The Containing Double as Part of the Therapeutic Spiral Model for Treating Trauma Survivors

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ABSTRACT. In this article, the authors describe the containing double, one intervention from a clinically driven model of psychodramatic therapy called the Therapeutic Spiral Model. That model is used to treat trauma survivors through an integration of classical psychodrama, self-psychology, and object-relations theory. Developed by the authors during 20 years of clinical psychodramatic practice with patients diagnosed with posttraumatic stress disorder, borderline personality disorder, and dissociative identity disorders, the model has the potential for uncontrolled regression and re-traumatization. The containing double was developed specifically to prevent uncontrolled regression when therapists use experiential methods with trauma survivors.

The article includes clinical examples and suggestions for future research.

GREENBERG, ELLIOTT, AND LIETAER (1994) summarized the change-process research in experiential therapy. Research on principles of change, therapist and client variables, and well-delineated interventions has shown that experiential psychotherapy is equally as effective as psychodynamic, cognitive-behavioral, and behavior therapies in individual practice. Research programs have demonstrated the success of experiential therapy with depres-sion, panic, and other behavioral problems.

When experiential interventions are anchored in theoretical foundations and their application is according to specific instructions, those powerful clinical tools are effective in producing therapeutic change (Garfield & Bergin, 1994).

Although there has been little specific research on experiential therapy with the symptoms of trauma, several studies have shown the benefits of psychodrama with posttraumatic stress disorder (PTSD), eating disorders, and multiple personality and dissociative identity disorders. Nevertheless, the researchers also offer caution (Altman, 1992, 1993; Burge, 1996 Hudgins, 1989; Raaz, Cart. son-Sabelli, & Sabelli, 1993; Reynolds, 1996, Widlake, 1997).

In the following section, we present the theoretical foundations of the ther. apeutie spiral model (Hudgins, 1998) before we present a derived intervention module, the containing double (Hudgins, Drucker, & Metcalf, 1998). The intervention increases narrative labeling of unprocessed trauma material in order to prevent uncontrolled regression during experiential therapy with trauma survivors.

Experiential Therapy With Trauma

In 1997, at the annual meeting of the American Society of Group Psychotherapy and Psychodrama in New York City, Bessel van der Kolk said "expe-riential psychotherapy can be a treatment of choice for patients working on a history of trauma." Earlier, Turner, McFarlane, and van der Kolk (1996) had stated:

> The focus of treatment is on helping the individual to process and come to terms with the horrifying, overwhelming experience of trauma. The importance of capturing the experience in its full range of representations goes beyond the person's simply remembering and reporting the verbal schemata. Treatment must address the

somatosensory, emotional, biological, cognitive dimensions of experience. (p. 546, emphasis added)

Many articles on sexual abuse have noted the predominance of perceptual disturbances, information processing difficulties, intrusive reexperiencing, primitive defenses, and emotional flooding as a normal part of the symptom picture (Ellenson, 1986; Gelinas, 1983; Young, 1992).

All experiential therapies treat actual disruptions in sensation, perception, narrative labeling, emotional processing and expression, and behavior that are often the aftermath of trauma. As van der Kolk (1996) wrote:

> Prone to action, and deficient in words, these patients can often express their internal states more articulately in physical movements or in pictures than in words. Utilizing drawings and psychodrama may help them develop a language that is essential for effective communication and for the symbolic transformation that can occur in psychotherapy. (p. 195, emphasis added)

Experiential therapy provides hope for those patients for whom verbal therapy has long been shown to provide only symptom management, not structural change.

PTSD and Psychodrama

Recently, classical psychodrama and its adaptations have received a resurgence of practical interest in a variety of fields— advocacy, education, psychotherapy, community change, human rights, business, and organizational development (Blatner, 1997; Holmes, 1991; Holmes, Karp, & Wat-son, 1994; Karp, Holmes, & Tauvon, 1998; Kellerman, 1992; Kipper,

1992). Although research in psychodrama has been meager (Wilkins, 1997), studies support its treatment effectiveness in general, and specifically with symptoms of war trauma and sexual abuse (Bannister, 1991; Baumgartner,
1986; Karp, 1991).

The psychodramatic double (Moreno & Moreno, 1969) is one of the original techniques that has been explored and evaluated. Hudgins and Kiesler
(1987) used the classical doubling intervention module in individual thera-py. Kipper (1986, 1992) provided a 5-step manual for using the classical double. The present study on the containing double draws on that material as a starting point for validation of the intervention module with trauma survivors.

The Therapeutic Spiral Model

The Therapeutic Spiral Model provides (a) a construct for organizing self-structures into energy, experiencing, and meaning; (b) a process of psy-chodramatic psychotherapy to treat trauma that includes types of "reexperi-encing dramas," principles of "conscious-reexperiencing with developmental repair," and use of an action trauma team; and (c) a series of operationalized clinical intervention modules. Prior antecedents to the Therapeutic Spiral Model can be found in earlier attempts to structure psychodramatic treatment with clients who have experienced trauma (Altman, 1992; Dayton, 1997;
Raaz, Carlson-Sabelli, & Sabelli, 1993). This model is anchored in classical psychodrama through spontaneity-creativity theory (Moreno, 1953) and role theory (Holmes, 1992; Moreno, 1961), and the construct of "surplus reality" (Moreno & Blomkvist, in press).

The very nature of severe trauma tests the limits of personal spontaneity and the creative resources of the individual, family, group, or culture for sur-vival. All levels of experience are affected by trauma and frozen in time: bio-chemical, neurological, perceptual, physical, mental, emotional, psychologi-cal, relational, and spiritual. Restoring a belief in one's own spontaneity and creativity provides an antidote for the sense of helplessness and horror that accompanies all trauma experiences.

Role theory contributes clarity when working with trauma survivors as it relates the function of the role within the individual's personality to its behavioral enactment. The use of role terms, rather than names or complex psychological labels such as "parts of self," "subpersonalities," and "personalities," immediately normalizes the adaptive states the self develops to organize the experience of severe trauma. It is much easier to change "the me on the ceiling" when it is seen as a role whose function is protection than to think of integrating a part of self, such as "Julie, my 3-year-old personality."

Role theory is the basis for the trauma survivor's intrapsychic role atom (Toscani & Hudgins, 1996), which guides the clinical practice of psychodra-matic interventions in the therapeutic spiral model. The intrapsychic role atom describes the concretization of prescriptive roles of restoration, containment, and observation as necessary before one can focus on trauma material direct-ly. Trauma-based roles (defenses, victim, perpetrator), internalized from the experience of trauma, are then structured for the safe enactment and conscious reexperiencing of core trauma material. Transformative roles describe the evolution of healing that occurs for the individual or group. The three-child model of experiential treatment (Sheridan, 1990) was the first template of the present role atom. The containing double (Hudgins, 1993) intervention was

the first "prescribed" role developed and qualitatively tested in clinical practice with trauma survivors.

Psychodramatic techniques seek to make the client's internal reality overt and "larger than life" so that experiential awareness is broadened. As Moreno (1965) stated:

> There is, in psychodrama, a mode of experiencing that goes beyond reality, which provides the subject with a new and more exhaustive experience, a surplus reality. (p. 212)

For the trauma survivor, that level of experiential awareness is not surplus reality but is, in fact, a normal part of his or her everyday living. Sensory and perceptual disturbances, emotional processing difficulties, primitive defenses, and behavioral reenactments are all part of the trauma survivor's awareness, and psychodrama provides an opportunity for expression of those symptoms in a nonpathological manner.

The Containing Double Intervention Module

As the name suggests, the containing double can be visualized as a flexible, psychological holding space that puts boundaries on the protagonist's experi-ences, whether sensorimotor or symbolic representations, when boundaries are needed to prevent uncontrolled regression with trauma material. The role of the containing double is described to all protagonists-clients as

> an inner voice that speaks in first person—a role inside of you that knows your strengths no matter what level of distress you experience—a part of you that knows all your body sensations, feelings, thoughts, whatever you are experienc-ing. This role, the containing double, can put words to whatever you are experiencing and let people here know what is

> going on for you. If your containing double is wrong, please make sure to say what is right for you. (Hudgins, Drucker, & Metcalf, 1998, p.10)

This role, like the good-enough mother role, is unconditional in its support and stability. It contains unprocessed trauma material by building a space with flexible psychological boundaries so that thoughts, feelings, and actions can be narratively labeled and expressed in awareness.

The number, frequency, and length of each containing double sequence varies. Each sequence, however, has been standardized to include (Hudgins, Drucker, & Metcalf, 1998):

1. A reflective statement that reports what the protagonist-client is experiencing in order to establish empathic bonding and interpersonal support. For example, when a protagonist was starting to dissociate, the containing double said, "Oh, I can feel myself floating to the ceiling and I'm scared." And the protagonist nodded agreement.
2. A containing statement that frames, as manageable (by the protagonist, the team, and the group) the content, the affect, or the adaptive process that was reflected, without negating the reflection. The statement promotes narrative labeling of the somatic, emotional, and adaptive processes that are being experienced.

To continue: The containing double said, "Yes, I am scared, and I can take a breath and remember I can go as slowly as I need to in my feelings today. I have the choice."

3. A statement that anchors the protagonist-client's perceptual attention in the present moment, the here and now through sensorimotor, interpersonal, and time references. The intervention module finishes with the containing double stating, "And as I breathe, I feel my feet on the floor and look around and see the other group members here with me as I am telling my story." If a protagonist is showing intense terror that is triggering uncontrolled regression, the containing double could state: I feel really terrified now, as if I am starting to become little again [reflection

of affect and defense of regression]. But I know I can reach out to my supports here in the drama and stay in my adult self to make sense of what is happening [containment through focus on interpersonal support and ability to make narrative meaning out of the experience]. I know I am in my psychodrama group, and I can feel my containing double's hand on my shoulder right now [interpersonal, sensorimotor, and time references].

Clinical Procedure

The director-therapist may (a) take the containing double role for moments at a time, (b) assign a trained action team auxiliary to the role, or (c) ask the protagonist to select a group member to be the containing double. The person who assumes the role of the containing double stands or sits near the protagonist and moves and speaks as if she or he were the client's inner voice that can provide self-support in the present moment.

The containing double can be learned through role reversal with the protagonist at the beginning of the session. After the initial role reversal for role training, the containing double stays with the protagonist in all roles.

When the protagonist role reverses to other roles, especially victim or perpetrator roles, the containing double follows the protagonist to provide the intrapsychic strength to take on even those roles most difficult for trauma survivors.

The experience of being the containing double can also be a therapeutic role assignment for a group member in need of increasing his or her own experience of containment and self-support. If the auxiliary loses the role, role reversal is then used to correct the role. A timely role reversal with the containing double can also augment the protagonist's sense of self-support or stability when that is needed during trauma work.

The containing double can be introduced during all stages of an individual session or protagonist psychodrama to promote stabilization of the patient's ability to hold unprocessed material in conscious awareness in order to promote narrative labeling. Suggestions for the use of the containing double intervention module for different therapeutic purposes follow.

Increasing ego development. The containing double can be interjected into the self-structure by creating a positive role that provides ego support and development. Both the experience of being in the role of the containing double and being the person who is supported by the containing double are positive ego states that are internalized through enactment.

The containing double might say, "I know that I can stay present to what goes on here today [reflection and time anchor]. I can open my eyes, breathe deeply [sensorimotor anchor] and see what is possible for me be different in this scene with my father when I was little [containment]. I can stay aware of being an adult while I also try out what I wish I could have done then [con-tainment]."

Preventing uncontrolled regression. When a protagonist is working on trauma material, it is often important to offer a containing double at the beginning of the drama, even if the protagonist does not spontaneously request one. The enactment of this prescriptive role alone can be reparative as the protagonist no longer has the experience of being overwhelmed or alone during the recollection and sharing of trauma. With the physical empathy and support for cognitive awareness, the protagonist can use the containing double to prevent being overwhelmed by sensorimotor representations and the intense affect associated with working through unprocessed trauma memories.

For example, the containing double could say to the protagonist, "1 am real-ly, really scared right now and feel as if I'm gonna scream [reflection]. And I can also take a deep breath

[use of sensorimotor cues] ... and ... feel my strength... and my ability to see what is real [containment and narrative labeling] and what I am working on today [here and now]."

Decreasing dissociation. If the protagonist or a group member is dissociat-ing, a containing double can be assigned to decrease dissociation and increase active experiencing of safety and conscious awareness in the here and now. To decrease dissociation, the containing double can focus on stable sensorimotor experiences in the here and now, while attempting to provide narrative labeling of what is happening with the unprocessed trauma material from the past. When the protagonist knows she or he is dissociating, there is a choice to let go of this primitive defense and use the self and group support available in the Moment.

The protagonist may say, "I am really having a hard time paying attention right now [reflection]. I keep going out into space and then pulling myself back to what I am witnessing [reflection]. But I'm finding I can stay with my thoughts and feelings just a little longer [containment and narrative labeling] each time 1 go away and come back. My feelings are OK a little at a time [con-tainment] right now with my therapist and the group [here and now and interpersonal anchors]."

Interrupting behavioral reexperiencing. If the protagonist or group member is overly warmed-up to affect or traumatic triggers, experiential work may set off flashbacks, body memories, and other re-experiencing of unprocessed trauma material. In such a case, the use of the containing double can provide the support and stability to interrupt the flashback pattern or involuntary abre-action and stabilize the regression.

The containing double might say, "I feel as if it is happening all over again [reflection]. It feels as if his hands are on my body [reflection]. And yet I know this is a flashback and I can

stop it with practice [containment and narrative labeling]. I can breathe [sensorimotor focus] and take it slow right now, and notice I am here in the group [interpersonal anchor]. I can create a new role of how to handle these flashbacks differently in the present [time focus]."

Conversely, a containing double is useful to support and encourage the safe expression of a voluntary, controlled catharsis of intense dissociated emotions and conscious reexperiencing of core trauma in its original state. Perhaps, the most important of all, the use of a containing double guarantees informed consent and narrative labeling when the client is expressing primary affect. For example: "I know it is hard to express my anger [reflection], but I can just let it out a little right now [containment and time focus anchor]. I have a right to be angry and this is a safe place to express it by saying some angry words now [space and time anchor]."

A Clinical Example

To protect confidentiality, the clinical example is a representative composite of many protagonists with stories of severe trauma. In the following exam-ple, the protagonist (Susan) has picked a group member (Jean) to be her containing double as the drama begins. The action sequence to establish the initial enactment of the role of the containing double follows.

Director (to protagonist): OK, reverse roles with Jean and become your own containing double. Become that inner part of yourself that always supports you. No matter how scared you are, how worried you get, how self-crit-ical you might become, this containing double never lets you down. Move in a supportive way, speak in the first person and give yourself unconditional care. [The protagonist plays this role initially for several reasons: first, to show the group member the role; and second, to begin the internalization of this role. The use of the body and movement increases the active experiencing of this role].

Director (to protagonist in containing double role): Good, now that you're warmed up as the containing double, I want you to stay somewhere near Susan (Jean is holding the protagonist role). Say what Susan needs to hear to do her work today. Remember to speak in first person. First, note what is going on [reflection]. Then tell yourself that you can handle whatever it is that is happening [containment]. Then remind yourself where you are, who is here with you [here and now reference]. Protagonist (as containing double): I'm not sure what to do. I'm kinda scared now [reflection] ... but I can take a deep breath and feel the part of me that wants to do this work today [sensorimotor anchor and containment]. I'm not alone today [containment and interpersonal anchor].

Director (to containing double): Good, reverse roles. Jean, come stand beside Susan and become her containing double. Now your job is to provide support to Susan just like she showed you in the containing double role. (The director instructs the person playing the containing double to stand near the protagonist and repeat a few containing statements in the first person to establish an empathic link with the protagonist and to test out the accuracy of the statements. The director also checks for an approximation of the standardized structure of reflection, containment, and here and now anchor.)

Director (to protagonist): If your containing double is right, repeat what She says in your own words. If she is wrong, then correct the statement and say what is true for you, what you need for support. For instance, your containing double just said, "I am scared and I can still do this work." Was that right? If so, you repeat it out loud; if not, correct it.

Protagonist: Yeah, that's right. I'm scared, but I came here to tell my story today, and I still want to do that.

This sequence establishes the role of the containing double and the link between the group member and the protagonist.

The containing double has proved to be a fine and exquisite therapeutic tool, one of the most useful interventions in preventing uncontrolled regression and retraumatization when action methods are used with trauma sur-vivors. As soon as the protagonist has internalized the experience of this intrapsychic support, she or he is able to work consciously on the distorted perceptions, intense affect, and dissociated memories that are a part of the normal recovery process for survivors of severe trauma. The role of the containing double truly allows the patient to establish a physical and psychological holding space for unprocessed material, so that the material can be transformed from sensorimotor representations to an integrated, symbolic, personal narrative.

Discussion

The containing double intervention module has unlimited use for trauma survivors because it promotes safety, self-support, and cognitive emotional balance when they are experiencing unprocessed material. It can be used in individual psychotherapy in which the therapist takes on the role for a brief 5- to 10-min period of enactment to support containment, safe expression of affect, or the ability to tolerate the exploration and labeling of core trauma material.

After the role has been established by the individual therapist, the containing double can be externally represented by an object, such as a solid stone, a creative arts project, or an image, that is, a visualization of a good-enough mother and thus, always available to the client as the image is internalized. Moreover, this "safety" object can become a physical and developmental

transitional object that the trauma survivor takes home in between sessions to further increase active experiencing of containment.

In psychodrama groups working on severe trauma, the containing double becomes an integral part of the treatment process and is used in creative ways through role plays, creative arts projects, dance and movement exercises.

After a while, the containing double role becomes so internalized that it can be represented by an empty chair, which is then available to any group member who needs to increase his or her sense of containment during a session.

The containing double can be learned quickly through didactic instruction, skill demonstration, and supervised practice. The intervention module has been successfully used in education, advocacy, and human rights, as well as psychotherapy. It is hoped that future research can empirically validate the effectiveness of the containing double with clients diagnosed with PTSD. Re-search focused on adolescent sex offenders can evaluate the usefulness of this technique with both offenders and victims, in light of finding the place of healing

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