HEALING

WORLD TRAUMA

with the

THERAPEUTIC

SPIRAL MODEL

Psychodramatic Stories from the Frontlines

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Foreword by Adam Blatner

Chapter 14

The Application of the Therapeutic Spiral Model in the Men and Healing Programs

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Introduction

Formed in 1997, The Men's Project (TMP) is a non-profit counselling organization for men and their families. Based in Ottawa, Canada, the intent was to create a community-based mental health center to provide psychotherapy and education to men. Since then TMP has become one of Canada's largest centers of its kind, providing opportunities for men to partake in a variety of programs including crisis intervention for an individual or his family; individual, couple, and family therapy, and counselling services for men who have been recently sexually assaulted. The group therapy programs include Anger Management Groups, Emotional Intelligence Groups, and Men and Healing Groups. TMP also provides group programs conjointly with other organizations, such as Fathering Groups in association with Family Services Ottawa, and Concurrent Disorders Groups in association with Canadian Mental Health Organization.

In order to fulfill its core mandate, the organization has explored a number of therapeutic models to find out what works best for men in healing. In this exploration, TMP has moved from providing support-style programs in 1997 to the current provision of programs that incorporate psychodynamic and experiential psychotherapy approaches. This chapter presents the integration of some of the Therapeutic Spiral Model (TSM)

structures into the counselling and therapeutic activities of The Men's Project Organization (2010).

For the purposes of this article we will restrict ourselves to the Men and Healing Programs run by TMP that relate to the use of TSM (Hudgins 2002). We will describe the Trauma and Healing workshop that is offered in partnership with Choices in Action and run by a fully trained TSM Action Healing Team (Toscani 1995). We also describe the use of the Containing Double (CD) (Toscani and Hudgins 1993) and the Trauma Triangle—interventions that are regularly used at TMP in individual and group therapy. We have found TSM to be a powerful clinical tool in the healing of men touched by sexual abuse who are seeking restoration and transformation in their lives.

Male Socialization and Gender Role Strain

The tenets of male socialization concepts remain at the core of TMP's foundation. David and Brannon's "The Traditional Male Code" (1974) and Joseph Pleck's "Gender Role Strain" (1983) help to form an understanding of male socialization that is pervasive and is in place even before the experience of sexual victimization occurs. This traditional male code conceptualizes that boys are brought up to be boys! They are expected to be tough, strong, and competitive. In Transactional Analysis theory (Berne 1964), the culturally based gender script for boys includes directives to "Be strong" and "Don't feel," especially the "softer emotions" of fear and sadness. Gender role strain runs the gamut from the stress that occurs when a male struggles to maintain his expected gender role, to the stress when a male experiences failure in maintaining the gender role. Sexual victimization triggers an intense gender role strain and raises doubts in a male of his identity.

This gendered backdrop helps to formulate the mission of TMP, as it "…strives to support men, in a process of change, with structure and integrity… TMP provides innovative counseling and educational services through a *male-centered* approach that honors and respects the experiences of men" (TMP 2010, p.4).

The Aftermath of Trauma for Men

The majority of the clients of TMP have suffered childhood abuse, often a combination of physical, emotional, and sexual abuse. The effect of trauma in male children results in far-reaching pathological changes that may be categorized in three areas: concept of self, interpersonal relationships, and spirituality. Research has shown that children who have suffered

from sexual abuse have more symptoms, acute disturbance, sexual acting out, and self-mutilation than children who have suffered other forms of abuse. The severity of pathology is, to a large extent, due to the child's use of dissociation to survive the experience of abuse. The more toxic effect of sexual abuse, compared with physical abuse alone, appears to be linked to the increased use of dissociation in its victims (Kisiel and Lyons 2001). Additionally, three core clusters of symptoms are tied to complex post-traumatic stress disorder (PTSD): intrusion experiences/ flashbacks, avoidance/numbing behavior, and hypervigilance (APA 2000). These symptoms and the constellation of PTSD create a chaotic living experience, which survivors have difficulty understanding and managing.

Integration of Other Models

While TMP maintains that a "male-centered" approach to therapy is necessary to address the roots of post-traumatic stress anchored in men's sexual victimization, this backdrop does not by itself cover how this work can occur. Therefore, the psychotherapeutic strategies that have been adapted and integrated into TMP clinical program are: the Dialectic of Trauma (Herman 1992), Phased Treatment for Dissociated Identity Disorder (Chu 1998), Transactional Analysis (Berne 1961, 1964, 1971), Therapeutic Spiral Model (Hudgins 2002), and Attachment Theory (Karen 1994).

A useful approach to working with clients with PTSD, that has proved consistent over the last decade or more of treatment, is Herman's (1992) three-phase model of recovery:

- Phase One: Stabilization

- Phase Two: Working through the traumatic memories

- Phase Three: Integration and rehabilitation.

Work on stabilization forms the core of Phase One. Without this in place, attempts to work through past traumatic experiences may lead to re-traumatization rather than to healing, and attempts at rehabilitation are nullified.

Both Transactional Analysis (TA) and TSM approaches are easily integrated with a phased treatment approach. In TA the concepts of strengthening the Adult Ego state and identifying and labelling regressive ego states (decontamination) are ways of increasing stability and helping the client to contain and master their experience.

Therapeutic Spiral Model

TSM was developed specifically for treatment of trauma victims and has the three phases fully developed within its structure, the Trauma Survivor's Intrapsychic Role Atom (TSIRA) (Toscani and Hudgins 1995). The first step in a TSM psychodrama workshop can be categorized as a stabilization or containment phase. It is focused on Prescriptive Roles to provide a safe container. Only when the Prescriptive Roles are established does the workshop move on to the second step: the exploration and working through of the trauma. The third step, the transformation drama, is one of understanding and meaning making and can be linked to Herman's integration and rehabilitation phase.

The Observing Ego

The Men and Healing treatment groups have evolved into time-limited therapy groups with those three phases. The First Phase Group program is focused on stabilization as a core therapeutic goal. This program is well served by the concepts developed and used in TSM. Clients are encouraged to identify, name, and acknowledge strengths in personal, interpersonal, and transpersonal domains. They are taught safety rules for group interaction including confidentiality, supportive interaction, and empathic listening. The Observing Ego is taught as an observational tool and clients are helped to develop and strengthen their ability to observe themselves without judgment. (Editors' note: see Chapter 3 for fuller explanation.)

Before treatment, most men who have been sexually abused will remember the abuse with an automatic shift to an ego state that judges the self harshly and that is self-blaming. This is accompanied by feelings of self-contempt and shame. For these men, the Observing Ego (OE) is an underdeveloped internal psychic role, which often has to be learned or internalized from the therapist. The OE is the ability to view self with neutrality and to place appropriate responsibility where it belongs. The safety rules for group interaction, the identification and naming of strengths, and the practice and development of the OE, help the participants to counter their insecure attachment patterns, based on their trauma in childhood.

The Triangles of Trauma

The concepts of the Drama Triangle (Karpman 1968) and of the Trauma Triangle (Hudgins 2002) are taught and used to enable clients to identify their habitual patterns of negative interactions in interpersonal

relationships. The Drama Triangle was developed by Dr. Karpman as a way to understand unconscious, repetitive patterns of negative interpersonal interactions. These patterns, labeled "Games" by Dr. Eric Berne (1961), are played unconsciously and the game ends with some switching in role accompanied by a "Payoff" of a negative feeling. In severe games the "Payoff" may include severe outcomes such as violence. Karpman's Drama Triangle proposes the three major roles as Victim, Persecutor, and Rescuer.

The conceptualization of the TSM Trauma Triangle (Hudgins 2002) has three internalized trauma roles. Two of the roles are the same as the Drama Triangle—the Victim and the Persecutor, called the Perpetrator in TSM. The Rescuer Role has been replaced by the Abandoning Authority, which is significant in that it represents the role of an authority figure that stood by and did not protect and help the individual when he was victimized in childhood. This also highlights the internalization of this role in the individual—that they will at times abandon themselves or their authority in certain situations. Having the Abandoning Authority Role on the TSM Trauma Triangle facilitates the client's recognition that there may have been someone who failed him or her, who also bears some responsibility, helping the client to work through the issues of trust and responsibility. It also provides insight into how the client abandons his own authority in his present-day life and behaves in self-neglectful ways and engages in risky and dangerous behavior.

The Containing Double

The Containing Double (CD) is another Prescriptive Role and technique in TSM, which is widely adapted by the TMP clinical team. The CD helps the client to counter the tendency to reactive dissociation and the swings from restricted shutdown states to being overwhelmed and acting out of control. This vacillation or shift from one pole to the other is described as "the wobble" at TMP. The CD is very effective because it teaches the male client by providing a role model, and by using and integrating bodywork, emotions, and thoughts it teaches them to stay present and in their body experience. It enables them to withstand triggers and traumatic memories more easily and thus enables them to work through and integrate the painful experiences.

The CD uses an "I—I" dialogue, which is a less threatening intervention than an "I—Thou" communication. It is key that the technique is carefully explained and done in a respectful manner so that clients are clear that the doubling is not an attempt to overwhelm, crowd, or overrun them. When done properly the CD allows the client to experience the intervention in

the form of an insight rather than an interpretation or confrontation. We consider that this may be so because it is similar to very early mother-child bonding where the infant experiences the other as part-of-self.

West and Sheldon-Heller (1994) states, "…individuals who come for therapy live with a sense of helplessness in the face of threat of feared loss and insecurity. The first goal of the therapist is to remove the threat, in so far as possible, and create a "background of safety," to use Sandler's (1960) term" (p.136). Additionally, as noted by Bowlby (1998), "Unless a therapist can enable his patient to feel some measure of security, therapy cannot begin" (p.140). Reliance upon the therapist as a protective figure nullifies the individual's sense of helplessness and establishes "…a secure base from which he can explore the various unhappy and painful aspects of his life" (Bowlby 1988, p.138).

Therefore, the CD is a powerful way to counter the automatic dissociative responses, while at the same time providing an opportunity for the development and experience of a secure attachment base. This experience can help to repair the difficulty that male victims often have in connection and attachment.

Clinical Example

Mr. E. had been in the group for about one month (four sessions). He was in his early 50s and presented as bright, articulate, and gracious. He also presented as very successful and well put together. This was the first time he had addressed his sexual abuse history but had no childhood memory of the specific abuse. He had flashes of visual fragments of his mother lying on top of him and not being able to breathe.

Being quite extraverted in how he presented in both his initial assessment and his participation in the group, he made connections with the other men quickly. However, he was also highly constricted and reported rarely being able to feel sensations or emotions in his body. At one point in the group he reported never having experienced an orgasm. He had been married twice, had two children, and was now in a long-term, common law relationship. He could stay erect for hours, but could not experience the letting go of an orgasm. He reported that he would "just feel numb." In this particular session, Mr. E. was sharing about his issue of anger. He stated that he had never allowed himself to express anger and was afraid of losing control if he ever tried, so he would just "make it go away" by shutting down.

It is true that one of the distinguishing factors of male sexual abuse from female sexual abuse is how each gender has been socialized around

the expression of anger. Because this is one of the few feelings that men are encouraged to have, it is not the cornerstone of healing for men. They often need education and permission to have the more vulnerable feelings, such as sadness and fear. But this gentleman had very little experience with any feelings.

When he made the above statement in the group that day, I invited him to have an opportunity to express some of his anger. He said that this would not be possible because he did not feel safe enough with himself. I brought a tackle dummy out of the closet and put it in the room, saying that I would play a role that would help him to have his feelings in a safe way. I explained the role of the CD that I would play—a role that represented a part of himself so that he could learn to experience the expression of his feelings safely. With his agreement, I stood beside him while he was bent over, holding himself tight.

Therapist as CD: *(Taking a breath as client)* I can feel my breath moving down past my chest right into my belly. *(I said it again, and breathed deeply until he took a deep breath, too)* I can open my eyes and feel my body getting bigger as I remind myself of how old I am today in 2005. *(He straightened up)* As I imagine in front of me the person I am angry with, I can let out a little anger, one sound, I don't have to put it all out now. *(He started to shrink again, when I made this containing statement. He literally started to crumble, as though the anger were crushing him)*

CD: Although I am terrified of losing control, I can get curious about when I learned to be so afraid of this. I want to look at when I first decided that it was not safe to feel or express my emotions. *(I did this with him for quite a while, doubling his breath by breathing deeply and reminding him, as him, to breathe down into his belly and feel his full height)* I can choose to stay here in this room, with my supports, and risk letting out a word or a sound to give voice to my anger. *(He let out a big sound. One sound, reaching from up in the air with both his fists, and then he collapsed onto the tackle dummy with this sound)*

Containing Double: I want to open my eyes and stay in this room, while I acknowledge giving my anger some voice. I want to look at the group, to see how they see me in this moment. *(He looked up at them. They all applauded him. He opened up into a big smile and we did a lot of processing for the rest of the session)*

The main purpose of this role was to help the client to stay present to his issue, so that he could choose to do something different. As well, the CD helped to hold the client safely while he made a choice for himself.

Opening his eyes and reminding him of his age today helped him to re-experience the past with his adult mind, giving him the choice for a new experience. The group's positive response helped to reinforce this new behavior and decrease any shame that he might have felt for a new emotional response.

The TSM Action Trauma Team

Recognizing the usefulness of TSM, TMP invited Dr. Kate Hudgins to teach the model in Ottawa in the form of several training and therapy workshops, beginning in 2000. As a result, the majority of the clinical associates at TMP have had training in TSM and a fully trained team is available in Ottawa to lead a full TSM survivor retreat. The team comprises an internationally certified TSM Leader, a certified Assistant Leader, and five additional members certified in Trained Auxiliary Ego Roles. (See www.drkatehudgins.com for international certification standards.)

The presence of this team in Ottawa allows men who participate in TMP programs, as well as other referrals from community services, the opportunity to attend full weekend TSM workshops if they choose. The workshops held in Ottawa have had roughly equal numbers of men and women participants. The examples in this chapter are stories that are shared from these workshops with the identities of the participants protected for confidentiality.

Resourcing the Clinical Team

In most of the clinical situations at TMP the concepts and techniques of TSM are seamlessly intertwined with other approaches and imbedded into the work of providing a secure attachment to the client. The overarching clinical theme is the provision of a secure attachment figure by the counsellors and therapists. Since the clients are, by definition, people who have had traumatic childhoods and been abused, they come to TMP with insecure patterns of attachment. The formation of a positive therapeutic bond and alliance with the therapists is not easily come by, therefore the clinical team is presented with many challenges and tests to establish this bond.

To enable and resource the clinical team in their capacity to withstand these challenges, the team has regular supervision as a group. The team members have also attended a number of workshops together, which has allowed them opportunities to work through their countertransference issues. The clinical team's personal experience in attending TSM workshops has been invaluable, enabling them to experience and to concretize the concepts of the TSIRA (Toscani and Hudgins 1995), especially

the Prescriptive Roles. This has resulted in the team having a greater understanding of the clients' structures and a greater capacity to intervene, whether on a one-to-one basis or in the groups of Men and Healing.

Working as a team in group supervision, and doing personal work in TSM workshops, has enabled the clinical staff to develop close working relationships and present a very unified approach to TMP clients. Thus, when clients enter into TMP treatment groups they find that the group is co-led by two therapists and that the leaders are united and work well together. Furthermore, moving through the phased groups of healing led by different teams provides the clients with the experience of a continuity of approach from team to team. This feature is quite significant and has frequently been unique and healing for the clients, who have often experienced unhealthy and divided parenting.

The Art Project Comes Alive during a TSM Weekend in Ottawa: Awakening the Sleeping Child

Given the complex nature of trauma and how this is imposed on males whose emotional lives are invariably constricted due to their gender, we believe that TSM provides depth, insight, and integrity to those men we serve, and provides the clinical team with tools to resource themselves and maintain their well-being.

As an example, the Ottawa Team used an Art Project at a TSM weekend workshop that mirrored the three stages of the workshop. The title and theme of the workshop was Individuation and Transformation Using the Therapeutic Spiral Model. The theme was based on the TA concepts of Script and Schemas developed in childhood, which determine the restriction of the "Sleeping-Awakening Child," a Transformative Role in TSM's TSIRA. This role is described as the part of self that went to sleep at the time of trauma. It is the part of self that is perfect, whole—the creative, spontaneous part of self that is waiting for the adult to make today's world safe enough to come alive so that all of its potential can be realized. This Art Project is designed to help participants to touch this role, concretize it, and bring it to life during the workshop.

Stage 1: Identifying Strengths and Safety

Friday evening consists of the TSM Safety Structures (Cox 2001) and a warm-up psychodrama that focuses on the ability to identify strengths to face traumas. At the end of the evening, participants are provided with a large square of card paper with a drawing of two circles, one inside

the other. They are instructed to place symbols and representations of identified strengths on the square outside the circles and a representation of their Sleeping-Awakening Child in the middle of the center circle.

Stage 2: Your Trauma Script

On Saturday, there is a didactic seminar that focuses on the TA teaching about Scripts and Schemas as follows:

> Scripts and Schemas are ways that we can use to understand the effect our attachment experiences had on us. Script is defined as an ongoing program developed in childhood under parental influence, which directs our behavior in the most important aspects of life. The Program, which is composed of beliefs, feelings, and behavior, is mostly unconscious and is derived from decisions we made in childhood. At that time we were dependent on our caretakers for survival, and so we adapted to maintain our connection with them.

One way to understand Script is that it is developed from a set of Injunctions and Drivers. These are perceived messages that a child internalizes as rules to follow. The Injunctions and Drivers usually are limiting and restricting to the child. Injunctions are like commandments, "Thou shalt not!" and Drivers are like orders, "You must" ("If you do this then you will be OK with me."). There are 12 categories of Injunctions and five categories of Drivers.

> What children need is a safe base of attachment where they are protected and have permission to exist; to be important; to belong; to be a child; to think: to feel; to grow and become autonomous; to be responsible; to consider themselves and others; and to engage in the world in a meaningful way. To move from living a Program based on childhood decisions to living as an autonomous adult, we need to become aware of the decisions we made as children and which may have limited our spontaneity, creativity, and potential. Then we need to decide whether in the present day, with the abilities we have as adults, we can be who we are and choose how we want to live.

Next, the Assistant Leader directs the group in a guided imagery exercise designed to help them to identify their own personal scripts that derive from their trauma experiences that block contact with their Sleeping-Awakening Child.

> To help you identify the Injunctions and Drivers that your script is based on I will lead you through an imagery exercise.

Guided imagery exercises adapted from Script Questionnaire

1. Close eyes and focus on breathing and relaxation.

2. Think back and review your experiences as a child between two and eight.

3. Now I will ask you questions about your mother and father. Please substitute your main caregivers at that age if you were not with mother and father.

4. What would your mother say or do when you pleased her or did something good?

5. What would your mother say or do when you displeased her or did something bad?

6. What would your father say or do when you pleased him or did something good?

7. What would your father say or do when you displeased him or did something bad?

8. What was your mother's main advice to you?

9. What was your father's main advice to you?

(Berne 1971)

After sufficient time is given for the above guided imagery, participants are instructed:

> On the other side of this page is printed the list of the common Injunctions and Drivers and I have connected them to the related Schemas since some of you may be familiar with Schemas. Please rate how relevant each of the Injunctions and Drivers are for you.

Drivers and Injunctions

Injunctions

- Don't Exist: Emotional Deprivation, Abuse, Abandonment

- Don't Be You

- Don't Be A Child

- Don't Grow Up: Enmeshment

- Don't Succeed

- Don't Do Anything

- Don't Be Important: Emotional Deprivation or Abandonment

- Don't Belong: Social Undesirability or Alienation

- Don't Be Close: Emotional Deprivation, Abuse, or Abandonment

- Don't Be Sane

- Don't Think

- Don't Feel: Emotional Inhibition.

Drivers

- Be Perfect: Unrelenting Standards

- Be Strong

- Try Hard

- Please Me/Others: Subjugation and Self-Sacrifice

- Hurry Up.

Once they have rated the Injunctions and Drivers, the Assistant Leader continues with instructions to show how these Injunctions and Drivers are impinging on and affecting the Sleeping-Awakening Child. The men are instructed to place the Injunctions on a piece of paper in relationship to the Sleeping-Awakening Child, which is represented in the center of the circle. For example, a "0" would be placed on the outside of the circle or farthest away from the Sleeping-Awakening Child. The maximum rating of "10" would be a line drawn right up to the Sleeping-Awakening Child, showing the strong impact of the negative messages from childhood.

Stage 3: Transformation of Awakening Child

Saturday, after the Drivers and Injunctions are identified, two TSM trauma dramas are directed where the Prescriptive Roles are concretized. They are then used to counteract the Trauma-based Roles of Victim, Perpetrator, and Abandoning Authority so that the Wounded Child can be rescued and repaired. Strengths and containment are used to bring the Wounded Child out of the past into the present.

On Sunday, the Transformative drama allows the Sleeping-Awakening Child to come alive and be reunited with the self so that spontaneity and creativity are fully embraced and individuation and transformation are celebrated by the whole group.

At the end of group, as a post-test, participants return to their Art Project for the final exercise of the workshop. They are asked to review the lists of Injunctions and Drivers and rate them again based on any changes that may have occurred as a result of the work done. They then mark new

lines in the circle to represent any change in intensity of the Injunctions and add symbols to represent the transformation. The artwork shows, in visually dramatic terms, the reduction of the power of the Injunctions and Drivers and the liberation and growth of the Sleeping-Awakening Child.

Conclusion

As demonstrated, the Men's Project has successfully integrated the theory of the Therapeutic Spiral Model and its clinical interventions with the concepts of Transactional Analysis and Attachment Theory. Much sexual abuse therapy addresses the needs of female clients, whereas we show the poignancy and effectiveness of TSM with male survivors of sexual trauma.

The chapter shows clearly the importance of the OE and the CD to help men to identify and name, without judgment, the impact of their abuse and to offer them a safe way to express all their feelings. These clinical interventions also provide men with the knowledge and experience that they were not responsible for their sexual abuse. We also described the difference between Karpman's Drama Triangle that shows interpersonal roles and the TSM Trauma Triangle that explains the internalization of trauma. There is a clear distinction between these triangles that is necessary to understand for work with trauma survivors, i.e. there was no "rescuer" at the time of trauma. TSM changes the rescuer role to show what was really *not* there—that clients were abandoned by authority, hence the Abandoning Authority role.

The format for the Art Project workshop follows that of all TSM workshops—first establishing safety and containment before moving into trauma material. Stage 1 helped the men to connect with strengths and safety through action and art. At Stage 2, we used TA's Drivers and Injunctions from childhood to identify the source and extent of the Trauma-based Roles and the impact on the Sleeping-Awakening Child. At Stage 3, the men bring their Prescriptive Roles of strength and safety to confront the Drivers and Injunctions. What emerges in the post-test is a release from the childhood trauma by freeing the Sleeping-Awakening Child and a beginning individuation that reflects a transforming identity. The work is powerful, with the men expressing a liberation they could not have verbalized at the start of the weekend. But almost more important is that they experienced a chance to see their lives in a full picture, giving them a necessary observation point as they move on.

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