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# Psychodrama Revisited: Through the Lens of the Internal Role Map of the Therapeutic Spiral Model to Promote Post-traumatic Growth

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**Abstract** Classical psychodrama embodies the theory and practice of spontaneity and creativity as the goal of all methods of change. In today's world of post-traumatic growth (PTG), this is a perfect match for the view of humans as resilient and always seeking growth, even following traumatic and often violent experiences. This article of the Zeitschrift für Psychodrama und Soziometrie details the Therapeutic Spiral Model (TSM), which is a trauma-informed, stage-process model to change the self-organization of people affected by trauma by using experiential methods. TSM presents the first internal role map for working with parts of self, developed through decades of clinical observation (Hudgins 2017, 2002). TSM connects with advances in clinical psychology on trauma and attachment, and the latest research on interpersonal neurobiology, and makes a crucial turn from interpersonal work in psychodrama to the focus on inner parts of self. The trauma survivor's internal role atom (TSIRA) is presented as a three-stage model to guide all action methods when working with parts of self that include: Prescriptive (RX) roles, the TSM Trauma Triangle, and roles of transformation and post-traumatic growth (PTG). Composite examples are given from a lifetime practice in the global community to help bring the clinical structure of the internal role atom to life for inner parts work.

**Keywords** The therapeutic spiral model · Trauma · Psychodrama · Inner parts · Post-traumatic growth

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## Zurückgekommen auf das Psychodrama: Durch die Linse der inneren Rollenlandkarte des Therapeutischen Spiralen Modells für Posttraumatisches Wachstum

**Zusammenfassung** Klassisches Psychodrama verkörpert die Theorie und Praxis von Spontanität und Kreativität als Ziel aller Methoden von Veränderung. In der heutigen Welt von Posttraumatischem Wachstum (PTG) ist dies die perfekte Übereinstimmung für die Sicht auf den Menschen in seiner Resilienz und seinem kontinuierlichen Streben nach Wachstum, sogar nach traumatischen und oft gewaltvollen Erfahrungen. In diesem Artikel der Zeitschrift für Psychodrama und Soziometrie wird das Therapeutische Spiralenmodell (TSM) differenziert, welches ein Trauma-informiertes Stufenprozessmodell darstellt und die Selbstorganisation von Menschen, die von Traumatisierung betroffen sind, durch die Verwendung von Erfahrungsbasierten Methoden verändert. Das TSM stellt die erste innere Rollenlandkarte für die Arbeit mit Selbstanteilen dar, welches über Jahrzehnte klinischer Beobachtung entwickelt wurde (Hudgins 2017, 2002). Das TSM ist verbunden mit den Forschungsfortschritten in der klinischen Psychologie bezüglich Trauma und Bindung und den neuesten Forschungen der interpersonellen Neurobiologie, und es wendet sich entschieden ab von der interpersonellen Arbeit im Psychodrama hin zu dem Fokus der Arbeit auf innere Anteile. Das innere Rollenatom (TSIRA) des Trauma-Überlebenden wird präsentiert als ein drei Stufenmodell, das die Aktionsmethoden in der Arbeit mit inneren Anteilen anleitet und welches folgende Rollen beinhaltet: Vorschreibende Rollen (RX), das TSM Trauma Dreieck, die Rollen der Transformation und des posttraumatischen Wachstums. Zusammenhängende Fallbeispiele aus einer lebenslangen Praxis innerhalb der globalen Gemeinschaft werden präsentiert, um dabei zu helfen die klinische Struktur des inneren Rollenatoms für die Arbeit mit Selbstanteilen zu ermöglichen.

**Schlüsselwörter** Das Therapeutische Spiralenmodell · Trauma · Psychodrama · Innere Anteile · Posttraumatisches Wachstum

## 1 Introduction

It is abundantly clear that TSM is a fully-formed, experiential treatment for trauma-informed care with theoretical orientations, principles of change, and active therapist interventions to work with inner parts of self (Hudgins and Toscani 2013; Hudgins 2007). TSM sees the plurality of self as normal from the view of experiential self-organization and the neurobiology that now supports that perspective. It proposes that experiential therapy is the way people learn active experiencing of the felt moment as a necessary condition for change. Clinically modified psychodrama interventions are the tools for re-organization of old views of self that emerge stronger and more resilient after trauma by using TSM.

TSM presents a clearly defined clinical role map, that was first proposed in 1992 when a group of American certified psychodramatists, who were clinically trained as psychologists, social workers and counselors, decided to make psychodrama safe

for trauma survivors. The trauma survivor's intrapsychic role atom (TSIRA) shows how to use psychodrama to focus on internal parts of self or roles, rather than interpersonal relationships as in classical psychodrama. After decades of clinical observation and research, the TSIRA offers a picture of internal parts of self, defined in simple role terms, to provide a consistent framework for trauma-informed care from individual therapy to structural violence when using experiential methods of change. TSM also includes clinically modified psychodrama interventions to work with the internal roles that are needed for full symptom repair and post-traumatic growth (PTG) following the experience of trauma.

Interestingly, TSM developed as a clinical model of experiential psychotherapy independently, but concurrently, with the rapid increase of information about attachment, interpersonal neurobiology and the effects of trauma that started in 1996 with the seminal study by Rausch, van der Kolk, Fishler & Alpert. At present, neurobiological research shows experiential methods are the treatment of choice for trauma prevention and repair (Cozolino 2016; Siegel 2012). As research points the way for an increased use of experiential methods, TSM details a clinical map to use for safety when using action methods as part of trauma-informed care. In the TSIRA, prescriptive roles operationally define spontaneity and creativity. Chaotic trauma is contained in the template of the TSM Trauma Triangle. Post-traumatic growth is guided by the TSM roles of transformation. Clinically modified classical psychodrama interventions, such as doubling and role reversing, etc. are used to create new corrective emotional experiences in the here and now through containment and self-regulation. Traumatic memories are held in a window of tolerance so that new narratives can be formed that reflect PTG.

Other publications present a more detailed history and development of this inner parts model of working with trauma using TSM (Hudgins 2017, 2007, 2002, 2000: Hudgins and Toscani 2013). This article briefly presents an overview of the history & theoretical orientations that infuse the breadth of TSM's vision when working with internal parts of self. Interventions are also described or demonstrated.

### 1.1 History and Development of The Therapeutic Spiral Model from 1992–2018

TSM is especially indebted to the foundations of classical psychodrama, the seminal method of action change developed by J.L. Moreno and his wife and colleague, Zerka T. Moreno (Moreno 1953; Moreno and Moreno 1969), especially that of spontaneity, creativity, surplus reality, and role theory. Additionally, my comprehensive clinical training from the NIMH-funded, year-long internship at St. Elizabeth's Hospital in psychodrama, sociometry, and group psychotherapy gave a solid foundation in the clinical use of psychodrama with severely disturbed patients (Buchanan 2017). Here, in the heart of psychodrama in America, on the original stages of Beacon, NY, Washington, DC, and my own Psychodrama Theatre of Protection in Black Earth, WI., I fell in love with psychodrama in its original form, gladly learning that the goal of psychodrama is to help people become spontaneous and creative in interpersonal relationships.

However, working with psychiatric inpatients at St Elizabeth's Hospital and my training as a clinical psychologist quickly led me to see the necessity of using psychodrama to work with parts of self, as well as interpersonal relationships. In many cases, patients hospitalized for decades with schizophrenia were able to use psychodrama to help with internal voices, delusions, and even hallucinations as they learned to put their inner parts outside (Holmes 2015). Thus, TSM psychodrama developed its model of internal personality change for trauma-informed care with experiential methods. Since 1992, TSM has been taught in over 35 countries and has been deeply changed by the cultures it has touched in Asia, the Middle East, and Western countries around the world (Hudgins 2017, 2015).

### 1.2 Research: Evidence-based research for TSM

While more research needs to continue on psychodrama in general, TSM has always been anchored into mainstream psychological research on experiential psychotherapy looking at what makes people change. Greenberg, Watson, & Lietaer demonstrated in 1998 that experiential psychotherapy was equally as effective as psychodynamic and cognitive behavior therapies, while beginning to show increased efficacy with trauma. Hudgins & Kiesler (1987) integrated Gestalt therapy, and Gendlin's (1957) Focusing techniques with classical psychodramatic doubling in a quantitative study that won the American Psychiatric Association's Graduate Student Award in 1986, placing the beginnings of TSM psychodrama into the solid body of research on experiential therapy of the time on inner parts models of self-organization.

Research began directly on TSM in 1998 with a quantitative study on the containing double, the first clinically modified TSM psychodrama intervention designed specifically to increase containment and self-regulation for people with PTSD (APA 2013). This initial quantitative study showed statistically significant decreases in dissociation, depression, anxiety, and general symptoms of Post-Traumatic Stress Disorder over just 3 individual therapy sessions and lasting results six month later as reported by therapist interview (Hudgins and Drucker 1998; Hudgins et al. 2000). McVea and Gow (2006) detail the importance of the role of auxiliaries in TSM and then deepen the knowledge of modified versions of classical psychodrama with implications for TSM (McVea et al. 2011). Hudgins, Culbertson and Hug (2009) show its effectiveness when combined with literature, music, and public speaking in leadership training in the community following violence. Perry et al. (2016) demonstrated that the TSM action protocol for a three-day weekend produces increases in self-esteem and connection for women who served in Afghanistan's and Iraq. Additional research is currently taking place in Taiwan, China, Egypt and the USA. Wieser (2011) and Baim (2017) provide the most up-to-date research on the use and effectiveness of psychodrama across settings, from education to therapy, and from small groups to large cultural issues. Stadler et al. (2016) demonstrate psychodrama's effectiveness across various settings, populations, languages, and cultures.

## 2 The Theoretical Integration of TSM

### 2.1 Neurobiology and Attachment

From 1992–1995, the clinical model of the therapeutic spiral developed separately but concurrently with the research on the neurobiology of trauma and what is now called interpersonal affective neurobiology (Panksepp 1998; Siegel 2012). Current TSM writers draw closer and closer connections to what we long ago observed clinically with the advances in neuroscience over the past 20 years (Giacomucci in press; Hug 2013; Lawrence 2011). TSM provides a comprehensive and holistic view of human functioning where the language of plurality of people is anchored into clinical psychology theories of experiential self-organization and neurobiological studies on attachment. Together, they demonstrate at all levels, that the self is constantly changing and in flux as experience affects the brain more directly than we ever imagined.

Thus, TSM is a comprehensive theory of personality, principles of change, and operationalized interventions to support the re-organization of parts of self in trauma-informed care (Hudgins 2007). Today, the description of the self as being in a constant state of flux in self-organization based on past and present experience is no longer merely hypothetical. State of the art fMRIs show the brain is an ever changing organization of neural networks, synaptic connections, and even molecular changes as it interacts with the here and now of internal states and interpersonal relationships (Cozolino 2016). The animated film "Inside Out" has even brought the neuroscience of memory and emotions into popular American culture (Keltner and Ekman 2015).

### 2.2 Spontaneity, Creativity, and Surplus Reality

Spontaneity and creativity theory is the life-blood and core of all true psychodrama. It is what infuses TSM Psychodrama, drawing on the spirit of trauma healing across all cultural applications, including family and structural violence. Blatner (2013) states that classical psychodrama is unique in its goal of increasing spontaneity and creativity in order to develop new roles in the present moment and shares Zerka Moreno's (2012) view that we all have an autonomous healing center that can be activated by new experiences. Spontaneity itself is defined as an adequate response to a new situation or a novel and adequate response to an old behavior. Drawing on spontaneity as the key change agent TSM made the turn from working interpersonally, to creating a psychodramatic system of change focusing on internal self-organization and healthy personality functioning that was also reflected in interpersonal neurobiology (Lawrence 2011).

A final psychodrama concept, that of surplus reality, further creates a bridge to the experiential treatment of inner parts of self. Zerka Moreno describes surplus reality as the process of becoming actively engaged with your internal experience and sharing it through words or actions (Moreno et al. 2000). Holmes (2015) presents a direct translation of object relations theory into the enactment of psychodrama for inner parts work. Using role theory, the TSIRA actually defines spontaneity through

prescriptive roles, traces the internalization of trauma into the TSM Trauma Triangle, and creates post-traumatic growth through roles of transformation.

## 3 The Trauma Survivor's Internal Role Atom (TSIRA):

### 3.1 A Clinical Map for Trauma-informed Experiential Psychotherapy with Inner Parts

TSM's clinical map, the trauma survivor's internal role atom (TSIRA), was conceived and defined from 1992–1995, as a practical guide for experiential psychotherapy for the treatment of PTSD and other trauma-related problems following violence and loss. TSM has been field tested through decades of clinical observation of therapeutic change around the world and across cultures, as a definition of self was translated into the internal role diagram of a trauma survivor's inner parts of self through role theory. The advantage of a clinical map is that it helps trauma therapists and workers make sense of the internal and often chaotic reality of people's self-presentation following trauma. The TSIRA details a three-stage process model of trauma-informed experiential change that works with inner parts of self through role theory, making it accessible to every-day life and not only as a model of individual or group psychotherapy (Hudgins et al. 2009).

Stage 1 focuses on the psychological functions of observation, restoration, and containment to provide stable self-organization and full spontaneity prior to directly doing any trauma work with experiential methods. Stage 2 uses the TSM Trauma Triangle to visualize the internal battle between the parts of self that have been internalized from trauma. In TSM these roles are the victim, perpetrator, and the unique TSM role of abandoning authority, rather than rescuer. There was no rescuer at the time of trauma, thus people internalize self-abandonment. Stage 3 seeks to create new narratives to guide the future that are based on corrective emotional experience and changes in the internal roles of people following the experience of trauma, violence, and grief, to create post-traumatic growth (Hudgins 2017).

### 3.2 Stage 1: Prescriptive Roles = Spontaneity and Creativity

When using classical psychodrama in the early 90's, we often found that protagonists would take us directly back to a scene of trauma without the spontaneity and creativity needed to change the interpersonal scenes of the past, and thus they risked clinical re-traumatization through extreme emotions without self-regulation and containment. Thus, TSM developed the prescriptive (RX) roles needed to define the state of spontaneous self-organization. A TSM director prescribes roles of self-observation, restoration, and containment, much like a psychiatrist prescribes medicines to decrease affect or increase cognitive functioning. Therapist-directed clinical action interventions support the development of healthy self-organization by accessing or developing positive parts of self that are needed, as shown by clinical markers. Seven consistent RX roles, or internal parts of self, can be concretized and enacted to establish a state of spontaneity and creativity so that trauma can be

faced safely and the past can be changed through new corrective emotional experiences. These same seven roles operationalize spontaneity for further research on psychodrama in the global community. See Hudgins (2017) for further information on this guide to internal roles of self-organization following trauma.

### *3.2.1 The Observing Ego*

The observing ego (OE) is always the first TSM internal role concretized to establish a cognitive part of self-awareness that creates a container to define the window of tolerance for people who proceed to do emotional work with experiential methods. This might appear to be a simple function, but a trauma survivor's internal self-organization is filled with negative messages, horrific images, unmanaged affect, and chaotic or non-existent relationships. As this role develops internally, the client or group is then able to expand their window of tolerance and sustain the emotional distance and neutrality that is necessary before any real change can take effect. In TSM workshops, this role is often simply demonstrated through inspirational cards of animals, Buddha's, flowers, etc. where people are introduced to the concept of "no shame and no blame" as a neutral self-witness and then share with others why they picked that card.

### *3.2.2 The Three Roles of Restoration*

To reclaim lost spontaneity or build creativity, protagonists need internal, interpersonal, and transpersonal strengths to draw on to ultimately gain resilience and make new meaning for post-traumatic growth. Internal strengths such as perseverance, dedication, and optimism can be more actively experienced through enrolling them as parts of self that are there to help face the horror of traumas past. Interpersonal strengths can be embodied through picking group or team members to play positive people, real or imagined, such as an ancestor, a good teacher, or inner helpers (Dayton 2016; Stadler 2002). Transpersonal strengths are often called upon to help redefine the self, following trauma. Here you see how two simple role reversals with an internal and a transpersonal strength become a whole Prescriptive (RX) drama without ever bringing the trauma that repeats onto the protagonist's stage.

In 1995, when a TSI team was working with a group of refugee counselors at STARTTS, in Sydney, Australia, a Serbian man asked to do a RX drama to face the scene of seeing his family shot in front of him when they were fleeing his country. He was devastated. Alone. Lost. He sought salvation from the internal horror of this memory. As director I helped him find the TSM restorative strengths needed for this particular moment in his life of post-traumatic growth.

> *Director:* Zoran, you are a brave man. Brave to face this loss of your family. Here today, you want to build up some inner resources so you can let go of the scene of their shooting. Please pick someone to play one of your internal strengths, or an internal part of yourself that has stayed true to you even through all your loss.

*Protagonist:* I pick Ana to play my perseverance. There have been many times since then that I just did not want to go on, but there has always been something inside of me that persists, that carries on, no matter what.
*Director:* Role reverse with your perseverance and talk to yourself (Ana now holds the protagonist role). Tell yourself how you can help today.
*Perseverance:* You know me. We have been together since childhood. We are old friends. I am a part of you that you have always known and trusted. I am here to help today, just like I always have.
*Ana, in protagonist role:* But, I don't really want to go on. I have lost everyone in my family. It is too much.
*Perseverance:* Yes, I sometimes feel that too, but today I believe I can help you find ways to stop the scene from repeating over and over again. We can persevere in stopping the horror. You truly don't need to see it anymore. You can let it go.
*Director:* Role reverse back and now hear what your perseverance is telling you. (Scene repeats with him back in protagonist role). Zoran, if you want to let go of these obsessive scenes, who can take them? Where can you let them go?
*Protagonist:* I can let them go into a lake back home. We would go there on family holidays before the war started. There was a beautiful statue of an angel there. I can imagine going there and letting the images go.
*Director:* We can do that now in TSM psychodrama. You can gather your inner parts, your strengths, and we can go to the lake. Let's set up the lake with water colored scarves. Pick someone to be the angel of your childhood lake. Role reverse with that angel.
*Zoran as Angel:* I am glad you came to visit me. I watched you and your family many times as you came to feed the ducks and eat your picnics nearby. I hold many positive memories of your family. I can also take the bad ones and we can let them go together into the water. This is a lake that holds all tears.
*Director:* Role reverse back and let your childhood angel help you let go. (As the scene repeats, the protagonist listens and spontaneously gathers up scarves and holds them close to his heart.)
*Protagonist to Angel:* I am giving you back each of my family members I lost that day. Here is mama. Papa. My baby sister. (Slowly and with tears streaming down his face and into his beard, he gives a scarf to the angel for each of his family members.) I ask you to keep them safe and let them know I always love them and I will carry on in their memory.

The scene ends with Zoran held in the arms of his angel, able to release dissociated grief in a safe and contained, corrective emotional experience where he replaces haunting images of the past with positive memories from his childhood. His new experience creates a new narrative with hope for the future, and we hypothesize positive neurobiological changes as well.

### *3.2.3 The Three Roles of Containment*

One of the most difficult after effects of violence is an internal inability to stay in a stable and contained state of self-organization in the present moment. Parts of self that have organized around intense but undifferentiated affects can become numb or overcome with emotional triggers at unpredictable moments. People who experience violence have, in fact, experienced feelings of horror, terror, rage, grief, helplessness, and despair that are appropriate at the time of trauma. However, in many cases, it is dangerous to cry out in pain or express any feeling at the time of trauma, so these intense feelings become dissociated and are held outside of psychological awareness until they break into everyday awareness. Thus, the final focus of the RX roles is to increase self-regulation and containment of dissociation, emotional volatility, and the rigid but necessary defenses that always follow trauma. The TSIRA describes three roles that are clinical action intervention modules of containment: the body double (BD) (Burden and Ciotola 2001; Carnabucci and Ciotola 2013), the containing double (CD) and the manager of defenses (MD) (Hudgins and Toscani 2013).

The body double becomes an inner voice and a new part of self that is dedicated to self-soothing, self-regulation, and here-and-now awareness of bodily cues, and nonverbal behaviors. The BD picks up on autonomic experiences such as facial expressions, breathing, and proprioception to help people with a traumatized brain begin to self-modulate their unconscious responses to trauma. The containing double is another inner voice that helps guide the trauma survivor toward spontaneity and creativity by balancing thinking and feeling. To do this the CD has a three-part structure: to establish safety by containing affect (hold and steady); to verbalize the present confusion and gain some awareness (anchor or ground); to connect with the broader, interpersonal world and promote safe and rational action (lead forward). Finally, the manager of defenses is a two-part TSM clinical action intervention that directs the trauma survivor to use healthy coping mechanisms rather than the primitive defenses of fight, flight or freeze that are automatic, and now we know, are wired into the brain at birth.

## 3.3 The Trauma Triangle = Internalization of Traumatic Experiences

Stage 2 of the TSIRA focuses directly on working through the after-effects of past trauma that are still affecting day to day living, relationships, and work. The TSM Trauma Triangle details three, trauma-based roles that represent the internalization of victim, perpetrator, and abandoning authority arising from any traumatic experience, whether individual or societal. It is both an assessment tool and clinical action structure that weaves together the trauma-based roles, representing a closed circuit of energy embedded in the self-organization and neurobiology of those who have survived violence or trauma. Of unique interest is TSM's emphasis on the internalized role of self-abandonment from having been abandoned at the time of trauma.

### *3.3.1 The Victim Role*

In the TSIRA, the victim role holds and communicates the experience of what actually happened during trauma. Sensory and emotional brain patterns communicate fragmented body memories, flashbacks, and nightmares that hold important information about both context and details of actual neglect, abuse, or violence. The limbic system expresses the unprocessed, often intense and dissociated feelings of horror, terror, rage, grief, and despair that could not be experienced at the time of trauma. The clinical goal of conscious re-experiencing of the victim role is to move it from a chaotic or frozen state of self-organization to the role of the wounded child. The wounded child who can now share the narrative of what happened, internally supported by the RX roles in order to stay in the window of tolerance and not overwhelm the brain again with experiential methods.

### *3.3.2 The Perpetrator Role*

In the TSIRA, the perpetrator role is directly internalized from traumatic experiences. Images of the past also drive this role internally, but instead of taking the victim role, the self-organizes around an illusory sense of power and begins to repeat patterns of violence toward the self and/or others. As many of the survival defenses demonstrate, identifying with the role of perpetrator can feel powerful and life-saving following trauma. Learning to accept this role as part of self-organization following violence, is often difficult but necessary to understand fully the impact of traumatic situations on self-organization.

### *3.3.3 The Abandoning Authority Role*

A unique contribution to the understanding of trauma responses is the TSIRA's addition of the abandoning authority role to the picture of a trauma survivor's internal self-organization. Whereas most systems of trauma look at the internalization of the victim and perpetrator experiences, they do not pay attention to the fact that trauma can only happen when an authority abandons their role to stop abuse, neglect, or oppression. TSIRA demonstrates that the role of abandoning authority can provide trauma survivors with information about the original disruption in attachment and how it is currently affecting their lives.

### *3.3.4 Trauma Triangle in Action*

The TSM trauma triangle begins to take shape. A TSM team member takes each of the three trauma-based roles of victim, perpetrator, and abandoning authority on a defined triangle on the floor. The perpetrator is at the top of the triangle to represent power. The victim role is on the left side of the triangle, easily exposed to the self-perpetration of introjected experiences from trauma. The abandoning authority role is on the lower right side, seeming almost to drift off into nothingness. The TSM director asks group members to describe each role for a collective enactment, which gives them a bit of therapeutic distance from their own personal internalization of

trauma. There is a consensus that the victim is a seven-year-old boy who has just realized that his father's beating his mother is not normal and he feels responsible for it. The father is described as powerful, dominant, and uncontrolled in his rage toward his wife whenever he himself is deregulated internally. The mother tries her hardest to not make her husband mad and feels very guilty that her son continues to see her get hurt and then makes up lies to explain what happened. As often happens with domestic violence, this is a classic TSM trauma triangle of perpetrator (father), victim (son) and abandoning authority (mother).

As the director puts the scene into action with loud voices and cries from the son, she directs the father to move in slow motion as if to hit the mother (as no physical violence actually ever happens in TSM). A group member, Shawn jumps up and runs in between the father and the mother. He snaps a camouflage scarf between his two hands and yells "Stop! Stop! Stop! You cannot do this anymore. I am a grown man, stronger than you, and I say this has to stop". Several group members join the spontaneous protagonist with doubling statement of their own as they help create the internal boundaries needed to stop the trauma triangle. The scene with the perpetrator role goes silent and the director waits to see where the sociodrama moves next.

Suddenly, two young mothers in the group rush toward the team auxiliary in the victim role as he begins to cry openly. The spontaneous murmurings of the mothers to the seven-year-old child fill the room: "It is not your responsibility to take care of the adults. Come here. You are safe". Some people reach for hugs from each other. A few members sit in silence, present and stable, clutching their OE cards and breathing audibly. New corrective emotional experiencing happens for all as another part of the trauma triangle is broken. The wounded child, now receives the needed acceptance, comfort, and soothing and settles fairly quickly into the laps of the women who have provided the long-needed rescue from the internalized trauma.

The final scene with the abandoning authority of the mother begins by a group discussion among several group members, asking why isn't the mother a victim too? Why is she being held responsible for stopping the violence when she was no doubt abused herself as a child and, actually, could not have found more spontaneous responses than she did. I remind the group that we are not looking at a specific mother, but the role of having someone abandon the wounded child, which then becomes internalized into self-neglect, self-abnegation, and eventually self-abandonment.

This helps the group see the mother both as wounded child and as the abandoning authority and to mobilize the spontaneity present in the room. A 52-year-old, African-American woman starts to hum deeply and slowly, a sound that resonates with everyone in the room. She reaches out for the hands of the young man in the group on her left and a woman who has become a good friend from the group on the other. The young man gathers yet another hand. Sounds and murmured words mingle together. The director suggests they gather up scarves to give the abandoned and abandoning mother, and people gently move toward colors and textures adding movement to the music that emerges from the group.

### 3.4 TSM Roles of Transformation = Post-traumatic Growth

By now, you can see the multi-faceted ways TSM psychodrama has adapted classical psychodrama interventions for trauma-informed care with internal parts of self. Of course, the ultimate goal is developmental repair and post-traumatic growth. While TSM has long delineated roles of transformation, we have only recently seen that they, in fact, add a more detailed and observable definition of post-traumatic growth to the literature. Calhoun and Tedeschi (2014) state that positive changes often occur for people who have built new resources in the wake of trauma. They describe PTG as being possible across six categories of change from the individual to the spiritual. Like classical psychodrama, they embrace the idea of the ancient wisdom of the human spirit. In TSM and all psychodrama, this is our autonomous healing center, without which change would not be possible. The TSIRA has concretized them into several important roles as the final stage of trauma repair and PTG.

#### *3.4.1 The Sleeping-awakening Child Role*

The unique TSM role of the sleeping-awakening child is described as the part of self that holds intact a person's innate potential, creativity, and gifts at the time of birth. It matches well both with Zerka Moreno's description of an autonomous healing center that is always filled with the spontaneity to create new changes, as well as Calhoun and Tedeschi (2014) belief in an innate ancient wisdom that brings healing. As contrasted to the wounded child, the sleeping-awakening child holds all the positive hopes for self and is still connected to the cosmic wisdom that psychodrama brings to the world. Together the two of them must be integrated for positive self-organization that includes good and bad parts of self and others.

#### *3.4.2 The Good-Enough Roles*

When trauma happens, it always causes disruptions in attachment to others, personally and collectively. As neurobiological research shows, it is only when unprocessed trauma is consciously experienced and safely expressed that the actual neural patterns associated with the trauma form a new narrative at all levels of change. New experience includes the repeated internalization of the RX roles of observation, restoration, and containment in order to consciously re-experience unprocessed trauma safely inside the window of tolerance. Corrective scenes of developmental repair from good-enough interpersonal experiences that break the trauma triangle are internalized both into self-organization, as well as hopefully the ever-changing experiential brain. Thus, all TSM dramas include one or more roles such as the good-enough parent, good-enough significant other, or a representation of a belief in something beyond self to help guide the future. Through actual experiences of hearing a comforting voice, being held safely while crying, or testing out new boundaries, clients can internalize new parts of self that help guide their future in new positive ways.

### *3.4.3 The Appropriate Authority Role*

The appropriate authority role was developed in contradiction to the abandoning authority role—the role that was absent when trauma happened and becomes internalized as self-abandonment. As shown above in the TSM Trauma Triangle example, all aspects of the appropriate authority role are shown. It can stand up to a traumatic situation and stop the trauma and violence with boundaries. The appropriate authority can appear as an interpersonal rescuer as we saw in the mothers coming in to comfort the wounded child during the sociodrama. These new, corrective emotional experiences have a profound and lasting effect on the self-organization to correct the trauma picture, and transform chaos into a cohesive story.

### *3.4.4 The Ultimate Authority Role*

When the appropriate authority is integrated and in charge of self-organization following trauma, it is one small, yet profound, step to the final TSM transformative role—that of the ultimate authority. In this role, people rise to the challenges of recovery and begin to operate from more than their personal power and look beyond self and family, feeling secure in their new RX and PTG roles. New narratives of empowerment, resilience, and post-traumatic growth start to include the world, and how one might contribute to others. In many cases, people in a state of PTG create something out of their trauma that is meaningful beyond their own personal healing and contribute to all of humanity. For me, as a woman with a history of childhood trauma, creating TSM with other psychodramatists and TSM groups around the world has been my way of giving back.

## 4 Conclusions

This article contributes to the already sizable literature and research on the therapeutic spiral model in three new ways. This is the first time that TSM has been presented so clearly as a clinical stage process model of trauma-informed experiential psychotherapy, integrating clinical advances in neurobiology and attachment with classical psychodrama theory to work with an inner parts model of self. It was immediately apparent that TSM fits the parameters of focusing on internal parts of self. In fact, it was this first change from classical psychodrama's focus on interpersonal relationships to TSM's theory of internal self-organization that is the core of TSM at both the theoretical and intervention levels of change. The second contribution is a further delineation of the three templates that define the trauma-informed, Therapeutic Spiral Model. The third contribution from this article is the new perspective that post-traumatic growth can be further developed from the enactment of the TSM roles of transformation. In this article it becomes clear how the ultimate goal of all TSM experiential psychotherapy is to not only treat trauma, but to result in the development of post-traumatic growth for all of humankind.

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