

## Section 2: Practitioner's Corner

# Containment = Safety with Action Methods

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The containing double (CD) is a clinically modified psychodrama intervention that provides holding, grounding, and safety when used with individual, couples, families, or groups. The latest neurobiological research shows that the classical double can, at times, be retraumatizing, but the CD creates a balance of thinking and feeling for safe progression through a drama. This article presents the theoretical foundations for the clinical modifications and a clinical example for its use.

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**KEYWORDS:** Trauma; Post-traumatic Stress; Neurobiology; Attachment; Containment; Experiential Psychotherapy; Psychodrama; The Therapeutic Spiral Model; The Containing Double CD.

## INTRODUCTION

According to research on neurobiology (Rausch, van der Kolk, et al., 1996), we now know that intense dissociated affect can cause retraumatization of the brain by overwhelming it with the very same emotions that were never expressed, or simply experienced, and then stored in the right brain during traumatic experiences (Hug, 2013). The Therapeutic Spiral Model (TSM), was developed clinically and modified classical doubling in 1993 (Toscani and Hudgins) to address these observations several years before the initial re-traumatization study using MRIs by Rausch, van der Kolk, et al. (1996). This study showed that uncontrolled catharsis overwhelmed the brain by taking it back to the past rather than, as Zerka Moreno (personal communication, 2002) has taught us, bringing the past to the present.

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## THEORETICAL INTEGRATION OF THE CONTAINING DOUBLE

The Containing Double (Hudgins and Toscani 2013; Hudgins 2007, 2001) integrates cognitive-behavioral therapy, neurobiology, attachment theory, and a clinical modification of classical psychodrama to provide for safety and containment when working with all protagonists, even those who are the most vulnerable. While it contains elements of the original cognitive double from early psychodrama at St. Elizabeths Hospital (D. R. Buchanan, personal communication, 1996), the containing double has a broader spectrum of qualities. From the beginning, the duties of the CD were threefold: to establish safety by containing affect, intellectualization, and defenses (hold or steady); to put words to the confusion the protagonist is feeling (anchor and ground in the present moment); and to lead into deeper understanding and connection with a broader picture and the interpersonal world surrounding the protagonist (lead forward). Today, these duties remain essentially the same. (For a full explanation of the CD and clinical examples from around the world, see Hudgins and Toscani, 2013).

Of necessity, especially when working clinically with people experiencing the symptoms of complex posttraumatic stress disorder (PTSD) or dissociative identity disorder (DID), the containing double developed as essentially different from the classical double for several reasons. First of all, it is one of the prescriptive roles, which are part of TSM's extensive intrapsychic complex of roles called the Trauma Survivor's Intrapsychic Role Atom (Hudgins and Toscani, 2013). This means that the CD is prescribed by the director to walk with, support, and ground the protagonist throughout every role in the drama. It is important to note that the CD never leaves the protagonist's side.

A second, and major, difference is that the containing double does just what its name says—it contains, as opposed to only expanding the affective states, intellectualization, and defensive behaviors, so the protagonist can be truly in the here and now in a fully spontaneous and creative state. However, the container can be either made smaller or expanded, which is often not recognized when people are just learning the CD. Think of a container as a vessel that is just the right size for here-and-now awareness of the left brain, safe expression of dissociated feelings released from the right brain, and full spontaneous and creative developmental repair by joining them together into new meaning making to guide the future.

The classical double (Z.T. Moreno, 2006) is usually seen as expanding the unconscious; for example, if the hands are clenched in fists, the classical double might hypothesize "I am so angry" to see if that helps the protagonist access his or her anger. On the other hand, the containing double can either expand or contain thoughts, feelings, defenses, and behaviors to fit the spontaneity needed to keep the person in the present.

In this case, especially with a person who may be dissociating, regressing, or becoming overwhelmed, the CD might say, "I can take a deep breath to calm myself (hold/support). I notice that my hands are clenched (cognitive intervention). As I breathe again, I can look around and know I'm in a safe place (anchor and ground in the here-and-now) and can become curious about what I'm holding there (cognitive intervention). Am I angry? If, so, who am I

angry at and what do I want to say? (safe expression of feeling). Am I holding someone's hands (leading forward)?"

### CLINICAL GROUNDING

In our Therapeutic Spiral "Surviving Spirits" groups (Toscani and Hudgins, 1993), we noticed that many protagonists who were working on deep issues of traumatic wounding by parents and other authorities, including emotional, psychological, physical, and sexual abuse, could not actually remember parts of their dramas when they expressed intense feelings—often with the help of the classical double and bataka work. Essentially, protagonists were dissociating during these times of enacting traumatic memory and expressing intense emotion. From a clinical perspective, we decided that we needed to modify the double so that it brought support, grounding, cognition, and curiosity into the role, rather than simply focusing on expression of the unconscious and dissociated affect. In fact, the protagonists who were working with a containing double were able to remember parts of their dramas that had previously been inaccessible in classical dramas when dissociated affect was expressed without conscious, spontaneous awareness. And at other times, the CD would break through rationalizations and intellectualizations or move aside defenses to allow a fully conscious expression of chosen emotions, thus helping make the container either smaller or larger as needed for thoughts and feelings, as we now know is needed from the neurobiological research (Hug, 2013).

What we knew then clinically, and now know even better due to the research in neurobiology and attachment, is that the brain puts down neural tracks of old repetitive thoughts, feelings, and behaviors that, as J. L. Moreno and Z. T. Moreno (1969) said, are acted out unconsciously. But simply acting them out as they are only reinforces the negative patterns in the right brain, rather than helping the client come to meaning making in the left brain.

A third difference between the classical double and the containing double is that the CD will "chunk down" the whirling emotions and thoughts into portions that the client can handle at this moment, so as not to retraumatize the right brain. Continuing with the previous example about the clenching hands, especially if the protagonist is reticent to lift his or her eyes or to make any forward motion or statement, the CD might say, "Now that I can breathe and see where I am, I know I am safe and that I don't have to answer all those questions right away. I can just let my hands tell me one thing that I want to tell [or show] the group now. Just one."

Using only slow, small, leading statements, the CD helps to anchor the person in the here and now, encourages the person to become curious, and offers different hypotheses so that the protagonist can use both sides of the brain—the meaning-making left and the emotion-based right—to express consciously what the body is showing. In this way, the director can then follow (and lead) the protagonist to new experiences rather than simply repeat old patterns of explosive anger, uncontrolled regression, or unchosen catharsis. This is, in its essence, what the CD aims to do: to bring the unprocessed trauma material from the right brain into conscious, spontaneous awareness with the

meaning making of the left brain so new creative actions can be chosen and full developmental repair can happen. The containing double acts as the healthy brain's corpus callosum (Hug, 2013).

This last aspect of the CD is extremely helpful and empowering for all clients, not just those exhibiting symptoms of PTSD or DID. Being given permission from a supportive internal part of oneself to take baby steps calms and strengthens the client, protagonist, student, or even customer. The CD has been used by therapists individual, couples, family, and group therapy in many clinical settings. It can also be used by teachers in classrooms, by executives for team building, strategic planning, or motivation, even salespeople while speaking with a customer who may be overwhelmed with a large purchase. Once, the CD was used at the United Nation's to support speakers there to tell their truth about torture and trauma. In all these situations, the "hypnotic suggestion" is that the client is capable of taking a step and knows which one to take.

### DEVELOPMENT OF THE CD

The containing double was the first intervention that truly changed the way TSM does psychodrama from an interpersonal dialogue to an intrapsychic rearrangement of the roles inside the personality structure. We made this first change (a spontaneous action) because we found that the first TSM training group in the early 1990s, which was learning to use classical psychodrama with trauma survivors, often led to encounters due to fragile ego structures—and that was with the trainees! So we thought and practiced, learned and modified until we cocreated the containing double with the training group as well as with the first clients' groups, which included people with severe psychiatric diagnoses such as dissociative identity disorder (multiple-personality disorder then), borderline personality disorder, complex PTSD, and what would now be called bipolar disorder. What we soon came to discover is that clients with these diagnoses, which previously had been thought untreatable, responded very well to the supportive CD and the other TSM Prescriptive Roles: the dispassionate Observing Ego; Personal, Interpersonal, and Transpersonal Strengths; the Manager of the Defense; and the Body Double—all roles of containment, all promoting a balance of thinking and feeling. Also, the diagnoses could, in most cases, be traced back to one or a series of traumas that could be classified in the more user-friendly diagnosis of complex PTSD. Simply put, PTSD says, "something real that was bad and overwhelming happened to you, so experiencing something new and healing can change that." The containing double, in a cognitive-emotional, intrapsychic supporting role, gently leads the protagonist into a new landscape that changes the past and affords stability in the present. Since its first use in 1993, the CD has become the primary choice for therapists around the world; it has been integrated into different populations, cultures, and languages (Hudgins and Toscani, 2013). The most recent publication on TSM (Hudgins, 2013) reaches yet another essence of TSM, that of the belief that transpersonal work needs to be done for full spontaneity to be renewed.

## RESEARCH ON THE CD

Research on the containing double was first published in 1998 (Hudgins and Drucker). In 2000, Hudgins, Drucker, and Metcalf published on the CD as a core intervention in working with body memories in just three sessions of individual therapy. In a joint project of bringing therapy “out of the office and into the street” by combining the humanities with the CD, Hudgins, Culbertson, and Hug (2009) showed how to use the CD to help prevent secondary PTSD in community organizers, teachers, pastors, and others involved in long-term work with survivors of the September 11, 2001 attack on the Pentagon. All of these studies showed statistically significant changes in dissociation, anxiety, and depression in individual therapy with as few as three individual sessions and workshops of three to eight days. Saby, Perry, and Hudgins (in press) have recently completed a pilot study, “A Soldier’s Heart: The Therapeutic Spiral Model with Female Military and Their Families”, that is scheduled to be published next year.

There continues to be research, with differing populations and theories, on the validity of several of TSM’s intervention modules, which are all manualized for research and training. But TSM’s drive for research started in an unintentional and inverse way. Bessel van der Kolk (2002), one of the leading researchers in neurobiology and trauma, has stated repeatedly that “experiential therapy is the treatment of choice for PTSD.” While this sounds positive, he qualifies this statement by condemning psychodrama as being retraumatizing—based on his one experience observing several dramas that he felt were dangerous and retraumatizing when he was the keynote speaker at the 1996 conference of the American Society of Group Psychotherapy and Psychodrama in New York. Therefore, we put out a call to all psychodramatists to counter this negative perception and to bring the many healing aspects of psychodrama to a new level of legitimacy with evidence-based practice research.

## SUMMARY AND A CALL TO ACTION

From our CD role we say, “I believe the work I do has value. I believe others can benefit by what I’m learning and observing. So today, I will look at one aspect of my work that can be researched to gain professional acceptance. In fact, this very journal I’m reading is a great resource, if I open to it!” (Which, of course, the reader has already done.)

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