The Body Double: An Advanced Clinical Action Intervention Module in the Therapeutic Spiral Model to Treat Trauma

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(Taken from [www.healing-bridges.com](http://www.healing-bridges.com); see site for more articles related to psychodrama.)

REPORT FROM A BODY DOUBLE

“Since I am an energy worker and a trauma survivor, what I focus on first is to get myself centered and aware of what is going on in my own body and energy field. Then I set an intention to join with the person whom I am being a double for with what I can best describe as an energetic empathy. I am aware of what is going on in my own system and I notice once I join with the person that I am doubling, the things that are not mine. Some of that may be sensations, images, thoughts, symbols, etc. I then attempt to put to words what I am discovering that is not of my energy system.” Roger Halm, CSAC, TAE

DESCRIPTION OF THE CLINICAL ACTION INTERVENTION MODULE

The body double (BD) is a clinical action intervention developed in the Therapeutic Spiral Model to help treat trauma safely using experiential methods of change. It is a clinical role designed to constantly “keep clients focused on healthy body awareness, even when triggered by body memories, flashbacks, and ego state shifts. The body double enacts the cellular nonverbal, intuitive, and emotional communication from the person’s body to the mind. The body double is used to assist clients to develop a clearer communication relationship with their body in order to rebuild what has been termed the ‘body of trust.’” (Hudgins, 2002, p.79) The body double’s purpose is to create a sense of safety and containment within the realm of the physical body. It works to contain trauma based nonverbal behavior, such as body memories, sensory flashbacks, and ego state shifts by providing words to explain and manage unprocessed trauma material.

DEFINITION

The body double (BD) begins with classical psychodrama doubling methods (Blatner, 2000), speaking from the first person as part of the client. It is an intrapsychic/internal role that is concretized as part of the client, an inner voice that is supportive and containing

The Body Double:

* First establishes a baseline of safe, here-and-now nonverbal connections to the client by attuning to his/her movements and body and putting words to the action. (Attunement)
* Increases awareness of what is unconscious for the protagonist; notices trauma-based defenses as demonstrated by breathing, movement, and other nonverbal cues. (Reflection)
* Then, most importantly, the BD redirects the protagonist via nonverbal and verbal modeling toward increased awareness of POSITIVE body experiences in the here and now to prevent the client from being triggered by unconscious material. (Containment)
* Make statements to focus the client in the here and now to maintain healthy body awareness. (Anchoring)

CLINICAL GUIDELINES

The Therapeutic Spiral Model (TSM) includes a number of clinical action structures as guidelines to support the practice of experiential methods when they are driven by clinical theory and practice. The body double is a prescriptive role within the trauma survivor’s Intrapsychic role atom (Hudgins, 2002), which provides a clinical map for the enactment of all roles in TSM.

STEP ONE: Empathic attunement with and reflection to the protagonist where they are in their bodies. Use non-interpretive language to establish a baseline with the protagonist that acknowledges their positive movement preferences and healthy body experience. Areas of focus:

**Breath** – rise and fall of rib cage, depth and pace of breathing, breathing through mouth or nose. Slow, steady breathing is encouraged: “I can feel my breath moving deeply in through my nose; my chest rising and falling with the breath.”

**Body and posture** – body parts from foot to head, center/periphery, rising/sinking, growing/shrinking, etc.: “I notice my head connected to my spine; I notice my arms crossed over my chest, my feet planted on the ground, etc.”

**Space** – use of the body in space: forward/backward, up/down, orientation in room and to other participants; moving with direct or indirect effort; use of space near self or spread out. “I notice myself moving directly through the room, I feel the space above me, the floor below me, my arms moving close to my sides.”

**Weight** – the body’s relationship to gravity and vitality; light or strong movement qualities. Be aware of using “strength” as a descriptive rather than interpretive word. “I feel my feet stepping strongly on the floor, my fingers brushing lightly together?”

**Flow and muscular tension** – the degree of tension or relaxation in the skeletal muscular system. “I can feel my arms hanging loosely from my shoulders.”

**Senses** – seeing (including gaze), hearing, touch, etc. “I can see my friend across the room.”

STEP TWO: Containment of negative body experiences. The focus on positive nonverbals creates containment of negative experiences via verbal and nonverbal redirecting. Puts narrative labels on traumatic experiencing and makes them manageable to the client.

**Breath** – Watch for held, shallow, or quickened breathing. Encourage deep, slow breathing, along with reminders to keep the feet on the floor.

Example: Client’s breathing is becoming rapid. BD feels/sees client’s pace escalating and has prior knowledge of client’s panic attacks. Redirecting: “I can feel my breath moving in and out of my nose. I can put all four corners of both feet on the floor. I can slow down and take a long, slow breath through my nose, feel my lungs and ribs expand, and exhale slowly through my nose.”

**Dissociation** – Watch for averted, glazed over or quickly darting eyes, physical shrinking. As a BD, you may begin to feel a “spaced out” feeling in yourself or feel disconnected from your body.

Example: Client is triggered by a drama with a story similar to her own. BD feels and sees client exhibiting signs of dissociation, and knows of client’s stated desire to “stay present” during the session, something the client has not been able to do in previous dramas. Redirecting: “I can feel my breath, etc. (as above), I can feel my legs, hips and back against the chair, I can begin to move my body slightly, put my feet on the floor?I can choose to look up and see my friend across the room), I feel myself staying in my body here and now.”

**Body Memories** – client may show signs nonverbally or verbally of physical illness: nausea, belching, difficulty swallowing, headaches, sudden unexplained muscular pain, or extreme body temperatures.

Example: During a drama in which he has contracted to confront a perpetrator, a client who was severely physically abused begins to feel sharp pains in his shoulder and has no injury. Redirecting: “I feel intense pain in my shoulder, I can breathe and feel my feet, legs, hips, and back supporting me. I can touch my shoulder, rub my shoulder ?my shoulder has information for me. I can tell someone my shoulder hurts and ask for help.

**Flashbacks** – Client’s gaze may shift, breathing will change, the face may become distorted, and s/he may make startled noises or cry, or may shrink into self and rock or shake. Client will experience self as currently in a former trauma & needs to be redirected to the here & now.

Example: Client witnessed his brother shot and killed in a gang-related riot. During a drama with loud noises, client had a flashback and began to see the scene again. Redirecting: “I feel my breath moving fast & my heart beating hard, I can choose to breathe slowly, I hear loud noises around me, I am remembering the scene with my brother, I feel my heart beating a bit slower?now I can feel my feet on the floor, I can look up at friend, I can reach out and touch her hand, I can see that it is her, I see it is not my brother, I can hug my friend, I can see the room I am in, I can walk slowly with my friend to the side of the room, I can move away from the noises, I can choose to have distance and be here, now in this room with my friend and myself.”

**Self Harm** – Watch for picking, scratching, hitting, digging fingernails into hands, twitching, pulling hair, etc. See “Clinical Example” below.

**Ego State Shifts** – Watch/feel for shivering motions, twitching, eye focus, postural and vocal tone shifts.

**Shame** – Often accompanies or is a precursor to other negative experiences listed here. Watch for shrinking body posture, drawing in of limbs, rocking, lowering the head, draping hair over face, covering face with hands, shallow breath, and lack of eye contact. See “Clinical Example” below.

STEP THREE: Anchoring into the here and now. After redirecting the client into safe experiences of the body, it is important to make a “here & now” statement such as “I can feel my breath, my feet on the floor, etc. and here and now I can make a choice to stay in my body, stay in the room, and not harm myself.” This is the third, crucial step, wherein the BD, having redirected the client away from trauma based responses into a positive body experience, anchors the experience into the here and now through new words and narrative labels. This is vital to the client being able to carry the healthy body choice into his or her every day life

CLINICAL EXAMPLE

ILLUSTRATING ALL THREE STEPS OF THE BD INTERVENTION

The protagonist, TJ, was a 25 year old female African-American sexual abuse survivor with a history of bulimia and self-harm. She contracted for a drama of transformation in which she would reclaim her right to fully inhabit her body and make a conscious choice not to hurt herself during an extended workshop. This example includes three roles: the client, her body double, and a Wise Grandmother (WG). The therapist made a choice at the beginning of the drama to give the protagonist a body double and this scene is a conversation with WG to further anchor in this positive internal role

Therapist – So you have your body double with you?.can you look up and hear what WG has to say to you?

TJ – I think so (begins to tense up and curl fists)

BD – I can take a deep breath, uncurl my fists a bit, look up and see my WG

TJ – Yes, I can do that, I see you, and I am ready

WG – You are a beautiful being, you deserve to have a healthy body, and to be fully in it, I love you and I want this for you

TJ – I can’t believe this, I just feel so bad, I want to love my body, but I can’t (begins to shrink inward, turn away, and pick at skin)

BD – (notices what she sees as shame and possible self harm) “I can feel my body curling in and turning away? AND I can feel my breath? I can use my breath to expand a bit, I can feel my fingers on my arm and here and now I can choose to gently rub my arm, I can begin to open my body with my breath, and I can slowly turn and see my WG and hear what she has to say. (BD role models turning to look at WG)

TJ – (slowly turns to see WG and hear her speak.)

WG – I love you and I won’t let you hurt yourself. I am with you always and I know you are ready to take this step to love your body and yourself (opens arms to TJ)

TJ – (Hesitates, beginning to cry)

BD – I can hear those words and see her eyes and her arms opening to embrace me. I can choose to listen, to be held, to keep my body safe and not hurt it in any way

TJ – I can, I want to connect (goes to WG and is embraced and held). I know you love me. I love you and I want to be safe. I don’t have to stay stuck in the shame. I want to choose to not hurt myself and to stay connected to my WG and to my healthy body.

BD – I can feel the strong body of WG, I can allow myself to be held, I can feel my body breathe that in, and I can feel my body is my own

TJ – Yes, my body is my own. My body is strong like WG’s body?I can be held and I can love and hold myself, I can love my body and keep it safe. TJ was able to complete her drama of transformation and to report back to the group the next day that she had not harmed herself or had a bulimic episode. She was able to stay present and safe for the remainder of the workshop.

In summary, the BD is a role of containment that helps trauma survivors experience and anchor in a positive sense of the self-in-body. The BD role requires complete focus, presence, and steady pacing. Body messages tend to come slower than mental ones, so make a statement, leave some space, and then continue. Do NOT flood the client with additional sensory stimulus! DO NOT get caught in the seductive pull of the trauma-based non-verbals.

**DO INTERRUPT** the cycle of traumatic experience when the client is nonverbally triggered, provide labels for what is happening in the here and now to discriminate between past trauma based experiences and the present. It is a large part of the job as a BD to interrupt & redirect – you ARE the intervention to bring a person to positive body awareness. This is NOT the time to be timid!