

THE "CONTAINING DOUBLE" :  
A CLINICALLY EFFECTIVE PSYCHODRAMA  
INTERVENTION  
FOR PTSD

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ABSTRACT

In the past five years, psychodrama has had a resurgence as a treatment method of choice with trauma survivors. At the same time, concerns of retraumatization through uncontrolled regression have been raised. The Therapeutic Spiral Model™ (Hudgins, In Press) is an integrated method of experiential psychotherapy that combines classical psychodrama with advances in clinical psychology and trauma work to provide the containment needed to prevent retraumatization. The present article details the initial research results of a single case design testing individual experiential psychotherapy using the Therapeutic Spiral Model™ with a client diagnosed with PTSD. Client reports are given to demonstrate the effectiveness of the Containing Double. The purpose of this study was to examine the ability of "The Containing Double" (Hudgins & Drucker, 1998), a clinically directed psychodramatic intervention, to provide narrative labeling of unprocessed trauma material. The study included standardized instructions, therapist, and client rules, and behavioral criteria for client change using the Containing Double. Results show significant decreases in dissociation, avoidance, and depression.

Introduction

For the first time in 40 years, *The Handbook of Psychotherapy and Behavior Change* included "experiential psychotherapy" and its attendant body of research in its 4th edition (Greenberg, Elliott, & Lietaer, 1994). This research shows that experiential therapy is as effective as psychodynamic, cognitive-behavioral, and cognitive approaches to client change, although most of these studies were based on gestalt interventions (Greenberg, Watson, & Lietaer, 1998). It is time for psychodrama, the seminal action method of psychotherapy (Blatner, 1997; Moreno, 1971), to find ways to be tested and validated as part of this paradigm shift at the clinical level.

In 1997, Bessel van der Kolk was the keynote speaker at the annual conference of the American Society for Group Psychotherapy and Psychodrama. He stated that experiential therapy is "the treatment of choice" for clients with a history of severe trauma. Later, in conversation he also said, the only way to facilitate the acceptance of psychodrama is to do research showing its effectiveness—and that it IS possible to do research on experiential methods.

This collaborative research between an American TEP, psychology graduate student, and a psychodrama practitioner in private practice with clients with Post-traumatic Stress Disorder shows the reality of bringing the spontaneity of that moment into full creativity.

This study, testing the Containing Double (Hudgins & Drucker, 1998) is a direct result of that conversation. The Containing Double (CD) is a theory-driven, clinically directed, experiential intervention that combines the power of the classical psychodramatic Double (Moreno, 1977; Moreno & Moreno, 1969) with the clinical safety found in The Therapeutic Spiral Model™ for treating severe trauma (Hudgins, 1998; In Press). This single case study demonstrates "in action" how simple a collaborative research project can be to complete once psychodramatic methods are operationalized in theory and practice.

A psychodrama practitioner in private practice, Kathy Metcalf, LCSW, PAT had three individual therapy sessions with her client where she focused exclusively on the Containing Double. As therapist Kathy had been working with her client, Claire, for several years in weekly

individual experiential therapy. When screening for a client currently diagnosed with PTSD, Kathy asked Claire if she would participate in the research project. Claire had always experienced "body memories" during her therapy sessions, but felt too scared to look at them directly. They both said they were at a point in their work around her trauma history where they felt "stuck" and welcomed the Containing Double Intervention.

Karen Drucker, MA, PAT a certified psychodramatist doing her graduate research project as a psychologist, videotaped these sessions and handed out self-report measures to the client to measure therapeutic change in dissociation and overall intrusive symptoms of trauma. Kate Hudgins, Ph.D., TEP, supervised the entire clinical and research project and provided the operationalized manual for the Containing Double in The Therapeutic Spiral Model™ (Hudgins, Drucker & Metcalf, 1998).

The purpose of this study was to operationalize the Containing Double intervention and to test its clinical application to Post-traumatic stress disorder (PTSD) over three sessions. Each session details therapist interventions and client self-report to demonstrate the CD intervention. Research results detail the empirical support those shows the CD decreases dissociation as a first step in therapy, and then decreases overall trauma symptoms.

#### Theoretical Foundations

The most recent psychotherapy research demonstrates that when action interventions are guided by clinical theory, they prove to be effective tools for change with clients with many diagnoses and problems of living. The Therapeutic Spiral Model™ (Hudgins, 1998; Hudgins, In Press) is grounded in traumatic stress theory and classical psychodrama to provide containment and safety with psychodramatic methods when working with trauma survivors. This study tests one of the intervention modules of the Therapeutic Spiral, the Containing Double (CD) in a private practice setting with a client diagnosed with PTSD. Traumatic Stress Theory

As van der Kolk (1996) states:

"Prone to action, and deficient in words, these patients (*trauma survivors*) 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)."

Traumatic experiences have now been shown to result in deficits in neurotransmitters, disrupted brain pathways, unprocessed sensorimotor memory, primary process thinking, distorted object relations, dissociated intense affect, primitive defenses, and uncontrolled re-experiencing behaviors (Ellenson, 1986; Gelinas, 1983; Hudgins, 1998; van der Kolk, 1997; Young, 1992). Recent research studies suggest that experiential psychotherapy can be a treatment of choice for clients diagnosed with Post-traumatic Stress Disorder (Greenberg & Pavio, 1998; Hudgins, 1998; Hudgins & Kipper, 1998).

In this study, Claire was still demonstrating dissociation and the re-experiencing of frightening body sensations when she began the project learning the Containing Double. She met the diagnostic criteria for Complex Post-traumatic Stress Disorder when we began the study. The therapeutic goal was to have Claire experience these traumatic body sensations with the support of the Containing Double so that she could put narrative labeling on them and integrate these memories into her sense of self.

#### Classical Psychodrama

Classical Psychodrama is the seminal method of experiential therapy, complete with a theoretical foundation of personality, therapeutic change-processes, and active interventions for clinical practice (Blatner, 1997; Holmes, 1991; Kellerman, 1992; Moreno, Blomqvist, & Reutzel, In Press; Moreno & Moreno, 1969). And it has been recently re-energized by expanded theory and applications (Holmes, Karp, & Watson, 1994; Hudgins, In Press; Hudgins & Kellerman, In Press). Karp, Holmes & Tavon, 1998; Kipper, 1992; Wilkins, 1997).

Role theory, one of the theoretical cornerstones of classical psychodrama, makes a unique contribution to the treatment of trauma survivors (Blatner, 1997). Too often, people with a history of trauma are given psychiatric diagnoses that pathologize survival responses into "dissociative disorders, parts of self, sub-personalities, and even alters and personalities". In psychodrama, role theory normalizes this

survival process as the development of "roles" vs. personalities, thus focusing on healing and change rather than personality disorders (Clayton, 1982; McVea, 1997)

Several studies have shown the benefits of psychodrama with PTSD, eating disorders, multiple personality, and dissociative identity disorders while they also offer many cautions as well (Altman, 1992, 1993; Bannister, 1991, 1997; Baumgartner, 1986; Burge, 1996; Dayton, 1997; Hudgins, 1989, 1998, In press; Karp, 1991; Raaz, Carlson-Sabelli, & Sabelli, 1993; Reynolds, 1996; Sidorsky, 1984; Widlake, 1997). Classical psychodrama has been shown to be a powerful method of change for trauma survivors, while questions have been also legitimately raised on how to use these experiential interventions without causing uncontrolled regression and retraumatization (Hudgins & Kipper, 1998).

#### The Therapeutic Spiral Model™

The Therapeutic Spiral Model™ (Hudgins, In Press) integrates the clinical emphasis of traumatic stress theory on containment and narrative labeling with the experiential interventions of psychodrama. The Containing Double is a single intervention module developed to prevent uncontrolled regression when working with trauma survivors diagnosed with PTSD, DID, etc. based on role theory (Toscani & Hudgins, 1996). Classical doubling has received more research attention than all other psychodrama methods and is the basic intervention.

#### Research on Doubling

There have only been a few studies on Doubling in the literature (J.A. Goldstein, 1971; S.G. Goldstein, 1967; Hudgins & Drucker, 1998; Hudgins & Kielser, 1987; Kipper and Ben-Ely, 1979; Z. Moreno, 1952; Taylor, 1983; and Toeman, 1948). However, these studies show increased accuracy of decoding emotional responses when Doubling was applied in clinical and research settings. Kipper and Ben-Ely (1979) also demonstrated that Doubling is more effective than reflection as a training tool for the teaching of empathy.

An earlier study by this author (Hudgins & Kiesler, 1987) operationalized and tested classical psychodramatic Doubling in individual therapy and for further research. Research results showed a

significant and predictable pattern of increasing self-disclosure and active experiencing in an experiment with college students. The Containing Double (Hudgins & Drucker, 1998) manual followed the format of this original study and operationalized this clinical psychodramatic intervention.

#### The Therapeutic Spiral Model™

The Therapeutic Spiral Model (Hudgins, 1998; In Press) was developed over the past 20 years in my practice as a clinical psychologist and psychodrama trainer working with trauma survivors. Along with the many protagonists who enacted and shared their stories, I want to thank the other clinicians, students, and team members who have contributed to the on-going development of this clinical model for treating severe trauma safely with psychodrama. This integrated model of experiential psychotherapy provides many concepts, constructs, and interventions for practice with trauma survivors. This study focuses on a single intervention, the Containing Double, which is theoretically anchored in a personal role atom that details the internalization of trauma and the roles needed for change in the TSM.

#### The Trauma Survivor's Intrapsychic Role Atom (TSIRA)

In The Therapeutic Spiral, The Trauma Survivor's Intrapsychic Role Atom (Toscani & Hudgins, 1996; Hudgins, 1998; Hudgins & Drucker, 1998) defines a clinical map of the healthy and dysfunctional roles in the personality structure of clients who have experienced trauma. This role atom, the TSIRA, delineates the prescriptive roles of: 1) restoration, 2) containment, and 3) observation that are needed to prevent uncontrolled regression when using psychodrama with trauma survivors. Trauma-based structures include the psychological internalization of roles of primitive and maladaptive defenses, victim, offender, and abandoning authority experiences. Transformative roles develop as healing occurs through action interventions.

#### The Containing Double Intervention Module

The Containing Double is the first of the clinically prescribed roles to be operationalized and tested with a client diagnosed with PTSD. This intervention has shown its usefulness for over a decade in personal growth workshops, individual therapy and other settings without

empirical findings (Hudgins, 1993; Hudgins, Drucker & Metcalf, 1998; Hudgins & Drucker, 1998; Toscani & Hudgins, 1996).

The Containing Double is a clinical intervention module that provides a physical and psychological holding space to put boundaries on self experience so that the protagonist is not emotionally overwhelmed when working on trauma scenes. The CD defines the boundaries of personal and interpersonal awareness and the depth of active experiencing that can be processed in the present moment with words and actions. This intervention provides narrative labeling AND emotional expression of dissociated emotions so that uncontrolled regression and retraumatization do not occur in any psychodrama scene.

In this case with Claire, the body memories that she had been experiencing throughout her therapy, were held in conscious awareness with the use of the Containing Double, and she was then able to label these sensations as part of herself so she could express them without regression.

#### CD Intervention Module Defined

The role of the Containing Double was introduced to Claire as "an inner voice -- that part of your self that knows your strength no matter what level of distress you experience -- the part of you that knows all your feelings, thoughts, and even behaviors and still remains supportive of your efforts toward resiliency and healing."

Like the classical Double, the Containing Double becomes an inner voice that speaks in the first person "as if" it is inside the protagonist's internal reality. The Containing Double differs from the classical Double in that, the CD ONLY makes ego supportive, containing statements. The CD does not expand unconscious awareness, but rather builds a psychological container that provides narrative labels for trauma experiences that are already in conscious awareness but not processed (Hudgins, Drucker & Metcalf, 1998).

There are three clinical steps in completing the Containing Double Intervention Module:

1) The CD, speaking in first person, makes reflections of the process, content, affect, intensity, defense structures, trauma states, etc. that the protagonist is showing in the moment. In Claire's case, the CD said, I feel very agitated, and my body hurts but I don't know why.

2) Still speaking in first person, the CD makes statements that state the ability of the client to contain and manage the reflected process, content, feeling, etc. into conscious awareness. The CD makes the conscious space larger and more manageable to the protagonist, group, and team through putting words on the experiential information that is unprocessed for the trauma survivor. Claire's CD stated: I know I often feel like this in my body...this agitation...and maybe now I can take some time to actually figure out what these feelings are about in my life.

3) The CD anchors the reflection and containment statements into the here and now through: 1) time references, 2) sensory data, and 3) interpersonal connections. The CD for Claire said: I can feel my feet on the floor and my hands on the chair here in Kathy's office. While I do this I can let my body shake and feel all the agitation I usually ignore. I can feel my feet on the ground and shake at the same time.

The purpose of the CD is to increase the client's active experiencing of unprocessed trauma material that is already conscious at some level in order to provide containment in the here and now. This containment then allows the unprocessed material to be consciously experienced without uncontrolled regression. Narrative labels integrate the remnants of the past into the present where the protagonist can make sense of what happens now and in the future.

#### The Research Procedure

##### Therapist Assessment

The client met diagnostic criteria for Post-traumatic Stress Disorder at the time of the CD intervention. Additionally, the therapist states:

"I mostly worked with Claire using traditional psychodynamic therapy and guided imagery. She was resistant to work on the somatic and dream material in a group using psychodrama. In individual therapy,

we continued to explore what the body sensations were about: tingling legs, anxious stomach, tightening jaw, wanting to scream and nothing coming out, a sensation of wanting to purge.

This work proved to be validating for Claire yet frustrating. We would get to a certain point in her awareness and processing of childhood memories and she would always freeze. She would immediately go into her analyzing mind questioning what had just happened to her or dissociate from what she was saying and shut down in the session. It was as if she would feel all the body sensations and memories up to the point of getting information about the source of them and then she would freeze".

Thus, the therapist proposed teaching this client the Containing Double intervention module and she volunteered to be part of the research project. The specific therapist instructions, client roles, and behavioral shifts used in this study are detailed in a manual operationalizing the CD for individual therapy (Hudgins, Drucker & Metcalf, 1998). In the first session, the client learns the Containing Double role. In the second session, she practices the containing double role. In the third session, she integrates the containing double role.

#### Self-report Measures

All three sessions were videotaped for assessment by an independent evaluator for technique compliance and future research on the Containing Double. Assessment measures were given at baseline, after each session, and at follow up six weeks later. The clinical assessments that were given to this client diagnosed with PTSD reflected the current definition of complex traumatic stress disorder.

#### Trauma Symptom Inventory (TSI)

The Trauma Symptom Inventory (TSI; Briere, 1995) is a 100-item test of posttraumatic stress and other psychological symptoms that tend to result from traumatic events.

#### Dissociative Experience SCALE

The DES (Bernstein & Putman, 1986) is a 28-item self-report scale to measure a range of experiences commonly reported by individuals who dissociate.

#### Beck Depression Inventory (BDI)

The BDI (Beck, Ward, Mendelsohn, Mock, & Erbaugh, 1961) is a 21-item self-report inventory that evaluates cognitive and vegetative symptoms of depression (range 0-63).

#### The Body Sensations Questionnaire (BSQ)

The BSQ (Chambless et al., 1984) is a 17-item self-report scale detailing the degree to which clients fear somatic symptoms commonly associated with panic.

#### Narrative Writing

The client was asked to write about her memories connected to her body sensations at baseline and again at follow up. After each treatment session, she was asked to write about what she experienced during the treatment session. The writing was qualitatively assessed for content, details, and awareness level of her body sensations and emotions and will be reported in a later article.

#### The Clinical Intervention Module

##### Session One: Taking the Role of the CD

After the therapist introduces the Containing Double role according to the manual's guidelines and then moves to a chair beside Claire to take the role of the CD and continues the therapeutic interaction from this space. The dialogue was modified from the research transcript to maintain confidentiality.

CL: "I feel anxious, and afraid of what's going to happen"

CD: "I know I'm in Kathy's office (reflection) and its safe here (containment)."

CL: "Yes, I do feel safe here."

CD: "I can allow myself to feel the anxiety (reflection) and also feel the safety (containment) of her office (here and now)."

CL: "I feel anxious in my stomach but I know its safe here."

CD: "My stomach feel tingly"

CL: (Pauses and begins to dissociate)....

CD: "I can allow myself to feel a little of that tingly sensation (reflection and containment) and stay in my body. I can feel the soft corduroy of the chair I'm sitting in. I can touch the arm of the chair as I feel my anxiety (here and now).

CL: "I see my little girl behind me (narrative labeling), I want to turn around and look at her"

CD: "I can stay in my body (containment) and feel what I feel (reflection) as I turn around to look at her with my eyes (here and now)."

CL: "I can acknowledge that little girl of part of me, even though I am scared of what she knows. I want to protect her, I don't want to run from her anymore, I want to look at her (tears)."

CD: "Yes I don't want to run from her anymore."

This dialogue progressed during the first CD session. Claire and her therapist, Kathy, put the narrative labels on her body sensations that came from her "little girl role". By the end of the hour long session, she had learned the CD intervention. At the end of this session, Karen gave Claire a set of self-report measures that measured a significant decrease in dissociation.

### Session Two: Role Playing the CD

The next therapy session also used the CD, which the therapist began at the beginning of the hour, picking up on the dialogue from last time. This dialogue was recorded about 10 minutes into the session and has been modified for confidentiality.

CL: "She's so little, she's so young."

CD: "I can allow myself to see how young this little girl role really is (reflection) and stay in my body (containment). I do not need to run away today (here and now)."

CL: "I'm scared of.....Daddy" (The change in voice tone and use of the name Daddy shows the client is beginning to regress without control).

CD: "I can allow myself to hear what my little girl wants to say (reflection) and know that I'm here to protect and hold her (containment) and I don't have to do it alone today (here and now)."

CL: (surprised) "I am here for her, I do want to hear her, I don't want to run away. Its so sad what happened to her, and it did happen, and this little girl role is part of me, it's not something I'm just observing."

CD: "I can allow myself to feel that I am feeling my feelings about what happened to me as a little girl."

CL: "I feel scared and sad as I think about my father. I know he hurt me when he'd hit me, but I haven't been able to let myself feel that."

(Voice tone and use of adult term "father" shows client is no longer regressing, but is maintaining the contained state of emotional awareness and experience).

CD: Right now (here and now), I can feel a bit (containment) of my sadness over being hit by my father (reflection). I can take a deep breath (here and now) and feel the tears on my face and how sad I am (reflection). And I don't have to feel anymore than I'm ready and safe to feel (containment).

In this short example, you can see that the client has already begun to practice the CD intervention module. She uses the CD to explore further emotions of sadness and loss from her child role, while maintaining an adult ego state at the same time. The clinical goal of experiencing emotions while also having words to express them is demonstrated.

### Session Three: Creating the Role of CD

In this final CD session, the therapist and client work with the integration of the Containing Double into Claire's prescriptive role repertoire.

CL: "I feel more in touch with my body. The other day I got mad at my husband and I allowed myself to feel my outrage and not push it away."

CD: "I can allow myself to feel what it feels like to feel my body and my emotions in relationship with my husband (reflection)."

CL: "Yes, its like I feel more like an adult when these body sensations come in now. I can stay with them and figure out what is going on, and then I can express that."

CD: "I can feel both the little girl role inside of me and the adult protector (reflection) in me at the same time. I can stay in my body (containment) here in Kathy's office (here and now)and at home."

CL: "Yes, at work when my feelings get hurt and the little child comes out, I can feel those feelings and let my adult side come in and make the decisions. I don't have to come from the hurt child and being nice and submissive all the time."

In this final session, Claire is not only able to use the CD during the therapy session, but she demonstrates her ability to apply the CD to interpersonal situations that are beyond the therapy setting.



## Results

### Visual Inspection of Raw Data

The raw data for the outcome measures at each of the three assessment points showed significant change in dissociation on the DES Scale at the end of the first session teaching the client the role of the Containing Double. At follow up, all general variables showed improvement across the board on trauma symptoms measured in the instruments listed above. The narrative writing and the level of experiencing still need to be calculated and will be reported in a later study.

### Statistical Analyses

Statistical analyses of the single-case subject designs (Nishith, Hearst, Mueser, & Foa, 1995; Mueser et al., 1991; Yarnold, 1988) were used to examine the efficacy of the Containing Double treatment and show additional research support for this psychodrama intervention with PTSD. Analyses of the PTSD symptoms indicate that the client's clinical status was significantly improved by the time of the follow up measure, as compared to baseline. DES, and all the trauma symptoms as measured on the TSI are significant at the .01 level. The BDI and BSQ are statistically significant at the .05 level.

### Discussion

This collaborative research project demonstrated that the Containing Double does in fact decrease dissociation and other trauma symptoms with a client diagnosed with PTSD. As Kathy, the therapist in this project says: "In 1998 I learned the Containing Double and thought this would be a good method to help Claire feel contained yet help her to deepen her understanding of what these body memories, feelings and dreams were about for her. This project showed that the CD did make a difference in her ability to tolerate her body memories and put words to them. As a warm-up to the research procedure I invited her to a personal growth weekend workshop—"Surviving Spirits" using the Therapeutic Spiral Model™. This was a wonderful opportunity for Claire to realize she was not alone in her feelings that she had been abused."

These empirical results show that psychodrama can be broken down into individual interventions with specific clinical applications that can be tested for research. It can be done with three psychodramatists, plus a statistical psychologist to interpret the results. If each person in the psychodrama community would take the creative responsibility to do one single case design research study in their area of application, it could change the world by showing psychodrama does work. We all know that in our experience of psychodrama as healers, teachers, students, and advocates. Let's let the world know that with research and empirical study.

For training purposes, the Containing Double can now be broken down into component parts that are presented in writing, through didactic presentations, and in action practice in supervision and workshops. It can be used for training or research.

My hope is that in all ways, this will make a difference in the treatment, healing, and lives of trauma survivors.

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