts, Annette Brederode (1998) remarked, "My work with psychiatric patients made me aware of how important it is to express and make visible with the help of images that which cannot, or not yet, be verbalized..." (p. 151). She stated, "Strangely enough, the internal images, as well as the images on the paper or in the clay, are usually so primary and swift that they are far ahead of their meaning. The images can always be trusted; it usually just takes time to realize and accept this" (pp. 161–162).

In applying expressive therapies to trauma work, Myer's (1999) description of people in transitional war-type camps is interesting and applicable. People who live in exile have often lost everything. They have lost the "house of the family" and "the house of the community." The only house they have left is "the house of the body." Because this house often contains so much pain and so many bad memories, the owner moves out in order to save their soul. They exile themselves from the body as a method to avoid the pain of trauma. This process will, over time, give an individual the experience of belonging to the "living dead," a state where one feels totally isolated from life (Meyers, 199, p. 241–242).

This image of an empty house and a soul wandering among the living dead is devastatingly beautiful, and it is the reality of many trauma survivors. Expressive therapies help clients circumvent their protective layers of emotional defenses, process events they cannot give words to, find healing despite their inability to verbalize their pain, contact their inner self, integrate their being, and re-enter the "house" of their bodies. It is because of this that arts-based therapies, including TSM psychodrama, are so valuable when working with all people, and especially those who have experienced trauma.

Each of the arts-based therapies approaches create safety for traumatized individuals in different ways and all, in their own manner, are successful in helping to resolve conflictual material. TSM psychodrama does this through the six safety structures (see Chap. 7) and the TSIRA (see Chap. 3). Expressive therapies do this through the intermodal use of the arts modalities drawing on each of their strengths when needed in service to the client.

In like manner, TSM psychodrama utilizes the strength of creating visual arts to form a container for therapy work as it is occurring. The art of integration is developed piece by piece through a weekend or workshop with a focus on concretizing and integrating left and right brain experiential learning. TSM psychodrama is ultimately an inner-personal, interpersonal, and trans-personal body-based experience. It works to hold the mind present to trauma material in a safe, grounded, and present manner so that post-traumatic growth will occur. The art of integration is created to contain the unconscious and conscious material revealed through the psychodrama so that the left and right sides of the brain can assimilate and re-integrate the learning in a new way. The TSM psychodrama, as a group process, is the externalization of conflictual materials and the art of integration project, as a more individual act, is the holding place for the internalization of the resolved material. Though the impact of a psychodrama can be life long, the scene itself dissolves into memory. The art of integration project serves as creative documentation which keeps the post-traumatic growth images alive and further augments the psychodrama's healing impact.

Thus, it is important to create the art of integration project with intentionality and mindfulness. The art of integration project should hold the theme of the workshop, the participant's personal interaction with the material, and the growth or transformation from the experience. What follows are guidelines for constructing a solid TSM art of integration project.

15.2 Art of Integration Core Structure

When creating an art of integration project as part of a TSM psychodrama workshop, there are some basic elements to include. These elements mirror the TSIRA and hold clinically significant information. Remember, art can have a direct connection to one's emotional, psychological, and physical well-being (Knill, 1999). Thus, the art of integration projects are not only part of the healing process for the participants; they are also useful in providing clinically significant information concerning the overall readiness for individuals and groups to proceed to the next stage of the TSIRA. It is important to note that one should resist interpreting a participant's art. However, a well-planned art of integration project can help provide information without the need for interpretation.

Now, it is not unusual for participants to say that they are not artistic and cannot create art. So, it is important to be clear with the participants that "it is the process, rather than the product, that heals..." (Rogers, 1993, p. 70). For many people, there can be a resistance to creating because they are afraid that the end result will not

look good, and many have received negative messages about their art and artistic qualities. Yet, we as human beings instinctively want to create. Moreno believed as humans we were born to create, and “our creativity is that aspect of us that connects us with the Godhead” (Nolte, 2014). With this understanding, TSM psychodrama posits that when given an environment of “no shame, no blame,” participants will spontaneously create. Helping participants overcome their focus on the product will lead to greater exploration of their strengths, problematic material, and post-traumatic growth through the art project. A well-thought-out art of integration will be as valuable for the artistically anxious as the creatively expressive. Everyone will end up, no matter how the art looks, with something that is meaningful to them.

When planning a TSM art of integration project, there are six considerations that serve as guidelines: workshop themes, TSIRA, participants, materials, settings, and time. I will discuss all of these in a moment along with a format for processing the group’s collective work as an impromptu gallery opening of healing art.

15.2.1 Theme

In developing a therapeutic spiral model art of integration project, it is helpful to start with the theme of the workshop as the initial inspiration. The shape of the project can arise from the imagery of the workshop. For example, the triangle is a natural symbol for the trauma triangle workshop and is an easy foundation to build upon. During the trauma triangle workshop, participants draw a triangle and divide the inside into six sections. In three sections they are to draw or collage their strengths. In the other three sections, they draw or collage their trauma. Then, within and around their triangle, they represent their growth. This structure reinforces the trauma triangle theme of the workshop while also holding one of the significant learnings: when we bring our strengths to our trauma, we get post-traumatic growth.

The workshop on defenses is about safely moving through layers to our trauma and arriving at our transformation. While creating the art of integration project for the workshop, I used layers of paper (as you will see when this project is described later in this chapter) to represent the deepening journey of the workshop. However, since the images of masks are also used in the workshop, I could have just as easily created a project around a series of masks or mask imagery. The possibilities are abundant when looking to the theme as the starting point for the structure that will hold the art.

15.2.2 TSIRA

In the art project that runs through chapter 3 (see Chap. 3), you can see I worked the TSIRA into the art project by incorporating a place for strengths, trauma, and post-traumatic growth. In each art of integration project, look for where you can weave

in the TSIRA. What are the strengths coming forth? Are defenses being addressed? What is the trauma that is being attended that day? What is the growth that comes from these experiences? And, how do these integrate into a bigger picture? The art of integration project is the holding space for the unconscious materials that arise, as well as the transformation that occurs. Thus, the art piece should have a space for strengths, defenses (if addressed in the workshop), trauma material, and post-traumatic growth. Not only will this help participants remember the material from the workshop, it will help them metabolize the healing and learning that has occurred.

If a workshop does not address all four parts of the TSIRA, then the art need not either. For a men's workshop that was focused on inner strengths-building, I had the men create a sculpture from pipe cleaners of their inner-personal, interpersonal, and trans-personal strengths. We did not do trauma work so it was not incorporated into the art piece. For other workshops, where we focused on strengths, trauma, and growth, I did not include defenses as part of the project because we did not specifically attend to this topic in the workshop. With all projects, it is good to allow time for participants at the end to add, change, or shift anything in their overall piece to integrate all the parts of the work together as one unified work of art.

15.2.3 Participants

One of most important considerations in creating a TSM art of integration project is the composite of the participants. With attention on inclusion, it is important to be mindful of the imagery, colors, items, pictures, etc. that are presented and incorporated into the art project. This attention to culture, ethnicity, and diversity becomes vastly more important in this growing and shrinking world. Transcontinental and online healing events are connecting us in new and amazing ways. TSM psychodrama has reached more people during the pandemic because of online workshops, trainings, and events. This expansion has allowed participants in countries all around the world to be in the same cyberspace at the same time. This means more than ever that in developing an art of integration projects, one should be mindful of the multiplicity of cultures, ethnicities, and spiritual beliefs with which one can work. A well-constructed art of integration project will refrain from using a structure based on religious, ethnic, and/or cultural imagery unless there is a specific religious, ethnic, and/or cultural reason to do so. Otherwise, the base structure should be neutral, inclusive, and allow for all participants to layer their own meanings and imagery.

15.2.4 Materials

With any art therapy, it is important to provide a well-thought-out project with good enough material that can be aesthetically pleasing (Wald, 2003). However, the goal is not the production of art. The art of integration project is the symbolic documentation

of the process, the by-product of the therapy. So, when developing the project, one must consider the materials available and the end product, but not be heavily focused on its product. Good materials help, but a good project will work regardless of supplies.

The art supplies can be as lush or as economical as you desire. I tend to create the projects to be simple, adaptable, and with materials readily available anywhere. Since TSM psychodrama is worldwide, I want the art of integration projects to be reproducible from the United States to Singapore, from China to Romania, and from Bali to the Netherlands. When in the castle that C.R.E.A.T.E! calls home in Manchester, New Hampshire, USA, I offer a wide variety of art supplies and can even alternate some of them through the workshop or session. However, when I travel and have to carry the art supplies, I alter the project to minimize the weight in my luggage. Though I must admit, I have been known to bring a suitcase full of workshop art supplies, purposely use them, and then fill the empty space with souvenirs for the trip home!

15.2.5 Setting

Years before I met Kate, I did a trauma internship in South Africa. I brought a suitcase of art supplies...that got lost on the flight. They did not find their way to me in Cape Town for 42 days. I was glad to be able to use them during our final group session. In the intervening weeks of separation, I had been re-creating all my group sessions with materials available in the area. Since then, I have learned to adapt my directive art therapy interventions in advance with thoughts of the materials available in the workshop's location where I am going.

Another setting consideration when constructing an art of integration project is the amount of space available. There is a great difference in space needed when creating a full body project with eight people in a large conference room versus doing the same project in a small classroom with 20 participants. In one case when I knew the space was limited, I altered the full body project by purchasing eight-inch-tall paper doll cut-outs and did the entire process using the paper dolls as the body structure. It worked well and everybody was comfortable in the space we had.

Working online adds another consideration for setting because instead of one space to think about, each participant now has their own space, and all the spaces are different. Usually I can provide items like glue sticks and unique art material when people are in the same room. When working with people in homes all over the world simultaneously, some of the supplies may not be readily available. For example, the defenses art of integration project calls for four pieces of paper, drawing supplies, scissors, and a stapler. Many people do not have staplers or scissors, and tape does not work well in this project. In response, I adjusted the way to attach the pieces of paper together without using a stapler, and I provide an alternative instruction if scissors are not available. Currently, all that is minimally needed for this project is four pieces of paper and a drawing utensil.

15.2.6 Time

The number of participants can lengthen the time needed to finish the project well. It can take 20 participants much longer to do the same project than eight participants. Sometimes it is better to reduce a project to its essence so that time may be used efficiently. For example, I will have participants place only one trauma on their art piece. This reduces the amount of time needed and can keep participants in their strengths and from spiraling into their pasts.

Participants move at different speeds. Some will be done quickly, and others will take every moment you give them. Use your judgement to allow for everyone to have all the time they need, while still moving the workshop along.

It is easy during a session, event, or workshop for the drama and sharing to use up time. And it is easy to take that time away from the art of integration project. Flexibility in the design can help the project be adjusted if needed. However, it is also important to honor the art of integration project as the TSM safety structure that is it. Different people experience growth and healing differently. The art of integration project allows for an extra level of safety to exist for all group members.

15.2.7 Processing as a Gallery Opening

The art of integration project is often developed and added to piece by piece, section by section throughout the TSM session or, in the case of an ongoing group, over multiple sessions. For example, in a three-day workshop, we might have participants add their strengths to the art piece before or after the first prescriptive drama. We might have them name and add one artistic representation of their trauma to the art piece to warm up to the trauma drama. We might have them represent in the project their post-traumatic growth after the completion drama. Finally, we might have them spend some time unifying the art piece by adding anything else they want to integrate the piece as a whole.

After these steps, we usually have participants, if they are willing, gather their art pieces in one location. Sometimes we hang the art works on the wall; sometimes we lay them on the floor in a circle. Then, we have a “gallery opening.” We give the artists/participants time to present their pieces if they like. Often, the participants talk through their journey from strengths, to defenses, to trauma, to growth. Sometimes, we have the group name the “art installation” as created by all of the pieces collectively. We have had some wonderful names, like “The Spontaneous, Circle of Living,” “Colorful Healing,” and “Joy Unexpectedly.” The art of integration gallery opening gives testimony to beautiful transformations and growth (Fig. 15.1).

Art comes in many forms. The art of integration project can be a series of poems, journal entries, dance movements, sculptures, and photographs taken on a cell phone. Be open to possibilities and all will be possible. Visual art is just one way to approach TSM art of integration projects, and I hope you work creatively to expand the concept



Fig. 15.1 A gallery opening for the defenses art of integration project

and bring more of these healing projects into existence. I suggest trying the two projects that follow as a warm-up to creating your own.

15.3 Art of Integration Projects

Here are the inspiration and instructions for two art of integration projects. These represent TSM projects which integrate experiential learning and post-traumatic growth. Have fun, be creative, and restore.

15.3.1 Defenses as an Art of Integration Project

I developed this project specifically for TSM psychodrama's Making Friends with Your Defenses workshop. It took me a number of days to find the inspiration for this art of integration project. I wanted something that reflected the deepening layer-by-layer journey of the workshop experience. I had yet to resonant with any of the creative ideas that I had until someone gifted me this clay mask (Fig. 15.2).

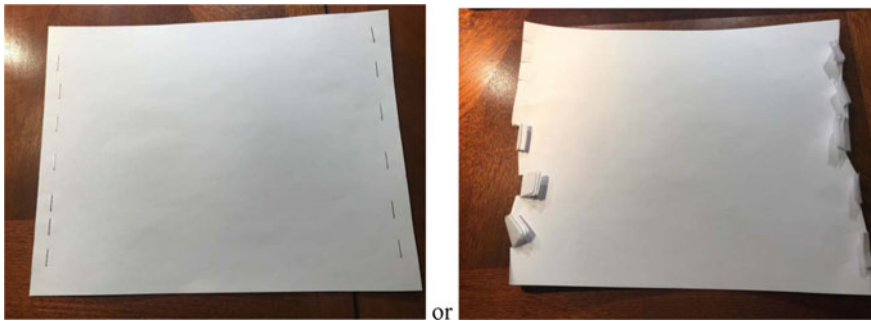
In that moment, the whole project opened up to me. I knew it was a perfect fit for the defenses workshop. Sometimes inspiration is delivered into your hands.

Here are the instructions for this project. It would be wonderful if you would actually do the project as you read through it. Pace yourself and do not move any faster than you are able to stay present. The reward is in the journey.

Supplies:

- four sheets of paper
- markers and art supplies
- stapler (not essential)
- scissors (not essential)

Place all four sheets of paper one on top of the other and staple or tab tear along the edges of the two shorter parallel sides. Stapling holds the best. Make sure you are binding the paper on both sides of the paper (Fig. 15.3).

Fig. 15.2 Clay mask**Fig. 15.3** Step 1 of defenses as an art of integration project

Draw, write, or attach depictions of your strengths to the top layer of the stapled paper pad. It would be wonderful to have at least one inner-personal, one interpersonal, and one trans-personal strength. Fill the page (Fig. 15.4).

When you have completed adding your strengths, find a pathway to cut through only the top sheet of the four layers of paper. You do not have to cut a straight line, and you do not have to cut through your strengths. Find the path that makes sense. Use the scissors or rip the paper to create a path. The second layer of paper is now exposed (Fig. 15.5).

On this layer, add depictions of your defenses. Defenses are the behaviors and activities that have helped you survive and need to be managed right now in order for you to safely take a deeper look. You can name them, draw symbols of them, and/or make drawings that only you will understand. It is all good.

After you are finished with the defenses, cut or tear through this second layer of paper. Only the second layer though. You may decide to cut or tear around, or even through some of the defenses. Find the path that seems right for you (Fig. 15.6).



Fig. 15.4 Step 2 of defenses as an art of integration project

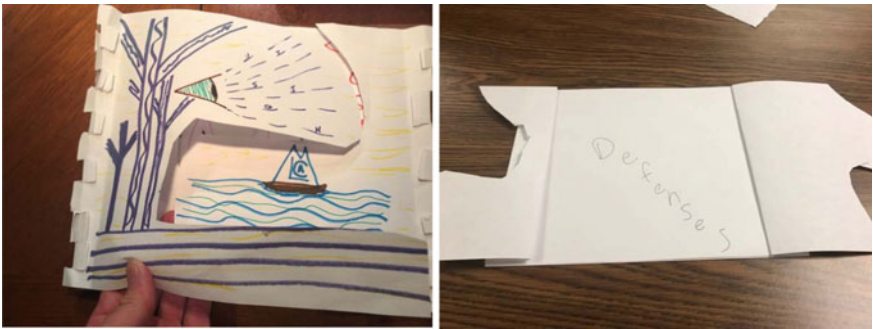


Fig. 15.5 Step 3 of defenses as an art of integration project



Fig. 15.6 Step 4 of defenses as an art of integration project

On the paper underneath, create a representation of a trauma you have experienced. Do not draw every trauma. Only draw the one you are able to attend to safely in this moment. When done, find a path to cut through the trauma, exposing the final sheet of paper.

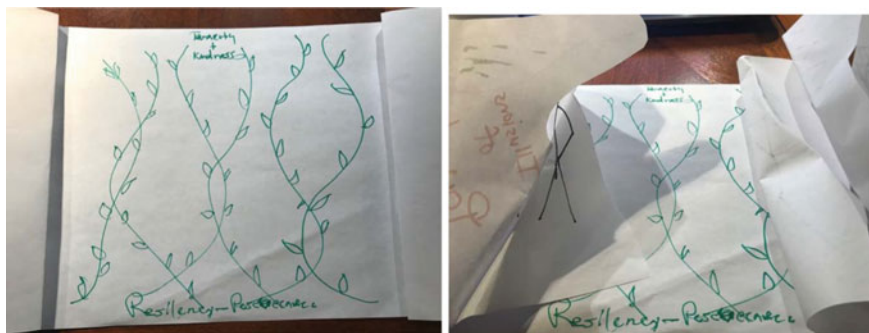


Fig. 15.7 Step 5 of defenses as an art of integration project

On this last sheet, create a representation of your transformation, post-traumatic growth, autonomous healing center, sleeping-awakening child, any, or all of them. Use the images that makes sense to you (Fig. 15.7).

Then, looking at the entire project, add or alter the project in any way that completes it for you.

This project can also be done with paint, collage, or as an altered book.

15.3.2 Autonomous Healing Center Art of Integration Project

While this is a relatively simple project, the result is as meaningful and diverse as the many countries it has been shared in. I did not develop the process itself. An intern at my center taught me it. I had used it with my clients for a number of months when Kate asked me to develop a new art of integration project. I liked its simplicity, structure, and results. Within a few hours, I had converted the process into TSM terms and was able to present it at the next workshop. As it turns out, it has become Kate's favorite project and now TSM participants around the world around have artistic representations of their autonomous healing center.

Supplies:

- two pieces of paper
- oil pastels or cray-pas

Start with two pieces of paper. I use copier paper. Different paper stock will produce different effects. It is all good.

Fold one of the pieces of paper in half. That piece is now the template paper. Tear out a quarter size half circle from the center of the fold (Fig. 15.8).

Using oil pastels, rub a thick layer of color around the opening of the hole (Fig. 15.9).

Place the template paper over the base paper and with a finger push the color from the template into the center of the base paper (Fig. 15.10).

Fig. 15.8 Step 1 of autonomous healing center art of integration project

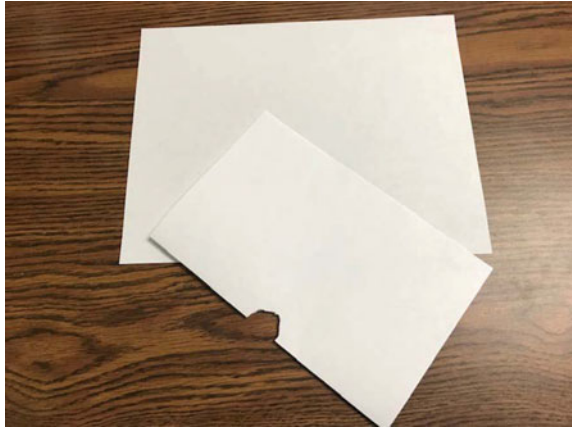


Fig. 15.9 Step 2 of autonomous healing center art of integration project

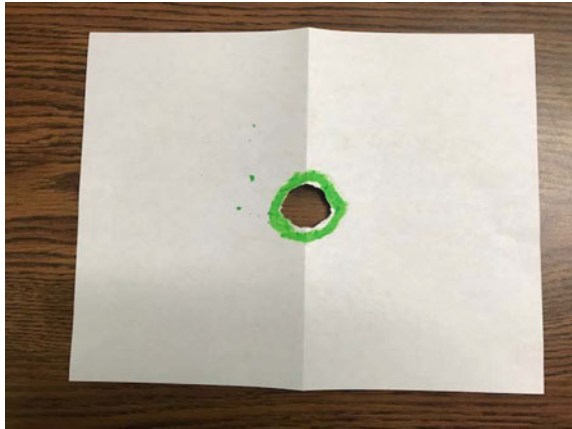


Fig. 15.10 Step 3 of Autonomous Healing Center Art of Integration Project

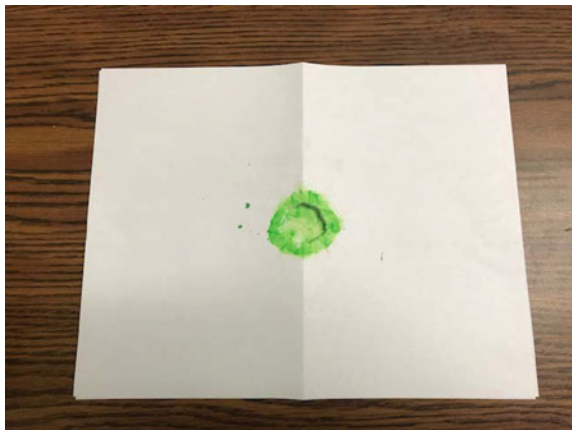
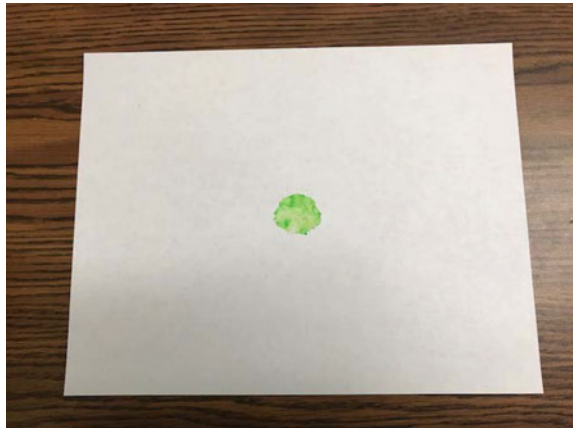


Fig. 15.11 Step 4 of autonomous healing center art of integration project



Remove the template (Fig. 15.11).

Fold the template paper in half and tear out a slightly larger half circle (Fig. 15.12).

As above, open up the paper, and rub a thick layer of another color oil pastel around the opening. Then place over the base paper and rub the color from the template into the circle (Fig. 15.13).

For the first three openings, identify strengths you have and use the different colors to represent each of these strengths (Fig. 15.14).

Continue folding the template, ripping a slightly larger opening, coloring the outer circle with variations of color, and pushing the color from the template into the circle until you have three rings. (Fig. 15.15).

For the second set of three circles, name a trauma you have experienced and use a bit of color to represent it. Use multiple colors around the circle along with the color for the trauma to create more interesting variations (Fig. 15.16).

Fig. 15.12 Step 5 of autonomous healing center art of integration project

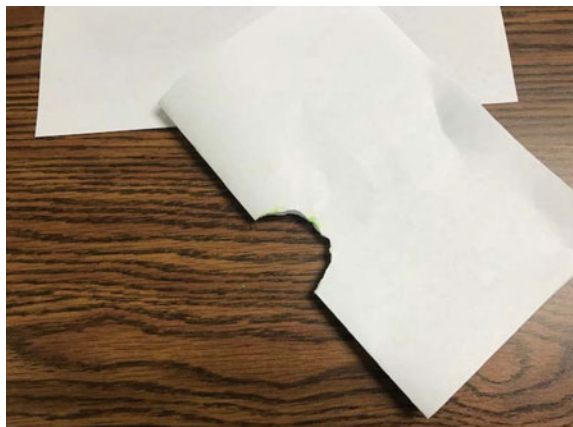


Fig. 15.13 Step 6 of autonomous healing center art of integration project

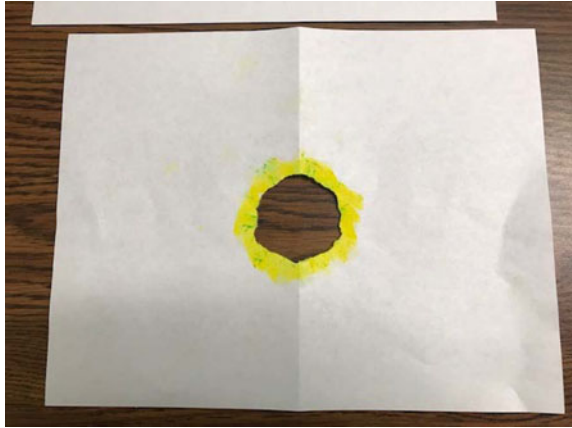


Fig. 15.14 Step 7 of autonomous healing center art of integration project



Fig. 15.15 Step 8 of autonomous healing center art of integration project



Fig. 15.16 Step 9 of autonomous healing center art of integration project



Fig. 15.17 Step 10 of autonomous healing center art of integration project



For the final three rings, think of colors to represent your post-traumatic growth. Continue the process (Fig. 15.17).

The variations and mistakes become interesting patterns (Fig. 15.18).

Something different and wonderful always emerges (Fig. 15.19).

Continue until the piece is as large as you are able to make it. Keep it as is or cut it out (Fig. 15.20).

The circles that have been removed can be used for this or other art projects (Fig. 15.21).

The final art piece can be kept as is, or can be integrated into another project (Fig. 15.22).

Here are some other examples of the completed AHC art of integration projects (Fig. 15.23).

Fig. 15.18 Step 11 of autonomous healing center art of integration project



Fig. 15.19 Step 12 of autonomous healing center art of integration project



Fig. 15.20 Step 13 of autonomous healing center art of integration project



Fig. 15.21 Step 14 of autonomous healing center art of integration project



Fig. 15.22 Step 15 of autonomous healing center art of integration project



Fig. 15.23 Examples of autonomous healing center art of integration projects

15.4 Conclusion

TSM psychodrama is constructed to safely evoke, reconstruct, and resolve unprocessed, unconscious, and internalized materials. It engages the whole body in working with symbolic processes which we term internalized roles. With clinical acuity, TSM psychodrama helps the body release and/or transform internalized roles and incorporate more useful post-traumatic roles. If psychodramas are the stage on which the therapeutic spiral model helps process unconscious material, then the art of integration project is the container for materials made conscious, and the holder of the post-traumatic growth.

In this chapter, we have presented the concept that artistic expression is healing. We have found that arts-based therapies clinically engage art *as* the therapy. Further we found that arts-based therapy can work with unresolved conscious and unconscious materials to bring them forward, work with them, and then re-assimilate those materials in a new and useful way. This is very much the work of TSM psychodrama.

TSM psychodrama uses the TSIRA as a map through the unconscious materials. The psychodramas reworks the internalized roles for healthy self-organization in much the same manner that other arts-based therapies rework symbolic processes. The art of integration holds the symbolic work as artistic documentation fostering left and right brain experiential learning and aiding in the internalization of post-traumatic growth.

Additionally, this chapter has provided guidelines for creating solid TSM art of integration projects. These steps are suggestions and we hope you will use your own creativity to expand and develop new, interesting, and creative ways to artistically and imaginatively hold healing journeys.

Finally, we presented the instruction for two art of integration projects that we encourage you to do on your own. Many around the world have already done them and found their healing power. Even without a psychodrama to support them, these are powerful and healing projects. When you have done them, you may find that journaling, creating a poem, or responding to them in movement will help with their integration. Kate and I are always eager to see what you have created. So, feel free to share them with us. We will enjoy hearing about your journey.

This chapter is the first that truly honors the importance of the art of integration. So much more can be said about this vital part of the TSM psychodrama experience. Maybe the person who can expand on these concepts is you. Maybe you are the next part of TSM psychodrama's work around the world. In the next chapter, Kate and I envision a future for TSM psychodrama and dream of the world ahead. We would love for you to continue to be a part of that vision. So, join us and find your place in our future projections.

References

- Blatner, A. (1996). *Acting-In: Practical applications of psychodramatic methods* (3rd ed.). Springer Publishing Company.
- Brederode, A. (1998). Layer upon layer: A healing experience in the art studio. In S. K. Levine & E. G. Levine (Eds.), *Foundations of expressive arts therapy: Theoretical and clinical perspectives* (pp. 151–170). Jessica Kingsley.
- Durost, S. W. (2011). *Old is an attitude—Age is a concept: A qualitative study on aging and ageism with guidelines for expressive therapies literature* [Doctoral dissertation]. Lesley University.
- Halprin, D. (1998). Living artfully: Movement as an integrative process. In S. K. Levine & E. G. Levine (Eds.), *Foundations of expressive arts therapy: Theoretical and clinical perspectives* (pp. 133–150). Jessica Kingsley.
- Johnson, D. R. (1985). Expressive group psychotherapy with the elderly: A drama therapy approach. *International Journal of Group Psychotherapy*, 35(1), 109–127. <https://doi.org/10.1080/007284.1985.11491408>
- Knill, P. J. (1999). Soul nourishment, or the intermodal language of imagination. In S. K. Levine & E. G. Levine (Eds.), *Foundations of expressive arts therapy: Theoretical and clinical perspectives* (pp. 37–52). Jessica Kingsley.
- Levine, E. G. (1999). On the playground: Child psychology and expressive arts therapy. In S. K. Levine & E. G. Levine (Eds.), *Foundations of expressive arts therapy: Theoretical and clinical perspectives* (pp. 257–273). Jessica Kingsley.
- Moreno, J. L. (1993). *Who shall survive?: Foundations of sociometry, group psychotherapy and sociodrama* (Student ed.). American Society of Group Psychotherapy & Psychodrama.
- Myers, M. A. (1999). In exile from the body: Creating a “play room” in the “waiting room.” In S. K. Levine & E. G. Levine (Eds.), *Foundations of expressive arts therapy: Theoretical and clinical perspectives* (pp. 241–256). Jessica Kingsley.
- Newham, P. (1999). Voicework as therapy: The artistic use of singing and vocal sound to heal mind and body. In S. K. Levine & E. G. Levine (Eds.), *Foundations of expressive arts therapy: Theoretical and clinical perspectives* (pp. 89–112). Jessica Kingsley.
- Noice, H., & Noice, T. (2009). An arts intervention for older adults living in subsidized retirement homes. *Aging, Neuropsychology, and Cognition*, 16(1), 56–79. <https://doi.org/10.1080/13825580802233400>
- Nolte, J. (2014). *The philosophy, theory and methods of J. L. Moreno: The man who tried to become god* (1st ed.). Routledge.
- Rogers, N. (1993). *The creative connection: Expressive arts as healing*. Science and Behavior Books.
- van der Kolk, B. A. (2002). Posttraumatic therapy in the age of neuroscience. *Psychoanalytic Dialogues*, 12(3), 381–392. <https://doi.org/10.1080/10481881209348674>
- Wald, J. (2003). Clinical art therapy with older adults. In C. A. Malchiodi (Ed.), *Handbook of art therapy*. Guilford Press.

Chapter 16

TSM Future Projections: Beyond Post-traumatic Growth



Abstract This final chapter on TSM psychodrama brings us back to the beginning and to the poem of re-teaching people their loveliness. In an ongoing effort to do so, we detail our future projections for TSM psychodrama. We look at our hopes and visions for the next few years and beyond. We look forward to multicultural groups growing, online teaching expanding, and new opportunities developing. We set the intention that research will confirm our hypotheses that TSM psychodrama changes the brain's neural pathways in healing and positive ways. We envision a model that is ever-growing and expanding to include the best that trauma-informed care has to offer. Join us as we look into the future where TSM psychodrama reaches new heights as a safe, research-based, trauma-informed, experiential therapy.

Keywords TSM psychodrama · Certification · TSM certification · Experiential therapy · Trauma-informed care

What happens beyond post-traumatic growth? What happens once one has gained their strengths and developed their supportive roles, restructured the trauma roles, and is growing in their appropriate authority? We hope that what happens is flourishing. TSM psychodrama, co-created with the strengths of many contributors, has been adapted to the needs of many cultures and is expanding because of its strong foundation. So, where does TSM psychodrama go from here? That is what we will address in this chapter. We hope you will see the possibilities and be part of the vision. And, that you will imagine a life for yourself where you will flourish even beyond post-traumatic growth.

16.1 Expansion Through Online Applications

We envision that TSM psychodrama will continue to grow through the use of online applications. In the last couple of years, we have made spontaneous and necessary adjustments to our international training program as the pandemic challenged us to

transform our in-person trainings to online learning experiences. This adjustment kept our International Certification in Experiential Trauma Therapy Using TSM Psychodrama running, and we expanded it to include a certificate for online TSM psychodrama facilitation.

In seeing the shift to an online format as an opportunity for growth, we started looking at TSM psychodrama in a different way. With everyone's faces on the screen, we could visually see the group brain in action. This was a concept we had discussed long before Covid-19. Now, through the computer, it was revealed before our eyes. There are many examples of how the shift to online training encouraged us to re-learn TSM psychodrama theory and practice. And, we are confident that continued online delivery will enable us not only to reach the growing number of people around the world who are interested in trauma-informed psychodrama but also to expand the understanding of TSM psychodrama concepts.

16.2 Multicultural Growth

Because TSM psychodrama practitioners now offer online services, the ability to reach new countries and cultures with the message of self-healing has expanded. More people are reaching out for trauma-informed experiential therapy, and we have been able to provide training and resources for an ever more diverse composite of people. We find this thrilling, amazing, and humbling. TSM psychodrama has been taught in over 50 countries. Hudgins (2015) and Hudgins and Durost (in press) include some of the many examples of TSM working in the global community. We are honored to know so many people from so many countries, cultures, ethnicities, languages, and backgrounds. We envision TSM psychodrama continuing to be a force that relieves pain and unites the world.

16.3 New Theoretical Action Concepts

In a new and ever-changing world, there are always evolving ways in which concepts, theories, and guidelines are developed, explained, and practiced. In this book, we brought forward some ideas that expand and advance previous concepts of TSM psychodrama and psychodrama in general. We have presented ideas such as the group brain, immersive tele, interpersonal spontaneity, emergent psychodrama, and simultaneous protagonists. We have presented a fuller look at working with defenses through TSM psychodrama. And, we have clearly defined the therapeutic use of the autonomous healing center. Seeing how these concepts have evolved into their importance in TSM psychodrama, we are excited about what will emerge over the next 20 years. We envision this book not as the period at the end of a sentence, but as a prompt for continued writing and development.

16.4 New Adaptations

As more people are trained, there will be more adaptations and applications of the TSM psychodrama theories and practice. For example, I (Steven) use TSM's TSIRA and the six safety structures to inform my work as an internship supervisor. Imagine the interns' surprise when they come on the first day with their laptops and I have a pile of scarves and cards ready to move them into action. TSM psychodrama principles are applicable to diverse settings and multiple situations. The growth in application is cutting edge and very exciting.

16.5 Future Connection with Neurobiology and Experiential Therapy for Trauma

In our deepest dream, we imagine being able to test out our clinical hypotheses about how experiential therapy and the therapeutic spiral model in particular are able to change the brain through new experiences in the here and now. As co-authors, we realize we did not even begin to touch the surface of what is known about neurobiology, especially as connected to experiential methods in this book. We like to think that one day will be able to do TSM psychodramas in person with each group member wearing an individual MRI cap to capture all the group experiences. Then, we could test out our idea that there is truly a group brain in TSM psychodramas and that the clinical action structures we have developed provide a safe environment for this to happen with spontaneity and creativity. We think that it would show that the body double does in fact create self-soothing; we hypothesize that this role calms the protagonist's amygdala and alerts the smart vagus nerve. We consider that the containing double might show a balance of left and right brain thinking. For each intervention, we have clinical hypotheses for changes in the brain that we believe our intervention modules can create. It will be interesting to see who picks up this thread and carries it forward.

16.6 TSM Psychodrama Training, Online Cohorts, and Hybrid Certification

Therapeutic Spiral International, LLC has been certifying people working with trauma for over 20 years. The program has changed a bit through the years and is now taught both online and in person, with most people creating a hybrid model to progress through levels 1 and 2 more quickly than when every workshop was in person. We are continually incorporating and updating the process of certification with the newest best practices. Our team of trainers work together to create a solid

program so that all who participate will develop competency, awareness, and skills. We see this only becoming stronger as TSM psychodrama moves forward.

As part of the certification, participants are able to move beyond just attending the workshops. They can develop their skills by being on TSM psychodrama teams, becoming an assistant leader, and eventually a team leader. We are looking forward to developing people even beyond team participation and into trainer status. To aid in this vision, we can see the possibility of a college or university adopting this method as a standard certification program in trauma-informed experiential therapy. We see great opportunities for people around the world to take this method to their countries, practices, and situations, adapt the process to their cultures, and teach people around them how to heal through TSM psychodrama. See www.therapeuticspiralmodel for certification standards and courses.

16.7 Conclusion

In taking you forward to the future we envision for TSM psychodrama around the world, we want to bring you back to the poem that opened this book. As you recall, it mentioned that “everything flowers, from within, of self-blessing” (Galway, 1980). We likened this to the autonomous healing center, which will ignite given the right circumstances. We believe that TSM psychodrama helps to create the environment for the autonomous healing center to activate, and we believe this can be done for individuals, families, groups, communities, and the world. At all levels, we can all heal from within. Zerka T. Moreno taught us this truth. TSM psychodrama makes it accessible to everyone.

The name of the poem is “Saint Francis and the Sow.” As you may remember, the first part of the poem talks about the possibilities of self-healing held in every bud. Yet there is no mention of either Saint Francis or a sow at that point. Here now is the second part of the poem where you will see what happens when Saint Francis meets the sow.

As Saint Francis

put his hand on the creased forehead

of the sow, and told her in words and in touch

blessings of earth on the sow, and the sow

began remembering all down her thick length,

from the earthen snout all the way

through the fodder and slops to the spiritual curl of the tail,

from the hard spininess spiked out from the spine

down through the great broken heart

to the sheer blue milken dreaminess spurting and shuddering
 from the fourteen teats into the fourteen mouths sucking and blowing beneath them:
 the long, perfect loveliness of sow. (Kinnell, 1980)

This part of the poem shows Saint Francis reminding a mother pig that she is beautiful. He places his hand on her and she can feel her beauty again. She is reminded of her loveliness. The feeling is so strong it reverberates through her body and even sends blessings to the next generation of piglets. The first part of the poem that we opened the book with said that all things can flower from within with self-blessing. In this second part, we see an example of how one person can pass a blessing onto someone with a “great broken heart.” That recipient can heal all the way through their body and pass that blessing on for generations to come.

We have been attentive throughout this book to give credit to all those “Saint Francis” people who have helped to bring together the concepts, experiences, theories, practices, and procedures that have made TSM psychodrama what it is today. We have been touched with blessings by everyone who continually reminds us of the strength of TSM psychodrama. We are grateful to forward these blessings through our work and through this book. In looking forward, we see so much open for the next level of TSM psychodrama growth and want to keep the blessings moving forward.

We hope you will take some of our “blue milken dreaminess,” remember your loveliness, and envision a world for yourself full of growth and blessings.

References

- Hudgins, K. (2015). Spiral healing: A thread of energy and connections across cultures. In S. Brooke & C. E. Myers (Eds.), *Therapists creating a cultural tapestry: Using the creative therapies across cultures*. Charles C. Thomas Publisher, Ltd.
- Hudgins, K., & Durost, S. W. (In Press). Therapeutic spiral model psychodrama around the world: Cultural connections. In M. Honig & C. M. Taboada (Eds.), *IAGP transcultural book working with cultural diversity*. IAGP.
- Kinnell, G. (1980). Saint Francis and the sow. In *Mortal acts, mortal words*. Houghton Mifflin Company.

Appendix

TSM Glossary of Terms

Act Hunger: A desire to move into action, often to complete unfinished business or resolve painful experience.

Action Methods: A form of therapy derived from psychodrama that facilitates the client's shift from narration (verbally telling his or her story) to motor representation (showing through use of the body as well as the voice). Psychodrama was the seminal action method of change.

Action Sociogram: A sociogram is a diagram that maps a person's social connections. An action sociogram is a sociometric structure during which an individual or group's interpersonal connections are demonstrated in the moment. The hands-on-shoulders safety structure is an example of an action sociogram.

Action Healing Team: TSM clinical teams include Director/Team Leader (TL), Assistant Leader (AL), and Trained auxiliary egos (TAEs). We use TSM teams in all trainings and personal growth workshops to work with emergent psychodrama and simultaneous protagonists to reach PTG safely.

Team Leader (TL): This is the role of the director that is expanded in TSM to include directing a team, as well as the drama. The TL is the clinician who has overall responsibility for a TSM workshop and usually directs most dramas. A certified TL is competent to direct a full TSM trauma drama.

Assistant Leader (AL): This role is not a full co-director, but more the group leader who identifies where support is needed. AL pays attention to the group brain so that all experiences can be integrated into simultaneous protagonist dramas. A certified AL can direct prescriptive and post-traumatic growth dramas.

Trained Auxiliary Ego (TAE): A term in TSM that describes trained team members that take any role that is needed in a TSM psychodrama. More specifically, they are trained in TSM doubling, can identify and give back projective identifications, and

are able take the trauma-based roles of victim, perpetrator, and abandoning authority for safety.

Aha Moment: This is both a term and a real experience that symbolizes when there is a spontaneous realization that is experienced both in the body and in the mind at the same time. It is often what people see as “miracles” in psychodrama. When the AHC is fully accessed, all comes together in a new creation.

AHC: The acronym that TSM has given to the formal concept of the autonomous healing center from classical psychodrama and sociatry.

Art of Integration Projects: Each TSM workshop, whether for training or personal growth, uses an expressive arts project throughout each day to connect the right brain, body based, experiential learning with left brain integration, and narrative labeling. This book holds many examples of the art of integration projects that Steven has created especially for TSM.

Appropriate Authority Role: This is one of the first post-traumatic growth roles that is created when the Abandoning Authority role is transformed, enabling the protagonist to internalize taking appropriate action on his or her own behalf.

Attachment Theory: Developed by John Bowlby, who sees mother/child attachment as critical for both emotional and physical reasons. Anxiety aroused by separation signals danger and biological as well as psychological responses because the mother provide support and protection. Neurobiology contributes additional brain research showing the attachment system of the brain in interpersonal relationships and how new positive emotional experiences can change these reactions internally.

Autonomous Healing Center: A concept from classical psychodrama and now written about more broadly by Ed Schreiber, Ed. D, TEP today. It states all people have the ability, if presented the right circumstances, to heal from within. J. L. Moreno also called this the Godhead. In TSM, we define reaching the AHC through the enactment of the eight prescriptive roles that establish a state of spontaneity and creative action in Stage 1.

Auxiliary Egos: The people playing the characters in a psychodrama other than the protagonist. In TSM, we mostly deal with the internal roles for healing.

BD: The acronym for the body double used for shorthand in TSM psychodrama.

Body Double: The body double intervention module was developed specially for TSM as an antidote to dissociation, regression, and acting out. This is a prescriptive role used to ground people in the present and help people experience their bodies in a healthy state. Often the first role in a TSM drama.

Catharsis of Abreaction: The moment of emotional release, usually during the height of a psychodrama, whose aim is to discharge a painful experience. Many psychodramas hold this moment of emotional expression well. However, when the emotional release is uncontrolled, it can be re-traumatizing. TSM focuses on safe,

healthy, and conscious emotional expression so that a catharsis of abreaction can lead to a catharsis of integration.

Catharsis of Integration: The re-ordering of a protagonist's (and group's) internal role structure after the safe release of painful and traumatic events in a psychodrama. TSM believes that the catharsis of integration is what is needed for trauma-informed care. The insight from body-based experiences held in the window of tolerance heals the brain, whereas an uncontrolled emotional catharsis only hurts the brain further.

CD: The acronym for the containing double used as a shorthand for the containing double.

Change Agent Role: The final role that is created with the establishment of the prescriptive roles in Stage 1 of the therapeutic spiral model. It is a unique and spontaneous role that develops in interaction with prescriptive roles to be able to face a trauma scene with added creativity.

Child Developmental Theory: In this book, we refer to J. L. Moreno's description of child development as it goes through the stages of doubling, mirroring, role taking, and role reversal. TSM follows this to help maintain stability and support post-traumatic growth.

Chorus: A classic psychodrama technique where the group is instructed to repeat certain phrases to support progress in a drama. In TSM, the idea of the chorus is taken to the level of many group voices speaking spontaneously with simultaneous protagonist.

Circle of Safety: The second TSM safety structure that starts all workshops, groups, and individual sessions. A circle is created out of brightly colored scarves and fabrics to mark a visual container for trauma material to be enacted within. It is also called the circle of strengths or circle of safety.

Circle of Similarities: This is a sociometric tool where people stand around a circle on the floor and step in based on criteria that are asked for inclusion to help increase group cohesion. TSM uses this as the fourth safety action intervention to help reduce shame and isolation for trauma survivors. We follow the stages of the TSIRA to help name traumas before enacting them: prescriptive, defenses, trauma-based, and post-traumatic growth criteria.

Classical Double: In classical psychodrama, the protagonist is joined by an auxiliary, either a trained co-therapist or a group member, whose role is to function as a support in presenting the protagonist's position or feelings. Doubles should first work toward establishing an empathic bond with the protagonist. In general, the double stands to the side of and at a slight angle to the protagonist so that he or she can replicate the nonverbal communications and present a kind of "united front." The double is one of the most important and basic techniques in psychodrama.

Client Role: This is an optional prescriptive role in TSM. It is assigned when there is a need to increase observation beyond that of the observing ego role. It holds the

executive ego positioning in the TSIRA. It sees all and knows all and keeps walking, one foot in front of the other, through the drama, no matter how hard it gets. It provides a record of the drama, often in writing.

Clinical Action Interventions: These TSM action structures describe the clinical enactment of the trauma survivor's internal role atom as classical psychodrama interventions are modified to work with trauma safely.

Compassionate Witness: A role adapted from yoga philosophy. Often used interchangeably with the clinical term observing ego, although the OE is more active than mindfulness. The part of the self, a prescribed role, that can observe one's thoughts, feelings, impulses, and behaviors without judgment. The compassionate witness understands, contains, and encourages new behaviors.

Completion Drama: Created by TSM trainer, Mario Cossa, MA, BCT, and TEP these are short form dramas which help to role train and create change in a limited timeframe. In TSM, we often do 15-min vignettes to end a workshop to enhance connections to the AHC and carry it forward into a future projection.

Concretization: This is the practice of making abstract thoughts, feelings, and behaviors through action rather than only words. There are many ways to concretize the inner reality as an outside experience. You can choose objects or role play and role reverse with internalized roles to make them more overt so they can be changed.

Containing Double: The containing double was the first TSM clinically modified intervention that was created to increase a balance between thinking and feeling in order to face trauma. This is a prescriptive role from the TSIRA that is used to increase cognitive processing and narrative labeling in the face of trauma material. It can also support the expansion of the container for conscious experiencing of emotions so they can be expressed from a place of integration in the here and now.

Controlled Regression in Service of the Ego: A psychological term which means that dissociated emotions can be safely expressed in a window of tolerance in conscious awareness. In this way, strengths create a new, more stable internal reality of the protagonist, rather than overwhelming self-organization with too much affect.

Defenses: This is a psychological term for the response to traumatic experience. Defenses arise to prevent the intense feelings at the time of trauma and then become automatic, interrupting here and now experience as they decrease spontaneity.

Survival: These are defenses that arise spontaneously at the time of trauma to prevent the self from being overwhelmed with pain, feelings, or psychic damage to self-organization. They include dissociation, denial, regression, multiple states of conscious, identification with the aggressor, and projective identification.

Obsessions and Compulsive: Many people develop obsessions or compulsions like obsessive-compulsive disorders, alcoholism, eating disorders, etc. as an attempt to further repress the feelings from the time of trauma.

Maladaptive: These defenses have evolved and been rewarded by society as acceptable ways to keep feelings down, such as workaholism, exercise, and codependent behaviors.

De-rolling: When auxiliaries who play roles in the protagonist's drama release their roles at the end of the drama; for instance, "I am Sondra. I am no longer your mother." If needed, a fuller de-rolling can happen to release the power of a trauma-based role. Often this is done by speaking about three differences between a role and the person, especially when playing trauma-based roles.

Dissociative Identity Disorder: A diagnosis according to APA (2013) that can result from extreme or prolonged trauma. The person shows ego state shifts into roles that in many cases do not know each other.

Doodah Management: This is the user-friendly term that describes the TSM process to label personal and interpersonal difficulties when working on a team. Doodahs are the reactivation of one's own unprocessed trauma patterns of survival defenses and repetition of trauma roles—spoken about in this fun and caring way. This decreases transference, countertransference, and projective identification on TSM teams. Each person takes responsibility for their own triggering and brings prescriptive role strengths and containment to the interpersonal scene so that everyone can share safely. They also use this in service of the protagonist rather than compartmentalization of own's authentic responses.

Emergent Psychodrama: An original term by J. L. Moreno in the 1934 edition of *Who Shall Survive*. He stated it was the original form of psychodrama during which the drama's story arises moment-by-moment relying on materials presented spontaneously from the unconscious and conscious interplay between the main protagonist and the group members. It is the model TSM uses to work with simultaneous protagonists.

Empathic Attunement: An intuitive mode of perceiving another's experience, both affectively and cognitively through bodily based connection.

Enactment: The portrayal of life situations in dramatic form and the physical enactment of roles that have only existed in the protagonist's internal reality. Enactments can be past, present, or future. In TSM, we mostly enact internal roles to create movement to increase spontaneity and creativity to reach the AHC.

Energy: The original term for the first strand of the TSM spiral. It is now called safety or strength building and is established through concretization of the prescriptive roles. It represents the natural flow of spontaneity toward connection with the AHC.

Experiential Psychotherapy: Experiential therapies define the facilitation of experiencing as the key therapeutic task, and almost all view the therapeutic relationship as potentially creative. Experiential approaches emphasize the importance of an active process-directive intervention procedure oriented toward deepening experience within the context of a person-centered relationship.

Future Projection: A specific scene in the future is elaborated and may include sub-scenes such as the most hoped-for outcome, the most-feared event, an exaggerated reaction, a realistic expectation, or simply an exploration of the dimensions of a forthcoming situation. In role training, the technique becomes an opportunity for rehearsal and behavioral practice.

Experiencing: The second strand of the TSM spiral. It describes the experiential processes of internal awareness of sensations, perceptions, thoughts, feelings, and bodily felt actions in moment to moment experiencing.

Group Brain: A term used in TSM to describe the sense of everyone's brain being in action and connected to each other. It is a shorthand to describe the phenomena of people's brains resonating with each other at the level of neurobiology. This became even more apparent online, where each member of the group can be seen as part of a whole group brain.

Hands-on-Shoulders: The fifth safety action structure in TSM psychodrama. This is a sociometric technique where people place their hand on the shoulder of someone else who meets a criterion for selection. In TSM, this classical psychodrama intervention becomes focused according to the TSIRA with criteria of safety, defenses, the trauma-based roles, and post-traumatic growth roles.

Immersive Tele: This is a new term introduced in TSM in this book by author Steven Durost. It describes a state of spontaneity when there exists a heightened and healing level of accurate two-way connections between people in a group. During this time, the telic accuracy is high enough and the group anxiety low enough to allow natural interpersonal healing processes to occur. In this state, members are alive in healthy sociometric connections, so they can all work within the simultaneous protagonist dramas using their AHCs.

Interpersonal Spontaneity or Interconnected Spontaneity: This is also a new term introduced in TSM in this book by author Steven Durost. It describes a state of spontaneity in which the anxiety level between participants is low and the level of safety is high enough so that members freely act and respond with a spontaneous and authentic voice, without fear of judgment. In these moments, personal, interpersonal, and even trans-personal healing reaches a tipping point and healing exchanges spread exponentially among the members. In TSM, we believe this supports the connection among group members that make simultaneous protagonist dramas possible.

Interpersonal Strengths: The second category of roles of restoration in the prescriptive role cluster when building spontaneity. During Stage 1, the protagonist can pick someone real or imagined that provides support in surplus reality. It can also be a quality that two people for it to emerge, such as trust, communication, asking for help.

J. L. Moreno: The co-founder of psychodrama along with his wife, Zerka Moreno.

Limbic Resonance: A symphony of mutual exchange and internal adaptation whereby two mammals become attuned to each other's inner states. When we look

into the ocular portals to a limbic brain, our vision goes deep; the sensations multiply, just as two mirrors placed in opposition create a shimmering ricochet of reflections whose depths recede into infinity. When we meet the gaze of another, two nervous systems achieve a palpable and intimate apposition.

Manager of Defenses: This is a directed concretization when needed as one of the last prescriptive roles in TSM. A two-part clinical action structure that allows people to identify defenses during a drama and create the role of a manager to keep the defenses from being unconsciously acted out.

Manager of Healthy Functioning: A TSM role of transformation and post-traumatic growth that develops from the spontaneous interaction and role training of new roles of self-support and connection to others. This role goes beyond survival defenses and creates new roles for healthy stabilization and support for adaptive functioning.

MD: The acronym used in the therapeutic spiral model for a shorthand for the manager of defenses role.

Meaning Making: The third strand of the TSM Spiral as it was originally called. TSM now call this stage post-traumatic growth as it extends far beyond narrative labels and new meaning.

Multiple Protagonists: A term from classical psychodrama to describe dramas which have several main protagonists chosen by the group, and the director works to keep each story buoyant, separate, and clear. These dramas differ from simultaneous protagonist dramas during which all participants' stories are layered with the main story in such a way that everyone benefits as if they had been the main protagonist.

Neurobiology: The branch of biology that deals with the anatomy and physiology of the nervous system. In particular, the last 25 years have brought amazing new insights related to how a traumatized brain acts at the neurobiological level. Most importantly, positive psychology and research on post-traumatic growth details how a brain can heal at this primary level of disruption for trauma survivors.

Observing Ego (OE): The observing ego is the first role that is always established in any TSM setting. It has been established as the role from the TSIRA where the protagonist or others can neutrally observe and label their behaviors. It holds and teaches the role of no shame and no blame, but learning how to simply observe thoughts, feelings, and behaviors without judgement so the energy to change is available and not locked up in self-criticism.

OE: This is the acronym for the role of observing ego, which is the first role concretized in any TSM session.

Oversharing: When a participant reveals too much personal information that they lose connection with other group members, who can be triggered by the details. In an attempt to draw people closer, the participant ends up isolating them self and works against their desire to form true connection.

Over-resourced: When more time than is needed has been spent working on strengths-building, resulting in a protagonist that is no longer warmed up to the content of their drama. A protagonist does not need to have *all* their strength with them in every psychodrama; they only need enough strengths for the work of the drama before them.

Pendulation: A term defined by Peter Levine to describe the intentional use of shifting the emotion and body sensations between contraction and expansion. The ability to hold these polarities leads to integration.

Perpetrator Role: This is the final role to be addressed in the TSM triangle. It is a role that is internalized from having experienced trauma. The communicative function of this role is about the abuse that was suffered, and the defenses that kept the survivor's power whole until it was safe to reclaim it.

Personal Strengths: This role is one of the roles of restoration in the prescriptive role atom that provides internal support. It is a strength that people already have, or one that can be developed.

Post-traumatic Growth (PTG): As the literature from positive psychology has expanded, post-traumatic growth has now become the goal for trauma-informed care. It is described as expansions in one or more areas of psychological health: body, mind, emotions, self-organization, interpersonal relations, and spirituality.

Post-traumatic Stress Disorder: Diagnosis according the APA (2013) following trauma. It includes symptoms such as out of control regression and emotional outbursts, as well as avoidance and a shutting down of self.

Prescriptive Roles: This is the first stage of the therapeutic spiral model and TSM psychodrama. The eight prescriptive roles are design to establish a stable sense of self as confident to take on the traumas of the past for repair. They include three clinical functions which allows people develop spontaneity and creativity in order to touch the autonomous healing center prior to experiencing the roles of the TSM trauma triangle.

Observation: The roles of observation in TSM that provide a no shame, no blame view of one's own behaviors so that energy can be used for change, not self-criticism. The roles are the observing ego and the client role.

Restoration: The roles of restoration provide a bodily felt sense of vitality returning to depleted trauma survivors so that spontaneity and creativity can flow easily. The category includes personal, interpersonal, and trans-personal strengths.

Containment: The roles that provide containment in TSM are two clinically modified classical doubles called the body double and the containing double. Together, these two roles provide the right sized window of conscious awareness where thinking and feeling are balanced in a calm state of the body. The third role of containment is the unique two-stage process of creating the manager of defenses before moving on to direct trauma work.

Prescriptive Role Cluster: This term describes the group of positive roles gathered during the first stage of the TSIRA that travel with the main protagonist through a TSM psychodrama providing grounding, support, and encouragement.

Projective Identification: While projective identification can be seen as a disruptive process in much trauma work, in TSM we see it useful for communicating unprocessed feelings in the here and now. The TSM action healing teams are trained to work to hold a projective identification, label it accurately, and then giving it back to the protagonist.

Protagonist: The person playing the principal role in his or her enactment. The protagonist presents the issue to be explored, and it is the person's experience that becomes the central focus of the group. In TSM, the protagonist is always chosen by the group as a representative of group issues, not just individually focused.

Protagonist-centered Drama: A classical psychodrama in which the story of the main "actor," called the protagonist, is enacted.

Psychodrama: Psychodrama is the action method developed by Dr. J. L. and Zerka Moreno that uses acting to facilitate problem solving. The client, called the protagonist, puts his or her truth into action with the assistance of the therapist, called the director, and other participants, called auxiliaries. Psychodrama is an experiential and expressive arts therapy which engages the right and left sides of the brain. This powerful modality has applications in psychotherapy, education, business, law, theological exploration, and more.

PTG: This is the acronym for post-traumatic growth used throughout this book.

PTSD: This is the acronym for post-traumatic stress disorder that is commonly used in trauma-informed practice.

Role Creation: The final stage of role development according to J. L. Moreno. It is described as a role that is now fully spontaneous and alive.

Role Diagram: A pen and paper drawing of roles that form an individual's personality at any given time. May be put into action.

Role Fatigue: A weariness by a group member who has been over-chosen to play roles, especially when the majority of those roles have been negative or emotionally heavy.

Role Playing: The focus in role playing is on finding the best approach for a problem. It is Stage 2 of J.L. Moreno of role development.

Role Repertoire: The various roles available to an individual at any given time. Moreno believed that a well-rounded role repertoire signified spontaneity and creativity, enhancing an individual's ability to respond appropriately to a given situation. He saw this as indicative of mental health and the connection to the AHC.

Role Reversal: The major participants in an interaction change roles. When a protagonist role reverses with another role, it is a way of transcending the habitual limitations

of trauma patterns in the here and now. Role reversal is used during the setting up of a scene and the warming up of an auxiliary to create the prescriptive role experience. TSM specifically has designed a three-part role reversal structure for enacting victim and perpetrator roles safely.

Role Soup: A term coined by Mario Cossa to describe the experience of playing multiple roles within a short time, as is often done by participants during completion dramas. Without de-rolling between scenes, participants simmer in role experiences and personal possibilities.

Role Taking: This is the first stage of J.L. Moreno's theory on role development. You simply take on a role that you want to learn and start practicing in order for new roles to develop.

Role Theory: One of the foundation theories in J.L. Moreno's development of spontaneity and creativity. He uses simple role names, as people can more easily relate to roles such as a good mother, courageous tiger, a sister, a brother, than to parts of self.

Self-organization: This is the concept from experiential psychology that the self is always in an ever-changing, moment to moment flow as internal reality connects with external reality. The goal of TSM psychodrama is to provide new roles that help create a stable and compassionate organization of all trauma work.

Self-Soothing Voice: Based upon neurobiology and object relations theory, this musical prescriptive role uses the elements of sound, rhythm, tone, melody, and lyrics to calm the limbic system, facilitate developmental repair, and lay the groundwork for meaning making.

Simultaneous Protagonist Model: This is a model developed for TSM psychodramas, during which all group members work on their own material at the same time as the main protagonist. These dramas are different from multiple protagonist dramas which have many protagonists chosen by the group and the director works to keep the multiple stories buoyant and clear. Simultaneous protagonist dramas have all members working on their own healing story while in service to the main story.

Six Safety Structures: This is the name for the sociometric warm-up structures that TSM uses to build group cohesion and narrative labelling of trauma, before putting it into action. It includes (1) the observing ego, (2) the circle of strengths, (3) spectrograms, (4) hands-on shoulders, (5) circle similarities, and (6) the art of integration project.

Sleeping-awakening Child Role (SAC): This was one of the original transformative roles in the therapeutic spiral model. It represents the perfect, undamaged part of the trauma survivor that went to sleep at the time of trauma and was fully protected in its original creativity and gifts to the world. The SAC comes out in the present when the survivor is safe enough from trauma to connect with their autonomous healing center.

Sharing: Sharing is the final part of any psychodrama. The auxiliaries share the experiences and insights gained from the roles they played in the protagonist's drama, and everyone tells how a role they played is relevant to their lives. The protagonist has a chance to listen and feel connected to the group. In the Therapeutic Spiral Model™, shared experience becomes shared meaning to carry into the future.

Social atom: A sociometric exercise showing an individual's significant social connections, drawn as a diagram on paper, and indicating how these important relationships are part of a larger pattern of psychological networks by the use of concentric circles.

Soliloquy: The protagonist shares with the audience the feelings and thoughts normally kept hidden or suppressed. The protagonist may be engaged in a solitary activity, such as walking home, winding down after an eventful day, or getting ready for an event in the future. It might involve advice giving, words to bolster courage, or reproachful criticism. Variations include having the protagonist soliloquize with a double as the two of them walk around, having the protagonist talk to a pet, or converting the inner dialogue into an encounter with an empty chair or auxiliary playing a wiser, future self or another part of the personality.

Spontaneity and Creativity Theory: A foundational theory by J. L. Moreno stating that only the spontaneous shall survive, thus making spontaneity the curative agent in psychodrama.

State of Spontaneity: When individual and group anxiety is low enough to produce healthy, healing, and natural responses to situations, roles, and environments.

Spectrograms: A sociometric tool that describes a technique that is an imaginary line that has two poles of a question. People then place themselves on the line to show their answers. They can be used to look at positive experiences and negative ones to gain assessment about the group as it begins. TSM uses spectrograms to assess the group's readiness to face trauma with spontaneity and creativity.

Surplus Reality: A term by J. L. and Zerka Moreno to describe the internal flow of thoughts, feelings, behaviors as they are concretized on the stage in external reality so that self-organization becomes tangible.

Step-in Sociometry: See Circle of Similarities.

Team Approach: The original dramas done at the Moreno stage in Beacon included a team of a director, assistant director, and trained auxiliary egos. At Beacon, auxiliaries might be in role for days to help psychotic patients. TSM carries this tradition on by creating a clinical team that can enact TSM psychodrama with trauma safely. In TSM, team roles include team leader, assistant leader, and trained auxiliary egos.

Team Leader: This is the name for the clinician who builds a TSM team and directs most of the dramas in a workshop or group. It expands beyond the role of the director because one of the main jobs besides directing is to manage the team with the help of the assistant leader and trained auxiliary ego.

Tele: A classical psychodrama terms which J. L. Moreno described as an accurate two-way perception of each other, across a distance. TSM has added the concept of immersive tele as a state of spontaneity where the heightened level of group reciprocity creates spontaneous healing.

Therapeutic Spiral Model (TSM): This is the three-stage model of experiential psychology that was first developed in 1992 and has now been taught around the world, in at least 50 countries.

Therapeutic Spiral International (TSI): This is the name of the private LLC that accredits people in the running of TSM dramas and the building of teams.

Therapeutic Spiral Image: This graphic shows the unbroken energy of healing from trauma in a visual image for easy understanding.

Trauma Spiral Image: This graphic shows the disruptions in energy, experiencing, and meaning making caused by defenses and internalized trauma.

Trans-personal Strength: TSM's third role of restoration in the protagonist's strength cluster. In TSM, this can be a religion or religious figure. It can also be nature, music, dance—anything that is greater than oneself.

Trained Auxiliary Ego (TAE): This is the team role that provides support for TSM psychodramas. They are trained in TSM doubling and role reversing interventions. They are trained to identify and enact projective identifications in service of the protagonist or group. They hold the victim, perpetrator, and abandoning authority roles and concretize the three-part clinical action intervention for these trauma-based roles.

Trauma: A psychological term that provides a description of how violence and neglect are internalized when there is overwhelming stress that broke through normal coping skills. The cause of the stress is not as important as the effect of individuals, families, groups, organization, and culture.

Trauma-based Roles: These are the three roles of the trauma triangle which make up Stage 2 experiential treatment with the therapeutic spiral model: victim, perpetrator, and the unique role of the abandoning authority.

Trauma Bubbles: A graphic image that was developed as a shorthand symbol to use with trauma survivors to describe the unprocessed trauma material is encapsulated in spheres of psychological awareness that can float around the room or group through projective identification or being triggered in the moment to a regressed or acting out state.

Trauma-informed Care: Over the last 20 years, this term has developed to describe work with trauma survivors in a way that provides stability and positive psychological functioning before moving to direct work on trauma memories.

Trauma Survivor's Intrapsychic Role Atom (TSIRA): The clinical map of the essential internal roles in the self-organization and personality structure of a trauma

survivor according to the therapeutic spiral model. It shows the impact of trauma on self-organization as defined by role theory. It provides a three-stage clinical map to guide all experiential trauma work with TSM psychodrama.

TSI: The acronym for Therapeutic Spiral International, which is the certifying body for people learning TSM.

TSIRA: The acronym for the trauma survivor's internal role atom, the clinical map of the three-stage model of trauma treatment.

TSM: The acronym for the therapeutic spiral model to treat trauma safely.

TSM Defenses Role Drama: A TSM prescriptive drama where the purpose of the drama is to contain and manage automatic defenses from the past, while working on trauma in the present.

TSM Psychodrama: Dramas for trauma survivors that follow the clinical map of the trauma survivor's internal role atom for safety. There are four types of TSM dramas: (1) prescriptive roles, (2) making friends with defenses, (3) enactment of trauma-based roles, and (4) dramas focused on post-traumatic growth and new roles to guide the future.

TSM Post-traumatic Growth Drama: A TSM drama of transformation that focuses on anchoring the PTG roles into the future. They include (1) the sleeping awakening child, (2) the manager of healthy functioning, (3) the good enough roles, and (4) the appropriate and ultimate authorities.

TSM Prescriptive Role Drama: This describes a TSM drama that focuses on the eight roles needed to establish a stage of spontaneity and creativity to connect with the AHC. They include (1) the observing ego, (2) the client role if needed, (3–5) personal, interpersonal and trans-personal strengths, (6–7) clinically modified doubles (body and containing doubles), and (8) the manager of defenses.

TSM Trauma Drama: A TSM trauma drama focuses on conscious experiencing of the victim, perpetrator, and abandoning authority to transform the victim role into the wounded child who becomes rescued in the here and now before moving directly to the triangle.

TSM Trauma Triangle: An action structure from the therapeutic spiral model that illustrates in action how roles learned through trauma become introjects and then are re-enacted by the trauma survivor. It describes a closed circuit of energy held by victim, perpetrator, and abandoning authority role that brings corrective emotional experiences.

Vignette: A small scene enacted with only one or two role-players chosen by the protagonist.

Victim Role: The first role TSM addressed in stage two of the TSM trauma triangle. It is often concretized by a team member until the protagonist can see the wounded

child role beneath this pejorative role name. The wounded child is then rescued by self or the group brain, and it denotes readiness to move onto direct trauma work.

Wounded-child Role: This is a role name for the part of self that has often been called or seen as a victim that asks for more compassion and care.

Warm-up: A wide variety of techniques can be used to develop group cohesion, focus a group on its task, or create a special atmosphere, orientation, or theme in a group. Individuals can also be helped to enter an area of psychological or emotional exploration, whether their own or someone else's, using a variety of techniques. The warm-up is the most important part of the psychodrama, as there are no bad psychodramas on insufficient warm-ups. The TSM safety structures are a clinically formulated series of warm-ups that work towards safety, activation, and cohesion, preparing participants for deep healing work.

Window of Tolerance: A term developed by Dan Siegel to describe a person's functioning zone between hyperarousal and hypoarousal.

Zerka T. Moreno: The co-founder of psychodrama along with her husband, J. L. Moreno. She developed the classical doubling technique and was a long-time writer throughout her life. She greatly influenced the clinical modifications TSM has made to classical psychodrama.