

Experiential Treatment for PTSD

M. Katherine Hudgins. New York, NY: Springer Publishing Company (www.springerpub.com). 2003, 240pp., \$38.95 (soft cover).

In this book, Hudgins introduces her therapeutic spiral model of healing which is a two-sided structure similar to a deoxyribonucleic acid (DNA) helix molecule composed of three strands identified as experience, energy and meaning twisted around each other, triple spiraled, structured in five-levels or phases. Each level represents a step-by-step treatment module for post-traumatic stress disorder (PTSD).

In addition, Hudgins introduces almost a bewildering plethora of new terms. One key term she introduces is called a "trauma bubble." When trauma hits (defined as "an (external) blow or series of blows rendering the person temporarily helpless and breaking past ordinary coping and defensive operations" (p. 10), trauma bubbles are formed, in turn, defined as "encapsulated spheres of active psychological awareness that contains unprocessed experiences" (p. 21), and encapsulated spheres of awareness are further defined as dissociated unconscious states that split off from the ego and contained primary images of the original traumatic event frozen or arrested in time. Moreover, Hudgins warns us that "like bubbles, they can be popped unexpectedly, pouring images, sensations, sounds, smells, and tastes into awareness without words" (p. 21), and she advises us these bubbles must be accessed, the emotions therein experienced and processed before therapeutic healing occurs.

Hudgins provides five case studies of individuals who narrate their story as trauma survivors and exemplify the TSM approach. Because these traumatic dissociated experiences are stored as sensori-motor images in the nonverbal emotional centers of the brain, traditional talk therapy cannot help these people. Hudgins states, "The body remembers, what the mind forgets." However, she contends, "the mind actively experiences and organizes the complex network of sensations, nonverbal behaviors, intuitive nuances, and energetic connections that make up each primary affect--joy, anger, grief, surprise, disgust" (p .28).

Trauma victims, defensively, cut off their feelings, and manifest perceptual distortions that haunt their intimate relationships with others. They also defensively tend to project all positive attributes onto someone else who is seen as all wonderful or perfect. Alternatively, they might identify with the aggressor and introject the representation of the perpetrator onto themselves or project the perpetrator image onto others or engage in rigid compartmentalized and repetitive patterns of thinking or activity to protect themselves from the feelings of terror and horror that further exacerbates their relationships with others. In addition, Hudgins notes that another important problem is that trauma survivors become disconnected from their belief in God.

To treat PTSD, Hudgins adapts classical psychodrama as the seminal action model which functions as the foundation for TSM therapy. She contends that clients can articulate their internal states more accurately in physical actions and in pictures rather than words. Yet, these words can be developed into the language that is necessary for healing transformations to occur. As one might expect, these psychodramas of reliving earlier traumatic experiences (called regressions in the service of the ego) can be quite complex and dangerous. As the Team Leader (TL) of the psychodrama, Hudgins actively directs these dramas like psychotherapy sessions. She directs an abundance of characters, and uses objects or props to symbolize parts of the dissociated self, or feelings found in the trauma bubbles, or the opposite underlying repressed strengths. For example, team players portray different clinical roles such as the survivor's

containment double whose job it is to protect the victim from uncontrolled or spontaneous regression or decompensation when the trauma bubbles are burst. Hudgins, who is concerned about safety issues, offers further protective measures such as the symbolic courageous lion or the image of God. Moreover, trained team members portray important sensitive roles such as the observing ego or auxiliary selves that monitor and keep the survivor on track slowly, successively and safely reliving and clinically and psychotherapeutically processing her/his earlier fragmented trauma bubbles without becoming overwhelmed.

Certainly, Hudgins psychodrama is powerful stuff. Her text is well written, well organized and highly engaging. It is frequently poetic as her TSM is personified and presented symbolically and metaphorically. One can readily see how TSM approach can have a transforming and holistic healing effect for trauma victims.

Yet, I found this text flawed in several respects. As a pragmatic empirically- based clinical psychologist, I am very skeptical of Hudgins' spiritual and mystical TSM approach. It seems to be costly, time consuming, extremely complex, and like its cousin, Gestalt psychology, it can be very dangerous if not conducted by a well trained clinician. A simpler cognitive/behavioral model might be equally or more effective. The author contends her text is a "handbook" for the successful treatment of the very persistent PTSD. Yet, most readers, sad to say, will find this text based more on fiction than fact.

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