Trauma Survivor's Inner Role Atom:

A Clinical Map for Posttraumatic Growth

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The treatment of posttraumatic stress disorder and other trauma-related maladies requires psychotherapists to be equipped with a dependable clinical map that can guide them through the difficulties of trauma therapy. The Therapeutic Spiral Model—a clinically sophisticated and research-supported adaptation of classical psychodrama that has been used in over 30 countries—comes equipped with a comprehensive clinical map called the Trauma Survivor's Inner Role Atom (TSIRA), which emphasizes safety, containment, and strengths. The Trauma Survivor's Inner Role Atom provides a guide to intrapsychic structural change conceptualized in the simplicity of role theory while drawing from continued developments in neuroscience research. It offers a triune map beginning with prescriptive roles to build strengths, connection, accurate observation, containment, and safety. The trauma roles offered by the model's intrapsychic trauma triangle are explored only after the prescriptive roles have been established, with the clinical functions of each demonstrated. And finally, the transformative roles—the internal manifestation of posttraumatic growth—emerge and are integrated as a completion of the clinical map's three spirals. The implementation of this inner role atom as a clinical map prevents retraumatization while providing emotional regulation to protagonists and the group, keeping them within their window of tolerance.

KEYWORDS: Therapeutic Spiral Model; trauma; posttraumatic stress disorder; posttraumatic growth; neuroscience; clinical map.

The Trauma Survivor's Inner Role Atom (TSIRA) emerged spontaneously from the development of the Therapeutic Spiral Model (TSM), a research-supported (Gow & McVea, 2006; Greenberg, 2013; Hudgins, Drucker, & Metcalf, 2000; Hudgins & Toscani, 2013; Perry, Saby, Wenos, Hudgins, & Baller, 2016) and clinically modified form of classical psychodrama that emphasizes safety, containment, and strengths in the treatment of posttraumatic stress disorder (PTSD; Hudgins, 2017a; Hudgins & Toscani, 2013). The TSIRA is the very core of

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the TSM and influences everything that a TSM practitioner does, including team meetings before and after workshops, introductions, warm-ups, sociometry, psychodrama, and sharing (Giacomucci, 2017; Hudgins & Toscani, 2013). It is meant to be an internal role atom, or template, that provides a structure for healthy personality functioning using nonpathologizing role theory and the latest in neurobiology research. It facilitates the safety needed to establish a therapeutic alliance and group cohesion while keeping clients in their window of tolerance and transforming the internalized trauma-based roles into posttraumatic growth.

Working with trauma can be a difficult and intimidating process, for both the client and therapist. The possibility of retraumatizing, or reinforcing the effects of trauma, is real (Cozolino, 2010; Hudgins & Toscani, 2013; Schore, 2012; van der Kolk, 2014). The very nature of trauma lends itself to reexperiencing and reenacting the past in the present moment. It is essential that we allow our interventions to be guided by a clinical map, rather than only working intuitively with our traumatized clients or following the (traumatized) protagonist. The lasting effects of trauma—insecure attachments, hyperarousal, persistent negative thoughts and mood states, avoidance, and reexperiencing symptoms (American Psychiatric Association, 2013)—create fertile ground for the dance of transference and countertransference between client and therapist. At times it will be difficult to discern between intuition and countertransference. For these reasons, it is in the best interest of both client and therapist that we employ a clinical map to safely direct our work.

The simplest way to describe the TSIRA is using a visual of a spiral with three strands. The first strand represents *prescriptive roles*, which focus on developing the ability for nonjudgmental observation, containment, and strengths. The term *prescriptive* is used to reflect that these roles are directives from a professional and are necessary for the change to occur, just like a prescription from a medical doctor. The second spiral, *trauma-based roles*, symbolizes the internalization of the trauma. And the transformation that emerges between the interaction of prescriptive and trauma-based roles is represented by the final strand of the spiral, *transformative roles*. The TSIRA provides a template with intervention steps that target the development of specific psychological functions necessary for healthy functioning after trauma (Hudgins, 2017b).

PRESCRIPTIVE ROLES: AN EXPANSION OF THE SELF

J. L. Moreno (1946) offers us a simple conceptualization of the self as the sum of all of the roles that we play. The TSIRA is a diagram that offers a template for a healthy self. The three spiral strands are expanded into the 18 labeled roles of the TSIRA, which is an internal role atom, or diagram of internal roles necessary for a healthy personality. The TSM works primarily with internal roles rather than interpersonal roles, which means that each TSM drama takes place within the brain or the self of an individual. Instead of following the protagonist, like in classical psychodrama, the prescriptive roles of the TSIRA are first enrolled within any TSM drama to ensure safety. The TSIRA *prescribes* roles relating to restoration, containment, and observation before moving into any traumatic material. These eight roles, outlined in Table 1, prevent retraumatization and keep protagonists

Table 1. Prescriptive roles and functions.

Function	Prescriptive Roles
A. Observation	1. Observing Ego
	2. Client Role
B. Containment	3. Containing Double
	4. Body Double
	5. Manager of Defenses
C. Restoration/Strength	6. Intrapsychic Strengths
	7. Interpersonal Strengths
	8. Transpersonal Strengths

Note. Adapted from "The Trauma Survivor's Intrapsychic Role Atom" workshop handout, by M. F. Toscani and M. K. Hudgins, 1995.

within their window of tolerance—the threshold where healing can take place (Siegel, 2012). The prescriptive roles are the operational definition of spontaneity (Hudgins, 2017a) and allow protagonists to respond in a new way to their trauma (Hudgins & Toscani, 2013).

Prescriptive Roles of Observation

The first function, observation, is concretized by the TSM's role of the *Observing Ego*, a term originally used by Freud (1932), which is the part of the self that can accurately observe the self without blame, shame, or judgement. This is a cognitive role associated with the left hemisphere and cognitive functions of the brain that helps to keep the protagonist present and provide accurate labeling for emotionally charged events which are likely stored in nonverbal memory (Lawrence, 2015). In TSM workshops, this role is often concretized with cards of some kind (animal, angel, Buddha, artwork, etc.) which are placed around the room. The Observing Ego, with similarities to classical psychodrama's mirror role (Z. T. Moreno, Blomkvist, & Rützel, 2000), allows the protagonist to see herself within the context of the scene, helping to piece together fragmented parts of traumatic memory into a meaningful narrative.

The second TSM role of observation is the *Client Role*, which is seldom used in clinical practice except when working with dissociative identity disorders (Hudgins & Toscani, 2013). The Client Role is a role like the Observing Ego which observes the psychodrama and later helps the protagonist integrate her experience before leaving the session. This role provides the client with a method of concretizing the part of the self with more personal work to do, having the goal of providing both observation and containment for the client between sessions.

Prescriptive Roles of Containment

The containment functions are operationalized by the TSM's unique roles of the *Containing Double*, *Body Double*, and *Manager of Defenses*. The Containing Double is a role that stays with the protagonist at all times, offering statements

anchoring them in the present moment and expanding or containing feeling or thinking, when clinically appropriate. It adapts based on the needs of each protagonist. For a protagonist with overwhelming feelings, the Containing Double would contain the feelings while helping to label internal experience; but for a protagonist prone to intellectualizing or overthinking, the Containing Double would contain the thinking while helping him access his feelings and physical sensations. One might say that it serves as the corpus callosum, connecting the left and right hemispheres of the brain and providing a balance between cognition and emotion (Hug, 2013). Multiple research studies on the Containing Double have been produced that support its efficacy (Hudgins et al., 2000; Hudgins & Drucker, 1998).

The Body Double, on the other hand, holds the role of a healthy body for the protagonist and offers statements around grounding, breathing, eye contact, and posture (Burden & Ciotola, 2001; Carnabucci & Ciotola, 2013). This role of the Body Double becomes especially helpful in reducing dissociation for clients who do not feel safe in their bodies and clients with eating disorders. The Body Double reconnects the trauma survivor with awareness of her own body, thus strengthening vertical integration and providing grounding (Lawrence, 2011). This process stimulates the use of both proprioception and interoception for the protagonist, which are core therapeutic elements of other trauma therapies (van der Kolk, 2014), including Somatic Experiencing (Levine, 2008, 2010; Payne, Levine, & Crane-Godreau, 2015), Sensorimotor Psychotherapy (Ogden, Minton, & Pain, 2006), and yoga-based practices (Schmalzl, Powers, & Blom, 2015). Often in clinical practice, the Body Double and Containing Double become integrated into one dynamic role.

The Manager of Defenses is a role that is clinically necessary when a protagonist begins to demonstrate psychological defenses that might prevent them from achieving the clinical contract in the psychodrama. Defenses are seen as attempts to maintain safety and are honored for their function at the time of the trauma. The protagonist is invited to consider whether the defense is still needed today. Each of these roles of containment is demonstrated in the following clinical vignette from an inpatient treatment group at Mirmont Treatment Center.

In contracting for a psychodrama, a client states her goal of learning how to love herself while demonstrating signs of dissociation. The director invites her to choose someone to play the role of her Containing Double and Body Double (which are sometimes combined into one role). She walks about the room with the double beside her, making statements such as "I can take a deep breath and stay present," "When I notice myself dissociating, I can feel my feet on the floor and find the safety here in the room," and "I am deepening my love for myself right now by doing this work." The director then asks the protagonist to concretize her defense of dissociation using an object in the room by asking, "Who can hold your dissociation? You do not appear to need it in this moment." The protagonist then selects a group member to play the role of the Manager of Defenses and consciously gives the concretized dissociation to the Manager of Defenses. This provides a visualization of the dissociation as being

externalized and contained, allowing the protagonist to remain more fully present. Role-reversing the protagonist into the role of the Manager of Defenses offers her an embodied and empowering experience of managing her defense. The utilization of the defense then becomes a choice instead of an unconscious decision or a habitual pattern. This is a clear example of spontaneity in action, as a protagonist with a chronic pattern of dissociation, through the prescriptive roles of containment, was able to have "a new response to an old situation" (J. L. Moreno, 1953, p. 336).

Prescriptive Roles of Restoration/Strength

The final psychological function of the prescriptive roles is restoration and strength. There are three types of strengths: *intrapsychic*, *interpersonal*, and *transpersonal*. Intrapsychic strengths are those within the individual, such as courage, determination, and hope. Interpersonal strengths may be supportive people or strengths that involve more than just the self; examples include a good friend, a teacher, or the ability to trust others. The last type of strength is transpersonal, which simply means that it is beyond human. This could mean God, a higher power, elements from myths or legends, music, nature, a healthy ancestral legacy, or a greater purpose in life.

In TSM clinical practice, these strengths are first concretized (usually with scarves) in a safety structure called the Circle of Strengths, which involves group members identifying their own and each other's strengths in a ritual of acknowledging the self and others. The Circle of Strengths reinforces group connections, acknowledges strengths, and creates a physical circle, which serves as both a container for the trauma and a stage for the psychodrama. Furthermore, this action structure helps the group gradually enter the space of surplus reality, which J. L. Moreno defines as a mode of subjective experience beyond reality which is enriched through imagination (1965, pp. 212–213).

Integrating Neuroscience and the TSM's Prescriptive Roles

When a protagonist volunteers, offers her trauma-related topic to the group, and states her goal for the work, she is tapping into both the memory of the trauma and the associated neural network. The TSM's prescriptive roles, which are enrolled into the drama before any trauma-based or antagonist roles are incorporated, help to renegotiate the emotional context of the traumatic memory by activating different affective systems and providing a felt sense of safety after the memory has been stimulated. These strength-based roles are most likely to initiate the PLAY, CARE, and SEEKING social-emotional systems described by Panksepp and Biven (2012), which in effect provide a renegotiation and recontextualization of the traumatic memory (Levine, 2015).

In role reversals with nurturing prescriptive roles, a TSM practitioner utilizes the role reciprocity between the protagonist and the prescriptive role to activate both the protagonist's spontaneity and her CARE system as they role-train compassion and care for self. Panksepp and Biven (2012) write that

experiencing feelings of panic or grief in others (even through a role-player!) is one of the most powerful triggers of the CARE system—thus highlighting one of the neurobiological mechanisms of role reciprocity in psychodrama. Furthermore, activating the protagonist's CARE system (in the role reversal) will inhibit her GRIEF system (p. 285), effectively strengthening the renegotiation of the memory's emotional context.

The fact that another human plays the role of these roles is neurobiologically significant. The interaction with a role (and thus the group member playing the role) activates the protagonist's ventral vagal nerve ("smart vagus") and social-engagement system, providing emotional regulation (Porges, 2017). On the other hand, the auxiliary roles' interactions with the protagonist throughout the drama provide an experience of consistent attunement, which is also associated with emotional regulation and feelings of security, safety, self-esteem, confidence, and connection (Fishbane, 2007). Furthermore, because "the 'self' is largely a construction of the prefrontal cortex or the thinking mind" (Dayton, 2015, p. 111), which is often frozen when trauma becomes activated, the experience of role reversing into any other role allows the protagonist to concretize and physically see herself—helping to keep the prefrontal cortex of the brain actively stimulated.

Neurobiologically, the TSM's prescriptive roles help prevent uncontrolled regression and stimulate intrapsychic change by providing clinically necessary interventions that foster bilateral hemispheric (left/right brain) integration, vertical integration (Siegel, 2012), mind/body integration, and social integration within the group. Interestingly, addiction researcher Bruce Alexander (2008) emphasizes that the primary cause of addictions is a lack of psychosocial integration, often resulting from trauma (Maté, 2008).

Daniel Siegel (2012), who coined the term *interpersonal neurobiology*, identifies integration as the key element upholding mental health, and defines eight different types of integration. He states, "Our task is to find the impediments to the eight domains of integration and liberate the mind's natural drive to heal—to integrate mind, brain, and relationships" (2011, p. 76). This has a striking parallel to Zerka Moreno's words on the process of healing: "Protagonists themselves do the healing. My task is to find and touch that autonomous healing center within, to assist and direct the protagonist to do the same" (Z. T. Moreno, 2012, p. 504). The TSM, with the guidance of its clinical map, effectively walks the protagonist through removing the barriers to integration and the mind's innate ability to heal itself—the autonomous healing center.

"Integration is the goal, not catharsis" (Hug, 2013, p. 129). Or, to express it in classical psychodrama terms, a catharsis of integration must follow a catharsis of abreaction (Hollander, 1969; J. L. Moreno, 1953). It is only fitting that the integration of all eight of the TSM's prescriptive roles culminates in one of the TSM's most important transformative roles, the Appropriate Authority, which provides a protagonist with the empowerment to stop repeating the internalization of the trauma triangle.

THE TRAUMA TRIANGLE: THE INTERNALIZATION OF TRAUMA

The TSIRA offers a simple and nonpathologizing conceptualization of the internalization of trauma through the TSM's unique trauma triangle. The trauma triangle was an evolution of Karpman's (1968) interpersonal drama triangle of victim, perpetrator, and rescuer. In the experience of trauma however, there was no rescuer, otherwise the trauma would not have occurred. So the TSM teaches that a trauma survivor unconsciously internalizes the roles of *Victim*, *Perpetrator*, and *Abandoning Authority* (Hudgins & Toscani, 2013; Toscani & Hudgins, 1995). These three trauma-based roles are the TSM operational definition of PTSD symptomology in action.

While an individual is actively on this intrapsychic trauma triangle, they are significantly inhibited from connecting with others. The primary benefit to getting off the trauma triangle is engaging in more meaningful and productive relationships with the self and others. Similarly, when one is engaged in a response to danger (fight, flight, or freeze), their social-engagement and attachment systems are strongly suppressed, making connection with others nearly impossible.

Triangulated Roles: Victim, Perpetrator, and Abandoning Authority

The Victim role holds the woundedness and the story of the trauma but often feels too unsafe to speak it, resulting in hyperarousal and isolation from others. Simultaneously, the Perpetrator role holds the personal power of the survivor but uses it to continuously perpetrate self-harm, often years after the trauma is over. There are many ways that the internalized Perpetrator role manifests, mostly as intrusions, flashbacks, and symptoms of reexperiencing. The final role, unique to the TSM, is the Abandoning Authority, which presents through the abandonment of the self in behaviors such as addictions, avoidance, dissociation, and not standing up for or taking care of the self. The final PTSD symptom cluster, negative cognitions and moods, appears to exist in the middle of the triangle, being related to all three of the trauma roles. The internalized trauma role taking and the presentation of trauma symptomology mirror each other as parallel processes using different language to frame the same phenomenon.

These three internal roles—Victim, Perpetrator, and Abandoning Authority—create a triangulation of role reciprocity. TSM theory conceptualizes the trauma as living within the survivor in terms of these roles, which can be thought of as the living introjections of the spoken and unspoken messages from the perpetrator and abandoning authority at the time of the trauma. Although the actual trauma is over, it lives within the survivor and is reexperienced through the surplus reality of flashbacks, night terrors, negative cognitions and feeling states, avoidance, dissociation, and insecure attachments (American Psychiatric Association, 2013).

TSM psychodrama uses the surplus reality of prescriptive roles to alter the way in which the trauma lives within the protagonist, which is another form of

surplus reality. The interaction of the prescriptive roles with the trauma-based roles is exactly what creates the intrapsychic change, according to TSM theory. The TSM defines the prescriptive roles as the definition of spontaneity in action (Hudgins, 2017a), which, when interacting with the trauma-based roles, allows the protagonist to respond in a new, adequate way instead of resorting to the repetitive trauma-triangle patterns. The alchemy of prescriptive roles interacting with trauma-based roles is what creates transformative roles; this will be depicted in a future vignette.

TRANSFORMATIVE ROLES: AN OPERATIONAL DEFINITION OF POSTTRAUMATIC GROWTH

Posttraumatic growth refers to phenomenon of positive transformation that is often experienced after a traumatic life event (Calhoun & Tedeschi, 2014). The TSIRA's transformative roles are the operational definition of posttraumatic growth in action and embodied in the simplicity of role theory. The TSIRA's transformative roles are eight labeled roles organized on the three poles of transformative functions: autonomy, integration, and correction. These functions can be conceptualized as the opposite sides of the trauma-triangle roles, constituting role transformations from abandonment to integration, victimhood to autonomy, and perpetration to correction (Giacomucci, 2018). Figure 1 depicts the TSM transformative triangle (heart shaped) as an evolution of the TSM trauma triangle, with the alignment of trauma-based roles and the corresponding TSM transformative roles and functions.

Transformative Roles of Integration

One of the most important transformative roles on the TSIRA clinical map is the *Appropriate Authority*, which is necessary to help remove the self from cycling around the internal trauma triangle (Hudgins & Toscani, 2013). The Appropriate Authority is an internal role that intervenes in the repetition of continued abandonment, victimization, and perpetration with respect to the self. This is an integrated part of the self that halts negative introjections stemming from the experience of trauma as the trauma survivor begins to claim back her personal power in an appropriate manner.

The TSM's other role of integration, the *Ultimate Authority*, is the integration of all eight of the transformative roles internalized and enacted in the protagonist's intrapsychic world, then her interpersonal world, and finally out in the world. This role is, in a spiritual sense, awakening to the fact that one is a cocreator and coresponsible for humankind (Z. T. Moreno, 2012).

Transformative Roles of Autonomy

The TSIRA transformative roles, enacting the function of autonomy, help the protagonist to free herself from the past and create a new future. Even someone with a relatively healthy personality uses psychological defense mechanisms while navigating and interacting with the complexity of the world. The *Manager*

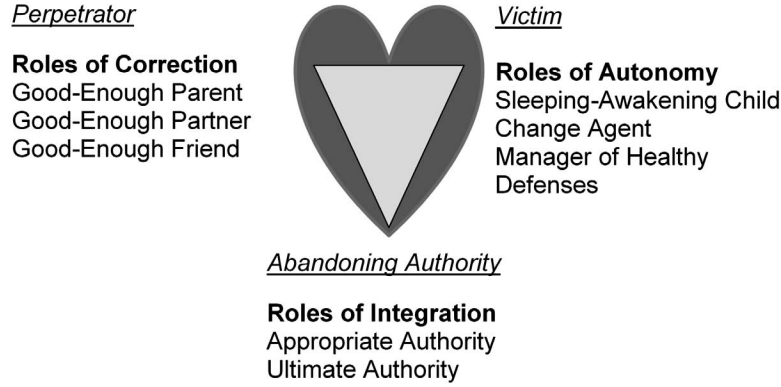

Figure 1. TSM trauma-triangle role transformations. Adapted from "Transforming the TSM Trauma Triangle: From Roles of Post-Traumatic Stress to Roles of Post-Traumatic Growth," by S. Giacomucci, 2018.

of Healthy Defenses offers one the power to *choose* to use a defense appropriately rather than be a victim to the chronic, repetitive use of defenses in response to a lack of safety that many trauma survivors experience.

The *Sleeping-Awakening Child* is another role unique to the TSM. Many trauma survivors indicate that they feel as though they have lost their innocence, spontaneity, creativity, or inherent goodness. The Sleeping-Awakening Child role reframes these beliefs and offers a new construct; this is the role that holds all of the innocence, goodness, uniqueness, creativity, and spontaneity. It was never lost or taken, it simply went to sleep at the time of the trauma and waits for the protagonist to make her life safe enough to reawaken it (Hudgins, 2017b). It is a truly beautiful moment in a TSM psychodrama to experience an auxiliary playing the role of the Sleeping-Awakening Child as the protagonist awakens this part of the self and, in doing so, taps into a source of inner goodness.

The *Change Agent* is a role that is always present and is most responsible for the change that takes place within the psychodrama. Once internalized, this role can be utilized by the protagonist to be an agent of change in her own life and the world. This role often manifests in different ways from drama to drama, taking on various different faces.

Transformative Roles of Correction

The Transformative roles of corrective connection, which are *Good-Enough Parents*, *Good-Enough Significant Other*, and *Good-Enough Spirituality*, are significant in their ability to provide protagonists with corrective emotional experiences that have the power to repair the negative influence of prior experiences (Alexander & French, 1946; Cozolino, 2014; Giacomucci & Stone,

2018). Often, the clinical contract for a TSM psychodrama is to have an experience of developmental repair from the original trauma. In psychodramas of developmental repair, the protagonist is guided through the stages of the TSIRA, starting with prescriptive roles and moving on to defenses and into the trauma-based roles, at which point the transformative roles emerge spontaneously. A brief example of this type of drama is depicted in the following section.

TSM PSYCHODRAMA OF POSTTRAUMATIC GROWTH: REEXPERIENCING WITH DEVELOPMENTAL REPAIR

The following vignette is a depiction of a TSM psychodrama in an addiction and trauma inpatient group at Mirmont Treatment Center in Lima, PA. First, the group establishes safety and warms up to the psychodrama by participating in an exercise concretizing their Observing Egos using TSM Animal Cards and placing them visibly around the room. Afterward, group members take turns acknowledging each other's strengths, and in doing so concretize a large circle of strengths which serves as a stage. John is sociometrically chosen by the group as protagonist, voicing that he would like to heal from his experience of recurring physical abuse from his deceased father. He expresses that he always craved hearing his father say "I love you." John communicates that for most of his life he has been very critical of himself, and that he has low self-worth which he believes is related to his experience of abuse. After the goal for the psychodrama is stated, the scene begins to emerge—always beginning with prescriptive roles. The director, based on his clinical assessments and experience with John, begins to prescribe necessary roles in addition to the roles emerging spontaneously.

Prescriptive-Role Scene: Resourcing the Protagonist

The first scene of this drama includes John connecting to a Containing/Body Double, the courage and determination to face his trauma, his resilience, his best friend as an interpersonal support, and transpersonal strengths as the mythical Hercules and an angel. At one point he becomes discouraged at the thought of facing his trauma. The director brings him to concretize his feeling of inadequacy with a scarf which John chooses to ask Hercules to hold (Hercules now holds both the roles of transpersonal strength and Manager of Defenses). John is brought to role-reverse with his Observing Ego card and sees himself surrounded by strengths and supportive roles which help to increase his confidence and allow him to see his adult self more accurately. Hercules encourages him to embark on this hero's journey into his trauma!

Trauma-Triangle Scene: Renegotiating the Trauma

The director enrolls John's wounded younger self (Victim role) into the scene to provide him with an experience of being protected by his strengths, nurturing himself from the adult role, and being nurtured from the child role. John promises not to abandon himself again (role transition from Abandoning Authority to Appropriate Authority) but to stay present and continue doing the

work necessary to heal. The next scene involves John's father (Perpetrator) entering the drama with a loud, demeaning, and critical attitude toward John. Because the TSM is an intrapsychic model, the role of his father is labeled as an introjected part of the self which lives within him long after the trauma and even after his father's death. John, supported by his strengths, shouts back at his father and stands up for himself. A contained but physically involved struggle takes place between John and his father until John pushes his father out of the scene. Of course, prior to the scene, the group has contracted for the necessary safety to conduct the physically demanding scene that takes place.

A Scene of Transformations: Posttraumatic Growth

While forcing the introjections from his father out of his brain, John firmly states his worth as a human being and tells his father that the abuse was wrong and unfair. Next, as we move into the transformative scene, two group members are enlisted to hold the roles of two themes that spontaneously emerged as a direct result of the interaction between prescriptive roles and trauma-based roles: worthiness (Sleeping-Awakening Child) and fairness/justice (Appropriate Authority). John connects again to the younger self and acknowledges his goodness and worthiness aloud. Without the messages from the internalized Perpetrator role, he finds it much easier to acknowledge his goodness. The role of worthiness (Sleeping-Awakening Child) becomes much more active and full of life!

Finally, the director, knowing John's beliefs about the afterlife, invites the angel role to bring John to interact with his father's spirit. The angel explains that in the afterlife, an individual's defects and humanness are shed as they become a pure spirit again. John begins a dialogue with the spirit of his father who apologizes for his abusive actions and commends his son for such brave personal-growth work. The spirit of John's father tells him that he loves him as John embraces his father and both begin to experience tears of joy.

Clinical Processing of the Psychodrama

Through this psychodrama, John had an embodied experience of a loving father that he may have never had in his life. Just as traumatic experiences change us, so do positive experiences, whether they are psychodramatic or not. For John, the psychodrama was a multisensory experience like any other. The presence of his abusive father earlier in the scene helped John access the associated traumatic neural network, while the prescriptive roles helped him move from his "stuckness" or immobilization into sympathetic activation, creating a new ending to the scene. John moved through the subsystems outlined in the polyvagal theory in the order in which they evolutionarily developed—from the most primitive immobilization (freeze) system to the mammalian sympathetic system (fight-or-flight response) and finally to social engagement (Porges, 2017). This provides his nervous system with an experience of completing the survival responses unavailable to it at the time of the childhood abuse—resulting in a reframing of the internalized trauma, in terms of both intrapsychic role

organization (Hudgins & Toscani, 2013) and neurobiological wiring (Cozolino, 2010, 2014). In TSM clinical practice, the director never role-reverses the protagonist into a victim role (wounded self) until she has demonstrated her capacity to rescue the victim from the adult ego state first. This helps to prevent retraumatization and serves as an indicator that the protagonist will not get stuck in the victim role once role-reversed.

The corrective experience of being in relationship with a Good-Enough Father during the psychodrama helps facilitate a repair in John's attachment schema as well as his own introjections and self-talk, which appear to stem from his abusive father. This would not be possible if not for the brain's innate mechanisms of neuroplasticity and continued learning. The brain undergoes synaptic and structural changes directly related to new social interactions and experiences (Cozolino, 2010, 2014; Siegel, 2012). Quite literally, experiences change our brain and have the power to reverse the impact of earlier traumatic events. Furthermore, the internalized "imprint of trauma doesn't sit in the verbal, understanding part of the brain" says van der Kolk, "but in much deeper regions—amygdala, hippocampus, hypothalamus, brain stem—which are only marginally affected by thinking and cognition" (quoted in Wylie, 2004, p. 37). This underscores one of the reasons why experiential therapies are the treatment of choice for individuals with PTSD and trauma-related issues (Dayton, 2015; Hudgins 2017b; van der Kolk, 2014).

CONCLUSIONS

The Therapeutic Spiral Model, through its use of psychodramatic enactments of developmental repair, provides participants with embodied corrective experiences directly related to the trauma or neglect that was experienced earlier in life. The application of the TSM's clinical map, the TSIRA, acts as a holding environment for clients, containing them within their window of tolerance while renegotiating their trauma and facilitating a completion of the central nervous system's survival responses (Levine, 2008, 2010; Porges, 2017). Through the use of surplus reality, clients have the opportunity to have their developmental needs met, reverse the effects of trauma, and actively change their brain. Utilizing neuroplasticity, changes are materialized by accessing the original traumatic neural network with safety and through role-playing changing the experience, or creating a new experience. TSM psychodrama allows participants to play the roles of transformation and posttraumatic growth in the safety of a psychodrama, effectively role-training them to hold the roles in other arenas of their lives.

The TSM is an intrapsychic model and its clinical map is oriented on inner roles. It integrates object relations, attachment, and role theory to teach that interpersonal relationships, positive and negative, are internalized. The founders of the model came to realize that individuals need to do their own inner work before they can take change out into their relationships and ultimately into the world. While TSM psychodramas are always staged within the brain of the protagonist and thus focus on inner roles, attention is given to interpersonal roles and relationships in both the warm-up and sharing phases of the psychodrama and the TSM's six safety structures.

Unfortunately, we cannot change the fact that our clients have experienced trauma. However, through the proper application of the TSM's clinical map, we can help them transform their internalized trauma into posttraumatic growth. As our clients internalize their own intrapsychic Change Agent role, they become empowered to change not just their inner role atom but also their social atom. Through their development of the Ultimate Authority role of integration, they become initiators in the world and claim coresponsibility for all of humankind (J. L. Moreno, 1947; Z. T. Moreno, 2012).

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