Clinical Foundations of

The Therapeutic Spiral Model™:

Theoretical Orientations & Principles of Change

M. Katherine Hudgins, Ph.D., TEP

Therapeutic Spiral International, LLC

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The author can be reached at 1-434-923-8565 or DrKateTSI@aol.com

1460 Stoney Creek Drive, Charlottesville, VA 22902 USA

INTRODUCTION

This chapter presents the theoretical foundations of the Therapeutic Spiral Model™, a clinically modified system of psychodrama that make practice safer for people working on trauma related issues (Hudgins, In Press, 2002, 2000, 1998). The Therapeutic Spiral Model, or TSM as it's colloquially called, has clinically modified psychodrama interventions that are anchored into well-accepted theoretical orientations and principles of change for treating the effects of trauma. TSM provides a safe and effective model of experiential psychotherapy for people who show symptoms of Post-traumatic Stress, Mood, and Dissociative Disorders following the experience of the extremes of violence and/or natural catastrophes.

This chapter presents the expanded theoretical foundation behind the Therapeutic Spiral Model and the principles of change that make it effective with people across cultures, space, and time. Most importantly, it offers an operational definition of spontaneity that is simply a number of roles that can be replicated and measured for training and research.

Goldfried (1980) wrote a seminal article stating that *all* psychological models of therapy must include three levels of definition to be reliable and testable. His categorization is still followed today by most psychologists and is the basis of the theory, practice, and research of the Therapeutic Spiral Model™ (Hudgins, In Press, 2002, 2000), Goldfried's three levels include:

Theoretical Orientations

An effective model of psychotherapy must have one or more guiding theories of child development, personality development, and interpersonal relationships that explain why humans act like they do. As you will see, the Therapeutic Spiral Model advances an integrated clinical theory base to define psychological health following the experience of traumatic stress, drawing on neurobiology, cognitive behavioral theory,

attachment theory, object relations theory, classical psychodrama, and experiential psychotherapy research. Together, they define the eight Prescriptive Roles needed to access spontaneity as the curative agent of change.

Principles of change

A good model of psychotherapy must have one or more explanations of what makes people change. Research has shown that there are some principles of change that cause change in any good psychotherapy session, ie empathy and unconditional positive regard (Rogers, 1957). In fact, a number of the change agents in experiential therapy, such as active experiencing, have been found to create change, *regardless* of theoretical orientation, (Elliott et al, 2002). In the case of the Therapeutic Spiral Model™, there are six principles of change that safely guide experiential methods with people who have Post-traumatic Stress Disorder (PTSD) and other stress related problems. They are:

- Active Experiencing of Self-Organization
- Empathic Bonding with Others
- Accessing Spontaneity and Creativity for New Self-Organization
- Safe Adaptive Use of Affect for Emotional Release and Repair
- Controlled Regression in the Service of the Ego
- Accurate Labeling for New Personal Narratives to Guide the Future

Operationalized (manualized) interventions

In Goldfried's (1980) system, each intervention must have written step-by-step directions about how to teach, implement, and research it, so effectiveness can be trained and tested. Manualized interventions also make it clinically possible to reliably predict what will happen when your intervention is used, thus making

psychodrama safer for all. The Therapeutic Spiral Model has 14 intrapsychic Advanced Action Intervention Modules, with two of them, The Body Double and the Containing Double, currently in research studies. More information on the operationalized interventions of TSM can be found on our website at www.therapeuticspiral.org

THE THERAPEUTIC SPIRAL MODEL™

The Therapeutic Spiral Model (Hudgins, In Press, 2002, 2000) *is* such a clearly defined clinical model of intrapsychic psychological change. TSM is a system of modified psychodrama for people who have suffered traumatic stress and/or violence in their lives. TSM has been used to treat survivors of war, political and religious persecution, cult and clergy abuse, torture, kidnapping, forced resettlement, poverty, racism, sexual and physical abuse, addiction, earthquakes, floods, fires, illness and accidents.

TSM uses Terr's (1991) definition of trauma as "an external blow or series of blows rendering the person temporarily helpless and breaking past ordinary coping and defensive operations (p. 12)". This definition is inclusive and based on how a person actually experiences a traumatic event, not on what caused the stress. It shows the effects of trauma are caused by a real event.

In terms of theoretical advances in psychodrama, TSM focuses on intrapsychic change and has operationally defined the state of spontaneity. Spontaneity results from the enactment of eight Prescriptive Roles that can produce stable self-organization in the face of trauma. TSM also contributes an advanced clinical map to guide the safe use of all experiential interventions: The Trauma Survivor's Intrapsychic Role Atom (TSIRA). Here are the theoretical foundations and clinical principles of change that have produced such a safe and effective system of experiential therapy.

Theoretical Orientations in TSM

The Therapeutic Spiral Model provides a comprehensive theoretical foundation for treating the effects of trauma in the global community. Drawing on the original theories of human development that influenced TSM, this chapter includes a broader theoretical perspective to understand how overwhelming stress effects body, mind, emotion, and spirit. Together they describe healthy self-organization as the operationalized state of spontaneity, the goal of all psychodrama interventions (Moreno, 1947/73). These include the following medical, psychological, and behavioral theories of human functioning:

The Neurobiology of Trauma: Body

Using brain imagery, researchers show that unprocessed trauma experienced are stored in the nonverbal, emotional centers of the limbic system, which are inaccessible to words. This clearly suggests experiential therapy, such as TSM, is a treatment of choice for people who have experienced violence and overwhelming stress (van der Kolk, 2003). See Hug's chapter later in this book, as well as his chapter in a book describing the neurobiological correlates of several TSM operationalized interventions. (Hug, In Press).

Cognitive Behavioral Therapy: Mind

The theories of mind in CBT explain the role of cognitive schemas, negative introjects, and maladaptive coping strategies that are internalized by traumatic experiences. Many of the CBT and classical psychodrama interventions are remarkably alike (Treadwell, Kumar, & Wright (2003). Drawing on CBT, TSM places an equal emphasis on cognitive and expressive interventions, aiming at all times to maintain a state of conscious spontaneity where new roles can be created for psychological change.

Attachment Theory: Mind/Emotion

Research into family therapy and social systems shows that the psychological and neurophysiological attachment bond to self and others is damaged when someone experiences traumatic stress, especially when it is human-caused violence (Siegel, 1999). TSM builds intrapsychic strengths and interpersonal connections through its Prescriptive Roles to form healthy attachment bonds to self, others, and the world as part of clinical treatment. See Baim's chapter on attachment theory later in this book for more ways to use psychodrama to facilitate attachment and bonding.

Object Relations Theory: Mind/Emotion

The psychodynamic view of self-development shows the importance of early childhood experiences on stable self-organization (Stern, 1985, 1990). Object relations theory describes the intrapsychic internalization of representative templates of "self and object/other" and how they are affected by overwhelming stress and the experience of helplessness (Holmes, 1992). Following trauma, you internalize the TSM Trauma-based roles of victim, perpetrator and abandoning authority. To counteract those internalized roles, TSM prescribe roles of observation, restoration, and containment for healthy personality development.

Spontaneity and Creativity Theory: Spirit

Drawing on the essence of classical psychodrama, TSM views psychological health as the development of spontaneity and creativity (Moreno, J.L, 1953; Moreno, Z.T.,, Blomkvist, & Rutzel, 2000). For people who have experienced the true helplessness of PTSD, the view of self as spontaneous and creative is an antidote to years of despair. Now, TSM has operationally defined spontaneity:

> Spontaneity develops when the protagonist actively experiences the eight TSM Prescriptive Roles (Hudgins, 2002) to demonstrate stable self-organization and connection to others.

Increasing creativity *is* the goal of all experiential interventions in the Therapeutic Spiral Model. .

Role Theory: Integrating Body, Mind, Emotion and Spirit

Role theory, another core theory of psychodrama, (Blatner, 1991; Moreno and Moreno, 1969) helps "normalize the pathology" people can experience as a result of the right-brained, nonverbal, emotional, limbic system symptoms of PTSD: body memories, flashbacks, ego state shifts, and dissociation. Instead of psychiatric labels, TSM uses the Trauma Survivor's Intrapsychic Role Atom, or the TSIRA (Hudgins, 2002), to assess personality functioning and pinpoint where there are decreases in spontaneity. Like a social atom depicts the minimum number of roles needed for interpersonal equilibrium, the TSIRA details the minimum number of internal roles needed for stable personality functioning following traumatic stress. The TSIRA is a clinical map of Prescriptive, Trauma-Based, and Transformative Roles that guide clinical action interventions at all times in TSM.

- *Experiential Psychotherapy Research—The Evidence*

Research now shows experiential methods *are equal to* psychodynamic and cognitive behavioral methods of treatment for general psychiatric difficulties, and *better* for stress related diagnoses such as PTSD and Anxiety Disorders (Elliott, Greenberg & Lietaer, 2002; Elliott et al, 1998; Greenberg, Watson & Lietaer, 1998). In fact, the *Handbook of Psychotherapy and Behavior Change* (Greenberg et al, 1994: Lambert, Bergin & Garfield, 2002), the psychologist's bible in the USA, details success over 2 decades of quantitative research on experiential psychotherapy.

In the past 10 years, classical psychodrama has shown success with populations from addictions (Dayton, 2000) to Dissociative Identity Disorder (Altman, 2000; Leutz, 2000) to sexual offenders (Baim, 2000; Robson, 2000). It has been used with adolescents (Cossa, 2002) and families (Chimera, 2002). Johnson (2000) calls for a clinical system of experiential therapy to test its effectiveness on PTSD.

The Therapeutic Spiral Model is the answer to his call with its definition of spontaneity, operationalized experiential interventions, and the clinical map of the TSIRA.

Research on TSM has shown treatment effectiveness across populations and applications. Client and therapist self-report measures show an average 92% improvement in trauma symptoms after a three-day TSM workshop. A single-case design with a client diagnosed with PTSD demonstrated a decrease in dissociation and general trauma symptoms across three individual therapy sessions using the Containing Double (Hudgins, Drucker and Metcalf, 2000). Another study showed effectiveness with addictions (Forst, 2001). An eight-day program of education, training and self-care for community leaders, affected by the terrorist attack in Washington DC, was funded by the University of Virginia. It found significant decreases in post-traumatic anxiety and depression (Hudgins, In Press). A change-process study identifying moments of change shows a number of therapeutic factors contribute to the success of TSM (McVea, In Press).

In the past year, a pilot study on the effectiveness of TSM across cultures has collected pre-and-post test data on all training and personal growth workshops using TSM. Eyeballing the data from Canada, mainland China, England, South Africa, Taiwan and the USA shows similar decreases in anxiety, depression, and dissociation across cultures. Look for the research results to be published later in the year.

In summary of its theoretical orientations, the Therapeutic Spiral Model ™ views human functioning from an experiential perspective on personality. As Moreno (1947/1973) said:

> The spontaneity state …does not arise automatically. It does not preexist. It is brought forward by an act of will…..(p. 44). The self is like a river, it springs from spontaneity but it has many tributaries which suppy it. (p. 8).

More specifically, TSM defines the state of spontaneity that promotes stable self-organization following the experience of stress. The eight Prescriptive Roles are: 1) Observing Ego, 2) Client Role, 3) Intrapsychic Strength, 4) Interpersonal Strength, 5) Transpersonal Strength, 6) Body Double, 7) Containing Double, and 8) Manager of Defenses. For many survivors of trauma, the image of a spontaneous and creative self brings hope amidst despair for the first time.

Please see *Experiential Treatment of PTSD: The Therapeutic Spiral Model* (Hudgins, 2002) for a more in depth understanding. Composite clinical case studies of a woman with anorexia, a refugee from Bosnia, a recovering alcoholic with PTSD from Vietnam, and a woman with PTSD from childhood sexual abuse are shared making it a rich look at the Therapeutic Spiral Model.

TSM Clinical Principles of Change

Now, we turn to the six theoretical principles of change that guide all of the TSM clinically modified psychodrama interventions shown in the following clinical case examples.

- Active Experiencing of Self-Organization
- Empathic Bonding with Others
- Accessing Spontaneity and Creativity for New Self-Organization
- Safe Adaptive Use of Affect for Emotional Release and Repair
- Clinical Regression in the Service of the Ego
- Accurate Labeling for New Personal Narratives to Guide the Future

Each principle is briefly described. A few are illustrated by composite clinical examples using the TSIRA to guide TSM practice with protagonists working on stories of trauma or violence.

Active Experiencing of Self-organization

Defined by Gendlin (1996), active experiencing is the ability to be *consciously* aware of the flow of bodily-felt experience from sensation and perception to integrated self-organization in the here and now. Active experiencing is the ability to both experience the self in the present moment, while simultaneously being able to self-reflect and make meaning of that experiencing.

All experiential psychotherapies directly target changes in active experiencing of self in ways that talk therapy does not. Moving one's body, noticing breathing, talking a walk with your client---all of these are standard interventions in experiential therapies. In fact, Zerka Moreno (2000) describes it as "surplus reality", a rich source of experiential information about ones internal reality that is accessible in the here and now.

TSM sees people as having a core state of spontaneity and creativity that must be *actively experienced* for trauma repair. Here you see me directing a protagonist from a state of depletion and terror to the state of spontaneity and stable self-organization provided by the TSM Prescriptive Roles.

Mei Feng is a middle-aged woman from a TSM group in Nantou County, Taiwan; She asks to develop the strength to leave a husband who is domestically violent. The group chooses her to be the protagonist.

Mei Feng begins her drama by collapsing into tears the moment we begin a walk and talk to establish a clinical contract for this session. She says, "I am afraid to even work on this question. I am afraid he will know I am doing it". Clearly, her limbic system is taking over her cognitive functions and she is losing her ability to stay present in the here and now. Rather than following her to the past, I clinically intervene to help increase her active experiencing of the TSM Prescriptive roles to stabilize self-organization and increase spontaneity.

As a clinical director, I immediately interrupt the seductive pull down into the trauma spiral of unprocessed, right brained images, sensations, body memories, intense affect, and survival coping skills that is trying to take over her active experience of needed strengths and connections. I step in as her Body Double (Hudgins, 2002; Burden and Ciotola, 2003; Ciotola, 2004) in order to increase her active experience of healthy body awareness, to focus her attention in the present. I tell her:

> We need to stop right here and get you some strengths and support, so you, can in fact, face some of your fears about being hurt by your husband. Take a few deep breaths to steady yourself. I am going to stand next to you and become your Body Double and help you ground in the present. I will speak in the first person, as a helpful part of you. A part that can help you stay safe in the moment. OK? (Gets a nonverbal nod OK).

Kate steps in as Body Double, standing beside the protagonist: I can take a few deep breaths….and…as I….(audible breathing by BD) do this, my mind slows down… and I feel a bit calmer. I can look around this room. I am at the Social Services TSM group. I am safe. Silence…….breath……..Maybe, I can draw on the image of a strong, sturdy tree. (more audible breathing by BD). I can feel my roots go into the ground….ah, yes…that is…… better. I am a big strong tree that has faced a lot of storms and is still standing.

Protagonist: Audible breathing in response. I *can* slow down. Yes, I can look around the room and see the other people in the group. I can feel….myself…..as a tree…..a Chinese tree…that has been around for …..3000 years. I have given solace to many and I am well rooted in the earth.

Kate as Director: Great, so pick someone to be that tree and we can concretize it as a transpersonal strength. Something you will no doubt need if you are going to face your fears today. I'd also like to ask to pick someone to be your Body Double, so it can walk beside you throughout the drama.

The scene continues until the Prescriptive Roles stabilize her self-organization and increase her spontaneity.

Empathic Bonding with Others

The second TSM principle of change is such a long standard of adequate treatment, I will not add to the many texts you can find on the subject. Even from the brief example above, you can see how important it was for me to establish an immediate, nonverbal, empathic bond with my protagonist to help stabilize her self-organization as we began her drama. The Body Double increases empathic bonding and helps the protagonist move toward spontaneity and creativity.

Accessing Spontaneity and Creativity for New Self-Organization

In many ways, this third TSM principle of change, accessing spontaneity and creativity, is the most essential for healing PTSD (Z.T., Moreno, In Press). In his book, *Who Shall Survive?* J.L. Moreno (1953) states that only the spontaneous will survive. In classical psychodrama, he gave us the tools to become spontaneous (Moreno and Moreno, 1969).

In TSM, spontaneity and creativity are present on the stage when the protagonist has enough of the eight Prescriptive Roles for healthy psychological functioning in the moment. They provide the psychological functions of observation, restoration, and containment to assist the protagonist to be in a balance between left and right brain, between thinking and feeling, so that new creative solutions can be found. The development of the state of spontaneity through the Prescriptive Roles is always Scene 1 in a TSM drama or session.

Below are the Prescriptive Roles enacted by a protagonist in South Africa, Nonhlanhla, a community leader who guides youths at risk in the local township of Ivory Park. She wants to work on trauma repair from a gang rape when she was eight years old.

First, we mark a place for her Observing Ego (1). It is a quickly drawn picture of a lookout point in a tree where she goes to watch what happens in her community sometimes. Today, she says it is to protect her, to watch out for her, to keep her safe. She tapes it on the wall near the window where you can see a big pod tree outside.

Next, Nonhlanhla chooses group members to play the following Restorative Roles for her:
(2) a fierce lioness protecting her cubs
(3) a large waterbird that has sharp eyes and a sharp beck
(4) her wise great grandmother who carried the teachings of indigenous medicine
(5) her older sister who always wished she was able to stop the rape

At times she has gone off into trance and started chanting in her native language. As Director, I assess the need for containment and prescribe the Containing Double (6) for her. I want to help her stay connected to words as well as sensorimotor information, to the group as well as the self.

Now Nonhlanhla is in a state of spontaneity as shown by stable self-organization though the six Prescriptive Roles she has enacted. She is ready to confront the men who gang raped her at 8 years old in her local township.

Safe Adaptive Use of Affect for Emotional Release and Repair
And Clinical Regression in the Service of the Ego

There are the two risks when using experiential methods with people who have experienced violence: uncontrolled regression and unchosen cartharsis. As a clinical model of change, TSM uses the TSIRA to guide decisions about how to use affect and regression "in the service of the ego" (Slavson, 1951). What that means is that TSM does not, once again, overwhelm the brain by intense, uncontrolled expressions of

affect when someone is triggered by a nonverbal, limbic system association in a drama. Instead, TSM increases the active experience of the protagonist's Prescriptive Roles so that expression of feelings is done by conscious choice.

TSM also addresses when to role reverse someone into the trauma-based roles of victim, perpetrator, or abandoning authority roles. The TSM answer is—not very often and *only* with the full support of the Prescriptive Roles, so the protagonist is not overwhelmed by ego state changes or uncontrolled, dissociated intense affect. Regression in the service of the ego means that you only support regression to child states for people working on trauma when they can be done with full conscious left-brain connection to right brain awareness. In this way, you keep the trauma-based scene safe for even the more dissociative clients.

When there *is* a clinical reason for the protagonist to be role reversed into the role we call, the Wounded-Child, a Body or Containing Double is always there, so the child state experiences repair not re-traumatization in the face of the perpetrators (Hudgins, 2002).

At the end of Scene 2, Nonhlanhla puts her Wounded child next to her great grandmother. She has rescued her child self from the internal flashback of being raped and abandoned. Now, she goes over to her child self. She asks for forgiveness:

> "I know I have shamed you over and over for being a bad child. Today, I know you are a beautiful child of god. I ask for your forgiveness. I want you to stand by great grandmother and witness what I want to say to those boys that hurt you years ago. She walks over to team members playing the boys, who are now standing in a judges box. She says: You were wrong to hurt me when I was just a little girl. I know you were hurting too, but this is not the way for us to act. You must do as I have and stop the violence. Do not repeat it another generation. Take up your responsibility as men. Only then are you forgiven."

Accurate Labeling for New Personal Narratives to Guide the Future

As CBT pays so much attention to words and the accurate labeling of experience, I will leave this one to others to discuss as well. In terms of TSM, there is a clinical emphasis on maintaining cognitive and emotional balance for the protagonist at all times through the Prescriptive Roles.

SUMMARY

This chapter has described the theoretical orientations and clinical principles of change that underlie the use of the Therapeutic Spiral Model™ to treat Post-traumatic Stress and other disorders in today's world of increasing violence. TSM has operationalized spontaneity as the enactment of the eight Prescriptive Roles to establish stable self-organization and conscious awareness in the here and now. The TSIRA provides a clinical map to direct people how to develop their spontaneity and creativity. This has profound implications for the practice and research of psychodrama and it's core principle of change--spontaneity.

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