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.

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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 re-organizing 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 & Tesdeshi, 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.

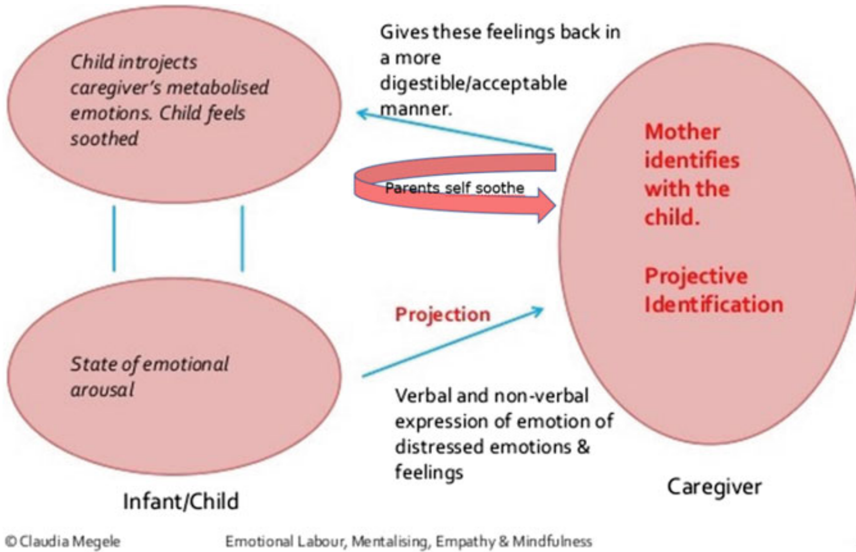

Fig. 2.1 Projective Identification *Note*. From "The Role of Emotional Labour, Mentalization, Empathy & Mindfulness in Practice Education" by Claudia Megele. Copyright 2015 by Claudia Megele. Reprinted with permission. Adaptation by Ina Hogenboom, MSc, TEP

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).

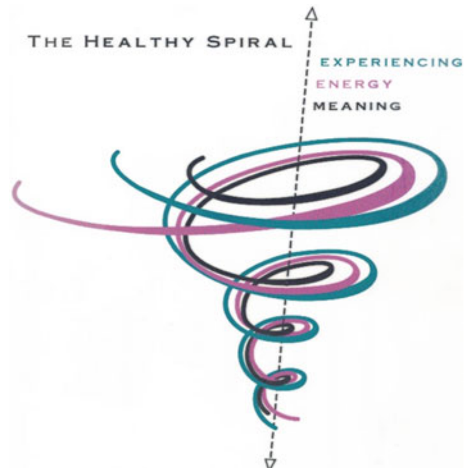

Fig. 2.3 TSM Healthy Spiral Image. *Note.* From *Experiential Treatment For PTSD: The Therapeutic Spiral Model*, by Hudgins, 2002, Springer. Copyright 2002 by M. K. Hudgins. Reprinted with permission

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.

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