Introduction
After two experiential workshops with TSM I was intrigued by the way this method uses projective identification while working with Psychodrama. In learning how to work with this model as a trained auxiliary I noticed how fast these processes work in a Psychodrama group working with trauma.

This paper is my journey to learn to understand the term projective identification, to describe the practice of using projective identification in TSM, and then link TSM to theories and research about trauma that are based on the connection between mind and body.

I view this paper as an exploration of the concept and use of projective identification. I touch different subjects and make connections where I may see them. It is more a starter for further exploration and deepening of the subject.

Projective identification.
Klein (1946) defined projective identification as a process wherein largely unconscious information is projected from the sender to the recipient.

A more expanded definition is from Shapiro and Carr (1991). Projective identification between two (or more) persons consists of:

- The projection or disavowal of an uncomfortable aspect of ourselves.
- The discovery (through empathic resonance) of another person who has an attribute that corresponds to that aspect of ourselves that we are attempting to disavow.
- The willingness, conscious or not, of the other person to accept the projected attribute as part of himself.
- The development of an enduring relationship between ourselves and the other, in which the projections are sustained by unconscious collusion.
- The other (now seen as possessing the disavowed characteristics) is consciously identified as unlike the self, while an unconscious relationship is sustained in which the projected attribute can be experienced vicariously.
- The use of manipulative behavior that is unconsciously designed to elicit feelings or behavior from the other to support the idea that the projected attribute belongs to him.
- Selective inattention to any of the real aspects of the other person that may contradict or invalidate the projection.
- A complementarity of projections—both participants project.

During the work of the protagonist in his or her Psychodrama, feelings and behavior start to emerge in members of the audience. That is not unusual when you are working with Psychodrama. Everyone who has ever been a participant of a psychodrama group will recognize that one is affected by the work of the protagonist. The difference in working with TSM is that these feelings and behaviors are actively used in the context of the drama of the protagonist.

Psychodramatist easily understand this process because we are familiar to the concept of tele. Zerka Moreno refers in her article ‘functions of tele in human relations’ how J.L. Moreno described tele as two-way empathy in 1953. Tele is often described as an interpersonal phenomenon in which people resonate with others at a distance and exchange emotional messages. This phenomenon has received a scientific basis through the discovery of mirror neurons.

In projective identification, spontaneous matching of emotional states between the patient and therapist can occur via activation of mirror neurons (Greatrex, 2002).
So the concept of tele and projective identification are described in a similar way. I will not further explore the differences between the concept, but it seems that in projective identification there is manipulation involved (Shapiro and Carr 1991).

Ogden (1979) describes the psychological process of projective identification. As a defense, projective identification serves to create a sense of psychological distance from unwanted (often frightening) aspects of the self; as a mode of communication, projective identification is a process by which feelings congruent with one's own are induced in another person, thereby creating a sense of being understood by or of being 'at one with' the other person. As a type of object relationship, projective identification constitutes a way of being with and relating to a partially separate object; and finally, as a pathway for psychological change, projective identification is a process by which feelings like those that one is struggling with, are psychologically processed by another person and made available for re-internalization in an altered form.

Especially the last part (pathway for psychological change) of the above description is interesting for the Therapeutic Spiral Method because it refers to how TSM works with projective identification in order to recover from the trauma.

Another interesting addition comes from Shore (2010). He argues that .. “primitive mental states” are much more than early appearing “mental” or “cognitive” states of mind that mediate psychological processes. Rather, they are more precisely characterized as “psychobiological states.” Thus, those of us with a developmental framework are exploring not primitive states of mind, but primitive states of “mind-body.” ..Since affects are psychobiological phenomena and the self is bodilybased, the coping strategy of projective identification represents not conscious verbal-linguistic behaviors but unconscious nonverbal mind-body communications.

This also connect to the theory and practice from TSM because TSM helps people to get out of their primitive mind-body states, and learns them the pathway to a more advanced mind-body state. TSM uses projective identifications to learn about the primitive state, not perse by assessment from the clinician but by using the projected identifications from the audience of the psychodrama group.

**Psychodrama**
To understanding the background of TSM we need a short definition of Psychodrama for readers who are not familiar to the method. Psychodrama is an action method in which spontaneous dramatization and role playing are used to investigate the lives of the participants, so they can become more creative in finding solutions for difficulties in their lives. A psychodrama is conducted by a trained psychodrama-director who works with a protagonist on a particular problematic situation. The audience is invited to become auxiliaries in the drama of the protagonist. Together they work to reach the creativity which is needed to solve the problematic situation. An important starting point in Psychodrama, if done correctly, is that all participants profit from the work of the protagonist.

**TSM**
TSM is based on Psychodrama, with a few adjustments. The adjustments are made in order to work safely en effectively in the treatment of trauma. Besides psychodrama TSM uses attachment theory and findings from neuroscientific research. For a full description of the method I refer to the literature about TSM. Especially the book ‘Healing world trauma with the therapeutic spiral model’ with articles from various authors about TSM from different angles.
**Projective identification in action.**

The work of TSM begins with a lot of safety structures, which is needed to prepare and strengthen the participants to work with traumatic material of their lives. TSM works with different types of psychodrama, the first one being a prescriptive drama, the second one a trauma drama and the third one a transformational drama. The focus is different within these drama's, but the way of working with PI is the same.

To explain how TSM works with PI, a visual presentation might be useful. Figure 1 represents the psychodrama in the beginning of the play. The TSM team (in **blue**) consists of a Leader of Director (L), an assistant leader (AL) and trained auxiliaries (TA). The participants are in **green**. From the participants one has become the protagonist (P), two became resources (R) for the protagonist in the play within the circle and the rest are group members (G) sitting around the circle. Resources are essential in working with TSM. If there is not enough safety there will be no confrontation with traumatic material.

![Figure 1 Leader or Director (L), assistant leader (AL), trained auxiliaries (TA), protagonist (P), resources (R), group members (G)](image)

While the Leader/Director is working with the protagonist, the Assistant Leader and the Trained Auxiliaries start to work with the group members (G) around the circle.

They establish what kind of reactions (projective identifications) the group members are having, see figure 2. Some of the group members become angry (A), some become frightened (F) and some will feel sadness (S). Other group members want to care (C) for others, some just want to observe (O) and sometimes members will be dissociating (D).

The Assistant Leader and the Trained Auxiliaries will clusters the persons who are having the same feelings/reactions together. The Trained Auxiliaries help the groups to express their feelings.

At the same time they communicate to the Assistant Leader what the group is about, so the Assistant Leader can present the information to the Leader/Director. The Leader/Director will use this information in the psychodrama of the protagonist. The reactions in the group are seen as projections of the protagonists, so this is an active way to deal with emotions which are disavowed by the protagonist.
During the process the clusters can get new meanings, for example the frightened (F) cluster can turn into the wounded child. In consciously dealing with this disavowed part, within the window of tolerance and safety structures, the protagonist will be able to understand what happened without being overwhelmed. In this example the leader/director can invite the protagonist to put his attention on the frightened cluster and ask what this frightened feeling is about. The assistant leader brings the frightened group members (see figure 3) into the circle, and the protagonist starts to recognize the fear he felt when he was punished as a child. This can take a while because the protagonist can still cling on to seeing this as part of the others (Shapiro and Carr 1991). This feeling can overwhelm the protagonist and he might, with the help of the leader/director, use his resources to empower himself to be able to endure this feelings and to be able to take the needed, appropriate action (e.g. soothe the wounded).
The other clusters will be handled in much the same way. Or they may be used for other roles during the psychodrama. For example the caring cluster can be asked to play the good enough mother.

Working with this material the leader/director is constantly switching between (re)installing the resources and dealing with the aspects of the traumatic experience. One can recognize the use, in action, of pendulation and tritation as described by Peter Levine (2015).

All participants experience corrective emotional experiences, which influence the way they perceive their past memories and they learn new possibilities in addition to what they have learned from the traumatic experience (memory consolidation, Lane 2015).

Lane, et al. (2015), argue that therapeutic change:

... results from the updating of prior emotional memories through a process of reconsolidation that incorporates new emotional experiences.

The essential ingredients of therapeutic change include: (1) reactivating old memories; (2) engaging in new emotional experiences that are incorporated into these reactivated memories via the process of reconsolidation; and (3) reinforcing the integrated memory structure by practicing a new way of behaving and experiencing the world in a variety of contexts.

So, in a way, new versions of memories are created with corrective emotional experiences. Two truths are put onto the psychodramatic stage and together a new truth is created.

Conclusion

By describing PI in TSM I got a better understanding of the purpose of this way of working. I see it as a good start for further exploration and deepening of my understanding. For me it is nice to have these frameworks. Knowing what I do and why I do it feels comfortable in learning to master this new approach.

Literatuur


