

PSYCHODRAMA "A DEUX" James Vander May

Published on Adam Blatner's website, www.blatner.com, May 21, 2008: Editor's (Adam Blatner) comment: This paper was first produced in January, 1980, never published in a journal. The author, Jim, reviewed it and gave me permission to post it on my website: Download it and use it!

Psychodrama "a deux" (from the Latin, meaning 'for two') is the use of psychodrama in a one-to-one situation, between a therapist and a single client—no auxiliaries present. It is also called "bi-personal" psychodrama.

Psychodrama was developed in the United States in the mid-1930s by its creator J.L. Moreno, M.D. (1889-1974). Originally, the method was designed to be used in group settings, and mainly it has been used in therapy groups, training groups, and, in adapted formats as role playing, in classrooms. In the 1950s through the 1980s, psychodrama was conducted as a part of a milieu in psychiatric hospital inpatient or outpatient settings and the milieu included activity therapies as well as individual and group psychotherapy. Psychodrama's unique contribution to personal growth and mental health comes in the acting out of scenes from actual situations in the client's life. The client, (as "protagonist") with the assistance of a director and "auxiliary egos" (i.e., co-therapists or other group members who portray significant others in the client's life), struggles to resolve life conflicts pertaining to past, present, and future issues (Moreno 1969).

My purpose is to show how psychodrama may be used in the therapist's office—in a one-to-one setting (i.e., "a deux"). I will describe several psychodramatic interventions that are appropriate for use in one-to-one counseling. Use of these interventions, if conducted properly by the therapist, could result in accelerated therapeutic gains for the client and provide the therapist with an opportunity to be more creative and have more fun in therapy. "Psychodrama 'a Deux'" or one-to-one psychodrama is described by Haskell as a psychodramatic session often held in an office with only therapist and client present (Haskell, 1967). According to Moreno "Individual, 'a deux' psychodrama is possible; it is an accepted and valuable form of psychotherapy. Individual psychodrama may be combined with psychodramatic group treatment in such cases where certain types of problems are not suitable for group revelation or when the patient feels the level of acceptance is not compatible (Moreno 1973a). To pursue this application of psychodrama, the therapist must become acquainted with some of the basic concepts and theories espoused by Moreno.

Psychodrama Process

Psychodrama utilizes three natural phases in the unfolding of its process: warm-up, action, and sharing-integration. The warm-up phase is used to determine what the client is feeling and thinking. It is a focus on issues of emotional significance (Moreno, 1978). Most often this is accomplished simply by asking the client for an assessment of how he or she is feeling. Various motivating experiences may be used as a part of the warm-up phase. Some examples are given as follows:

- a. **Garbage Can:** Set out a waste-basket and suggest to the client, "If there are parts of you that you wish to be rid of, or people, memories, feelings, or worries in your life that you would like to put away, go to the garbage can and describe them as you place them inside."
- b. **Goodie Bag:** Ask the client to "think of what you would like to have or have more of and reach into the "goodie bag" saying what you are removing for yourself and how you want to use it."
- c. **Body Sculpting:** Ask the client to position his/her body as a sculpture of how he/she feels. It could be several sculptures both still and moving. This could be an exciting expression of creativity for people who allow themselves to get into the experience. The therapist may want to interview the sculpture if it's a talking

one. The sculpture also could be used to show the relationship between therapist and client. Both would share their perceptions in this way.

d. **Psychodramatic letter:** Ask the client to write a letter (preferably between sessions) that expresses unsaid thoughts and feelings toward a significant person. The intent is to focus attention to the letter during the therapy session. A logical progression might be, "John, now that you have written down your thoughts and feelings in the letter to your father, I'd like you to imagine him in this chair. Tell him about what you have written." The purpose of the letter is as a motivator. It is not intended to be mailed.

e. **Social Atom Exploration:** Ask the client to make a diagram of the positive, negative and indifferent forces operating between the client and significant people in the client's life. See the bibliography for a reference that explains in detail a social atom exploration (Vander May, 1975).

f. **Role Diagram:** For an assessment of the client's functioning within various roles such as mother, friend, son, etc., use a role diagram. The bibliography will be of help in providing references that offer instructions on how to conduct role diagrams (Hale, 1975).

These warm-up activities are given only as examples. Each therapist will have a unique approach to the warm-up phase. Those experiences that work most effectively will often be a result of the therapist's own creativity in technique building coupled with experimentation and experience. The *warm-up phase*--the first part of the process-- is complete when the client and therapist have identified issues to be considered during the session.

The second part of the process is *the action*. During the action phase the client acts out the conflict as if it is occurring in the present. The client enters the situations of past, present, and future but is always encouraged to experience the action as if it is happening in the "here and now." For example, the client speaks to the empty chair as if his or her spouse were in it at that moment. The client does not report about feelings but expresses them directly as if the person were really present.

The "as if" quality of psychodrama is very significant in the action phase. In psychodrama terminology it is called "surplus reality" to represent the extension of reality into the area of being realistic yet not real at the same time. The "as if" dimension of psychodrama allows the client and therapist to travel anywhere to encounter anyone, living or dead, to attend to the unfinished business or unspoken words that perpetuate the conflict.

The client also is encouraged to *experiment with new behaviors*. These new behaviors, if they meet the criteria of novelty, adequacy, and limits, represent Moreno's perception of spontaneity - the beginning of healing and restoration (Moreno, 1973). Novelty stimulates the client's use of creativity in living, adequacy insures relevance, and limits encourage appropriateness of the behaviors through the protection of others.

The *role reversal* is another significant part of the action portion of the psychodrama. At appropriate times during the psychodrama the therapist instructs the client to reverse roles and become his or her mother, father, spouse, employer, pet, etc. During the role reversal the client actually changes chairs with the imagined significant other. Through role reversal the client is able to experience the feelings and thoughts of the other, experience himself or herself through the eyes of the other, and share with the therapist his or her perception of the other (Moreno 1969). It is often in the role of the significant other that the client will discover important truths about the relationship.

The action phase reaches completion as the client's energy and intensity begins to subside. If a client is able to bring novelty, adequacy, and limits into the action, the psychodrama will feel finished. The client feels unburdened and is stimulated to try out new behaviors in life apart from the office. As is true with any type of therapy, this feeling-of completion does not always occur. The client may bring his/her resistances into the psychodrama from life itself, and the action may become bogged down, confused, and counter-productive.

Resistances

Resistances are seen through a variety of behaviors. Probably most typical is the difficulty some clients have during role reversals. The client, although in the chair of the "other" will remain as him or herself and talk about the "other", rather than as the "other." A client once into the role of the "other" will fall out of role and become him or herself. Usually these resistances are overcome through continued direction by the therapist encouraging the client to stay in the role of the person he or she is representing. At times role reversal may be difficult for the client because of a heavy emotional content in the relationship. Often role reversal is difficult because, although the client may have spent a significant part of life with the "other," he or she may not know much of what that person is thinking and feeling.

Another common form of resistance is seen in the client's attitude that doing surplus reality behaviors such as role reversals is "stupid." This quality is particularly true of pre-adolescents and adolescents, but also occurs frequently with adults. The experience is usually very new to them. They are not as much in control of the situation as they might want to be, and they are on display.

Other forms of resistance include statements such as "I can't" or "I've never done that before." Some clients become overly dramatic in roles and will skip around on several issues never closely examining any of them. Other clients become confused in their role taking.

Usually, these resistances are reduced if the therapist suggests less threatening interventions initially such as role reversal with the therapist or interview in role reversal. Frequent short experiences may be necessary before a client will trust the therapist and the process enough to go further. These interventions promote a greater degree of warm-up so the client can proceed to more difficult themes.

The action phase progresses naturally into the sharing-integration phase. The therapist has the option of sharing about his or her personal struggles as they relate to what the client experienced in the psychodrama. There are occasions when sharing is very beneficial to the client especially if the client feels very alone with a particular problem.

During the integration part of this phase the therapist and client discuss what has happened during the psychodrama and apply the learning to life outside the office. New behaviors and approaches may be discussed. Usually the sharing-integration phase is a part of working toward closure. New issues, if they arise, are put on hold for future sessions.

Therapist as Psychodrama Director

Now that the process involving warm-up, action, and sharing-integration has been described, some attention will be given to the various functions of the director or therapist in guiding the client through that process.

According to Moreno, the therapist as a psychodrama director functions as producer, therapist and analyst (Moreno, 1978). These roles usually creatively blend during the session. At times one will become more active than the other.

The *producer* gathers clues for enactment, maintains action relevant to the client's life, initiates scene setting, concretizes various dynamics and requests role reversals. The producer uses an understanding of the psychodrama process of warm-up action and sharing-integration to actuate these important technical skills. The therapist, with assistance from the client, must decide when to set a scene, what scene to set, when to change scenes, when to reverse roles, and when to move the session toward closure.

The director as *therapist* confronts, supports, and encounters the client according to what is or is not being produced in the action. Opportunities are given to the client to take risks which involve an openness to new ideas and actions. The client is encouraged to discover new dimensions in more effective problem solving as the need for this arises in the action.

A third function of the therapist-director is as *analyst*. This should not be confused with the analytic aspects of psychoanalysis. The analyst as described by Moreno critically assesses the client's level of spontaneity, role functioning and basic life sociometry. Spontaneity level refers to the client's ability to live life with creativity and find appropriate solutions that consider consequences of actions as an important determinant of the action. The emphasis is on novelty and appropriateness. Role functioning is examined by assessing the skills and information that the client utilizes in various roles such as parent, spouse, child, worker, recreator, etc. These roles are all aspects of the client's life sociometry or significant persons, places, and things (Moreno, 1964). Sociometry is a measure of the quality and quantity of relationships in the client's life. The therapist as analyst is continuously alert to the healthy and pathological forces operating in the client's life as seen in the conflicts which the client shows in the action.

The producer directing skills such as scene setting and role reversing are very important to the therapist who uses psychodrama interventions in an office setting. Scene setting for the office psychodrama should be as simple as possible. Three or four folding chairs plus a small table is adequate furniture to set up scenes that take place at the dinner table, the family car, restaurants, or in various rooms in the house. Scenes occurring at the beach or in a woods will require some imagination on the part of the client. Usually clients will be able to imagine or fantasize these scenes without much difficulty. Setting a scene causes the experience to become more realistic for both therapist and client. It may also cause the client to feel more at home when the familiar life scenes are brought to the office.

Once the scene has been set, the therapist must select appropriate times for the client to role reverse with the significant others in the scene. The most frequent role reversals are done following a statement or question spoken by the client to the other. The client is asked to reverse roles and in becoming the other, respond to the statement or question in that new role. At some point the therapist directs the client to role reverse back into his or her role. Sessions may have one or several role reversals depending on the nature of the dramatization. It is very important that the client actually changes chairs or space with the significant other when role reversing. This helps confirm the identity of whom the client is portraying at any given moment. It also eliminates the confusion some individuals experience when they begin in psychodrama therapy.

Armed with some basic directorial skills, the therapist becomes ready to creatively introduce various psychodramatic interventions into the individual counseling situation. Several possible interventions are described here. Most of them may be used together during the psychodrama session. They are listed according to the general degree of difficulty and risk for both client and therapist, the least threatening being listed first.

Interventions

1. Therapeutic interview in role reversal.

The therapist asks the client to role reverse and become a significant person or thing. The client also could take the form of a dimension of the self or inner voice such as a "voice of guilt" or "spirit of hopelessness." The client moves from where originally seated to the chair representing the other. At this point the therapist begins the interview as if the client is the significant other. Following is an example of how such an interview could get started.

Jerry is a 20 yr. old student who complains of being pampered by his mother. He lives in a midwestern city and faces the problem of where to attend college in the fall.

Therapist: Jerry, it would be helpful if you would take the role of your mother. I would like you to sit in that chair and try to become her.

(Jerry seats himself in the opposite chair)

T: Could you give me some information about yourself?

Jerry: What do you want to know about her? (as Mother)

T: Stay in the role of Mother. Use the pronoun "I."

J (M): OK, I'm 62 yrs. old, I love to bake and I have 3 children.

T: What does your husband do for a living?

J (M): Oh, he drives a truck (subdued).

T: Jerry is your youngest, right?

J (M): Yes, and I don't know what I'll do this fall. He's talking about going on to college and that will leave me all alone. It was horrible last year.

T: Have you talked with Jerry about this?

J (M): Many times, but this year he's talking about leaving the state for a college somewhere in the west.

T: How does your husband feel about Jerry's leaving?

J (M) He doesn't care about anything. He's always gone. I've raised Jerry by myself. He's all I have right now.

T: What will happen to you when Jerry moves away?

J (M): I don't know what she would say. (falling out of role)

T: Stay in role as mother and do some thinking about that. What will happen to you?

J (M): I might kill myself, or maybe I would get divorced.

T: I don't know if you are aware of it Mother, but Jerry is feeling a tremendous responsibility for your well being both in terms of your physical safety and in your marriage. It's not only difficult for you to let go of him, but also for him to leave to make a life of his own.

Jerry, I want you to return to being yourself as Jerry in your chair here and lets do some talking about how you experienced the last few minutes.

(Jerry returns to his chair).

The dialogue stops here for our purposes but could continue much longer during the session. After a few initial adjustments, Jerry is able to make the transition into becoming mother. The therapist guides the interview so that basic facts are dealt with first such as age, marital status, or occupation. Data about more emotionally charged subjects is worked into the conversation gradually as the client warms up to the role.

This intervention has two main purposes: (1) The therapist receives information about the significant other through the client's role reversed perception; and (2) The client is allowed to experience becoming the significant other at many levels depending on the direction the therapist takes in the interview.

The therapeutic interview is used as a part of many interventions. The auxiliary chair, for example, uses role reversals where the client becomes the significant other, but the conversation is mostly between the client and the significant other. Another use for the interview is explained in the next intervention: exploring alternatives through chairing.

The interview technique is usually non-threatening to therapist and client. Its verbal style is similar to many styles of psychotherapy. It may be used as a preparation for other more complex interventions or as a meaningful experience itself.

2. Exploring alternatives through "chairing."

When a client presents two or more alternative directions to take with his or her life, the therapist may wish to use the chairing intervention. The client sets out a chair to represent each alternative. The therapist will then ask the client to role reverse and become each choice. The therapist is able to interview each choice and investigate the positive and negative effects of each alternative. The choices also could be instructed to talk with each other. The client moves from chair to chair giving voice to the alternatives as they banter together. Often, during this process new more acceptable alternatives will arise.

Another technique that is helpful during this intervention is future projection. The therapist asks the client to become the choice but moves the clock ahead 1 year, 5 years, whatever, so that the client can speculate the future consequences of choices. Future projection may be particularly effective when stress and anxiety will be a result of any of the alternatives.

It helps the client become aware that the crisis will pass, and if appropriate learning takes place, the client may even find positive ways to eliminate or more effectively deal with future crises.

An illustration of exploring alternatives through chairing follows as Jerry returns for another session.

T: Well, Jerry, you've been discussing some of your choices about what to do this fall. I'd like you to set out a chair for each choice that you feel has some merit.

J: (Gets up and begins to set out chairs) This is going to school here in the city. This one stands for college in Southern California (his eyes light up). I suppose I could forget about school and drive truck with my dad.

T: Set out a chair for it so we can check it out. Any more?

J: No, those are the only choices I can see right now.

T: OK, set out one more chair to represent you, Jerry, as a person. Now, which choice do you want to try out first?

J: Leaving home.

T: What I'd like you to do is to sit in that chair and become the choice. Then tell Jerry in that empty chair over there why you do and do not want him to choose you.

J as leaving: (looking at the empty chair) Well first of all you'd be better off doing things on your own away from your parents. Your mother wouldn't be bugging you all the time, and you wouldn't have to listen to them fight when dad does come home. But you can't choose me because there wouldn't be anyone to help your mother. Besides, your dad is hoping to turn over part of his trucking business to you. You also made a years commitment as a youth leader in your church.

T: When you are finished in this chair, move to others and continue with what you are doing.

(Jerry moves from chair to chair becoming each choice. A fourth alternative emerges - go to school locally but live in his own apartment and work part-time).

T: Jerry, you have identified four possible options for yourself this fall. I'd like you to take the chair that was set out for yourself and identify any of the possibilities that you would like to pursue further. . . .

The session may shift to a closer examination of any of the choices. The therapist could set up a future projection where the date is established as late October and seek out answers to questions such as: Where are you? What are you doing? How is life going? How are mom and dad? The usefulness of chairing is that it sets out alternatives clearly and, through role reversal, helps the client experience the choices.

3. Future projection.

The future projection technique is a conscious manipulation of time so that the client experiences him or herself as existing at a future date such as one or two months or perhaps several years. The therapist interviews the client about how the previously discussed conflict is affecting his or her life now at this new date. What has happened to the problem? How has the client been coping? What new issues are arising?

T: Jerry, you were saying that you were intrigued by the fourth option where you attend college here in the city but live in your own apartment. What I'd like you to do is pretend that you are in a chair in your new apartment and it is about three months from now, let's say late October.

J: My very own chair?

T: Well, let's find out. Is this a furnished apartment or did you buy the chair?

J: I bought it for \$25 from a second hand store.

T: Are you living alone?

J: Yes, but I'm looking for a roommate - someone to share the rent.

T: What was it like for you moving out of your house and away from your parents?

J: It was terrible! Mom cried the whole time. My dad wasn't home, but I think he accepted it OK. I felt so guilty for hurting Mom like that. I almost changed my mind.

T: Are you happy with your choice now?

J: Well, yes and no. I like the freedom, but I have to work 20 hrs. a week just to meet expenses. Plus Mom keeps calling me all the time.

After a period of questioning and commenting, the therapist asks Jerry to return to the present and discuss some of the issues that surfaced in the interview.

The future projection intervention allows the client to experience the possible consequences of his or her actions as they affect the client and the client's significant others. This experience may be particularly valuable for the client who acts impulsively or destructively. The client may discover from the future projection experience that life will probably continue to be miserable unless some positive changes occur.

4. Role reversal with the therapist.

The therapist in this intervention asks the client to reverse roles by changing chairs so that the client becomes therapist and the therapist the client. Each attempts to get into the other's role by mirroring the posture, voice tone, mannerisms, and non-verbal language of the other. Following the experience it is important that some time be set aside to talk about the accuracy of the perceptions that were enacted.

This intervention is often useful when the therapist becomes the object of the client's transference. One common theme that arises is the client's demand to be helped more. This demand could be stated angrily by the client or through very helpless types of behaviors.

Role reversal with the therapist may also be effective if the client is dealing with becoming more independent and responsible. It is a way to further develop the internal "self - guide" that people use to set goals, make decisions and basically control the direction of their lives.

Another use is as a mirror for the client to observe what the therapist perceives him or her doing at that moment. The reverse may be true too where the therapist is able to observe a mirrored image of him or herself as perceived by the client. Part of another session with Jerry will be used to illustrate this technique:

T: So far, Jerry, by what you've been saying, you seem pretty confused and stuck today.

J: I am. I'm so burned out' I don't have time to study, I can't get mom off my back, and I'm bored doing the same things all the time.

T: I'll bet you'd like some advice as to how to get out of this mess.

J: I was hoping you would be able to do that today.

T: Well, I have an idea that I'd like to try. Trade chairs with me for a few minutes. You become me, sit like me, twitch like me, whatever, and I'll try to do the same in your roll.

J: Do I get to send you the bill?

T: Only if it works.

(The two trade chairs and begin the interaction)

T(as Jerry): I really feel stuck today. There are so many things going on.

J(as Therapist): Like what?

T: (J) Well it seems like I have no study time, my mother keeps calling me. Life is just a bore.

J: (T) What do you think you can do about it?

T: (J) I was hoping you could help me with that.

J: (T) Well, you would have more time if you didn't go over to check on your mother so often.

T: (J) If I didn't pay attention to her, who would?

J: (T) Why don't you let her go?

(This dialogue could continue for several minutes, during which there could be frequent role reversals if needed. At some point, however, the action is stopped and both return to being themselves).

T: (J) Jerry, I'd like to break out of my role as you now and get back to my chair. I have some questions and comments about what has happened during our role reversal. Perhaps you do too.

Important areas to discuss in the sharing - integration phase are: (1) sharing how each experienced being the other, (2) identifying distortions that need correcting, and (3) evaluating the content of the discussion.

Examining the distortions as to how each represented the other may be helpful in confronting the transference and counter-transference phenomena. The therapist might say, "Jerry, I don't think I would have said 'what do

you think you can do about it.' Who in your life would respond to you in that way? In that role it seemed like you didn't want to hear about my stuckness (as Jerry). I think I would have responded with more caring."

A comment from Jerry about the mirroring could be, "I didn't realize I looked at the floor so much. Do I really do it that much?" Jerry might also comment on his feelings as therapist. "I felt strong and self-confident, but I was really getting frustrated with your helplessness."

5. Scene setting.

Setting a scene in an office should be kept as simple as possible. The space is limited in most offices, and usually the client is able to imagine him/her self into a scene without too much difficulty. Scene setting contributes greatly to the experience of the "here and now." It allows the client to bring the outside world into the office. Once there, that world may be exposed to the therapeutic experience. Scene setting is especially useful with these interventions: future projection, soliloquy and aside, auxiliary chair, concretizing, doubling, and use of auxiliary egos.

The basic ingredients of a scene are where, when and who. The therapist asks the client to set up the basic furniture to establish the place that is to be defined. The client sets up chairs, a sofa, an office, a bed, etc. The "where" of the scene may be further developed by determining light and darkness, smells, a "spirit" or "voice" of the room, colors and textures. Also, the therapist may ask the client to become the painting or the car, and interview the client in this role reversal.

Having presented the "where" of the scene, the client continues by deciding what time it is and what people he or she wants present. It is important to let the client do the setting up of props. The client owns it more completely, and it offers the client an opportunity to get physically moving which may help diminish some initial anxiety.

Jerry's experience in another session may help illustrate how scene setting may be incorporated into the therapy:

T: This is the first time you've really shared anything about your suicidal impulses. Are these feelings new to you?

J: No, I used to feel it more ... then it went away for a while when I started coming here.

T: You mentioned feeling some of these urges to kill yourself while you are driving your car.

J: Yeh, I had to pull off on the side of the road yesterday.

T: If you'd let me, I'd like to be there while you are experiencing these feelings.

J: You mean you want to take a ride?

T: I would like you to take some chairs from the corner and set out four of them to represent your car. It does have two seats?

J: Yeh, it's an old beat up Pinto. (sets up the chairs)

T: What color is it?

J: Kind of a faded yellow.

T: I'd like you to sit in the driver's seat. What does it feel like being there?

J: Ok so far, well, its starting to feel kind of lonely.

T: Is anyone with you?

J: No

T: What time is it and what day is it today?

J: Let's see. It's 4:30 p.m. It's after school and I'm going to my apartment.

T: Jerry, start the car and while you're driving, I want you to experience the thoughts and feelings you usually have, but this time speak them out loud.

J: (Starts to pantomime driving)

T: Uncross your legs and put them as they usually are when you drive.

J: I'm on the expressway. There's lots of traffic around me. . . There are so many people, but I feel so lonely. . . I wish I had one good friend. . . I wish I dared to ask Karen for a date. That would be stupid because she'd probably say no. Even if she did say yes, I wouldn't know what to do. I don't have anybody. Dad's gone. Mom

just hangs all over me when I see her. Maybe if I smashed into one of those abutments, I wouldn't have to worry about anything anymore. There must be something wrong with me. . . I feel light headed. I think I'll pull off the road.

T: Go ahead and pull off to the side for a moment, and when you're ready, come back to this office where we can talk about some of these issues.

This example used the scene setting intervention along with the soliloquy (see #6 below). Jerry is able to share the experience as if it is happening, because he sees himself in the car on the expressway. The therapist directs him through the where, when and who after which Jerry produced the content of what he was thinking and feeling.

6. Soliloquy and aside.

In drama the soliloquy is used by the actors to speak aloud the thoughts and feelings that would otherwise be unexpressed. The same is true for the client in psychodrama. The client, rather than speaking to the therapist or auxiliary chair, speaks aloud the thoughts and feelings as they come into awareness. The client and the actor pretend that no one is present but him or herself. This pretended privacy stimulates the client's ability to share feelings. It also heightens the client's awareness of the feelings because it is experienced in the "here and now."

An example of the soliloquy is used in the description of scene setting.

Many scenes are appropriate to stimulate the soliloquy. The client will often be able to describe several places where thinking goes on. Many common soliloquy scenes are found in a car, bed, an easy chair, a chair at work, a beach or a path in the woods. It is very important that the client speaks the soliloquy as if he or she is in the scene at that given moment of time.

The aside is another technique borrowed from drama. It is similar to the soliloquy but often shorter in duration. For example, if during a client's confrontation toward an auxiliary chair, the therapist questions the client's accuracy at expressing his or her feelings, the therapist could say, "Jerry, turn your head aside a minute and say what you aren't saying to your mother. We'll pretend that she can't hear you." The aside helps the client become redirected toward expressing the feelings that are there but have gone unexpressed.

7. Auxiliary chair.

To use the auxiliary chair intervention, the therapist asks the client to identify a significant other that through the use of imagination may be placed in the empty chair (Haskell 1967). The significant other is defined as any person, concept, feelings, or object of significance to the client. Examples of significant others are a parent, spouse, a part of self, one's marriage, sadness, or a college term paper. The significant others are most often the people in one's life that affect one positively and negatively. They may be living or dead.

The purpose of the auxiliary chair is to allow the client to bring to the office someone or something that needs to be examined. Often the theme is the unfinished business between the client and people from the past or present. The client is asked to speak to the significant other in the auxiliary chair saying directly what is not said or has not been said in life. It is important that the client speaks to the chair as if the person were actually present.

During the auxiliary chair technique the therapist should ask the client to role reverse and become the other. The client moves to the chair of the other and takes on the shape, posture, mannerisms, gestures, and voice tone of the other. The role reversal may be done as often as needed. The therapist also may choose to interview the client in the role reversed position.

The following auxiliary chair scene between Jerry and his mother will help to illustrate this intervention:

T: Jerry you've been talking about some of the feelings you experience when you are with your mother. Have you verbalized any of them to her?

J: No, I try to avoid her, but she keeps calling me.

T: Do you want to be more open with her?

J: It sounds scary, but I think I'd feel better getting it off my chest.

T: OK. Choose a scene where such a conversation could take place. I would prefer not to do a telephone scene if that's alright with you.

J: Sure. We'd be at mom's kitchen table.

T: When shall this be?

J: Oh, Sunday after church.

T: Is Dad here too?

J: No, he's gone as usual.

T: Alright. Take some chairs and set up the kitchen. (Jerry sets out two chairs facing each other)

T: Which is your chair? (Jerry points) When you are in that chair you are Jerry. When you are in the other chair, you are Mother. I want you to sit in your chair and imagine your mother across from you. Who speaks first?

J: She does! She goes on and on.

T: Role reverse and become her. Let's hear some of the things your mother says.

J (as Mother): Oh Jerry, I'm so glad you came for dinner today. I was so embarrassed after church. The minister asked how your dad was, and I just couldn't tell him that Dad was working again, so I told him Dad was ill, and I just don't know what to do. What will I do when the minister finds out?

T: Mother is this the tone of voice you usually use?

J (M): No, I think she is whiney.

T: Getting back in role, say a few more things to Jerry in that tone of voice.

J (M): But Jerry I'm so glad you're here (said in a very nasal tone). I get so lonely.

T: Reverse roles to Jerry's chair and become yourself. I want you to listen for a moment to Mom speaking from that chair. Respond to her when you're ready.

J: Can I say what I want to?

T: By all means, go ahead.

J: Mom, I'm so sick and tired of hearing you whine all the time.

T (doubling for J) I hate coming here! All you ever do is complain about Dad and how embarrassed you are. I can't stand you anymore. I feel like I have to help you, but there's no end to it.

J (Begins to cry). There's no one in this family that cares about me. All you can think of is your stupid reputation.

T: Jerry, role reverse and become your mother. (Jerry moves to the other chair).

J (M): How can you say those things to me? What did I do to deserve this? (tearfully) Now you don't love me either.

T: Reverse roles and become Jerry.
(Jerry returns to his chair)

J: Mom, I do love you, but I can't keep trying to take care of you. It's driving me crazy. I've decided to leave town at the end of the semester and make a life of my own.

T: Come out of the scene Jerry and let's do some reflecting on what has happened in the psychodrama.

Jerry is able to express some of the anger, hurt and helplessness he experiences in his situation. He is able to experience this catharsis because of the "here and now" quality of the interaction. The auxiliary chair technique heightens the pretended reality of the actual presence of the significant other.

8. Concretizing.

This is the process of making visible those invisible and often elusive qualities of the dynamic interflow that occurs between the individual and other people, animals, objects and one's self. It brings to life ideas, feelings, and concepts by giving them substance (Moreno, 1969). Our language is rich in picturesque phrases such as "I feel like a rat," "You always put me down," "It's pulling me apart," "Get off my back" or "There's a wall between us." Words and phrases such as these may be given increased reality by asking the client to choose something in the room to represent his or her guilt, depression, sense of humor, etc.

Concretizing in the office setting is somewhat limited because there are usually no therapeutic assistants or

group members present to assist. This limitation is especially felt if the therapist wishes to concretize themes such as ambivalence or clinging. There is no one there to pull on the client. This should not be done by the therapist because objectivity may be lost.

Concretizing is usually most beneficial in situations where both therapist and client may become lost in vague intellectual discussions. When a client attempts to explain a vague yet painful sense of guilt, the therapist has the option to concretize the guilt. The client chooses something to represent the guilt. Now it becomes visible and the client may be better able to explore it once it is brought outside of the self.

Role reversal is very important to the concretizing process. By becoming the guilt through role reversal, the client is able to share what the guilt is in a more complete way than if the client were to describe it while in his or her own role. Several role reversals may be needed if the issue is vague and elusive.

Many factors need to be considered by the therapist in the process of choosing which way to go in developing a concretization.

1. *Spatial*: Does it involve low and high? High often indicates power and authority, whereas low represents smallness. Close and distant may be used to concretize emotional distance.
2. *Size*: Is it perceived as infinitesimal, giant or somewhere in between?
3. *Sociometric position*: Where do people position themselves physically in relationship to others? Who sits next to whom?
4. *Sounds*: Noises often are significant to concretization either through words, screams, groans, hissing, etc.
5. *Color and light intensity*: A pair of lamps are able to offer graduated degrees of light intensity. Few offices are equipped with colored spotlights with rheostat controls. Colored lighting, if available, is effective to concretize a mood.
6. *Texture*: Rough, smooth, sticky, prickly, clammy, etc.
7. *Temperature*: Hot, cold, lukewarm.
8. *Body language*: How is the body shaped? How is it positioned or sculptured? Where is eye contact? What about facial expression? Are people positioned face to face, or are their backs turned?
9. *Symbolic language*: Does the client make statements that express issues that can be presented visually? Examples are "caught between the devil and the deep blue sea," "spirit of doom," or "I feel like a piece of garbage."

The therapist must listen through ears that are able to translate a client's verbal and non-verbal communication into the pictures and images that are potential concretizations. Many aspects of psychodrama are in effect actual concretizations. The auxiliary chair gives substance to who or what is imagined in the chair. It locates it and seals it into the partial reality of the psychodrama experience. Doubling is a concretization of the self within. Scene setting concretizes the client's living space.

Another example with Jerry may identify one way concretizing may be used during a therapy session:

J: It looks like I'll be leaving in two weeks.

T: How are you feeling with that?

J: Well, I've had this twisty feeling in my stomach for the last few days. I suppose I'm scared about what will happen.

T: Jerry, let's find out some more about that feeling in your stomach. Take that large pillow from the corner ... (Jerry gets the pillow) ... Now become that twisted part of stomach as you sit or lie on the pillow.

(Jerry lies in a twisted mass on the pillow. In addition to his torso, his arms and legs are twisted uncomfortably).

T: How are you doing, stomach?

J: (as stomach) I feel like a knot like I want to hang on to myself.

T: Are you quivering?

J: (S) No, just all tangled like I can't move.

T: Knot. I'd like to know what you have to say to Jerry. He's sitting in that chair over there.

J: (S) I want to tell him he's heading for trouble.

T: Go ahead, tell him.

J: (S) You can't go away. You'll never make it! You're a nothing! You can't succeed at anything you do! You are deserting your mother, and if you leave now, you will never be friends with your father.

T: Jerry, come back to your chair and become yourself again. (Jerry moves off the pillow to his chair). Would you care to respond to what your stomach has just said?

J: My head tells me that it's dumb.

T: Choose a place in the room where we can hear from that voice in your head.

J: (looking around). Over here, I guess.

T: Set up a chair where it is. Are you sitting, standing?

J: I feel like I'm standing on one leg.

T: Good, let's do that. Stand on one leg and let's hear what you have to say as Jerry's head.

J: (as head addressing the pillow as stomach). You're stupid! He's sick of you. All you ever do is criticize him. At least I can think straight over here.

T: Tell stomach your reaction to what it says about your mother & father.

J: (H=Head) I'll never be able to take care of her. Nobody can! She's a bottomless pit. Maybe Dad could try to get something going with her. Dad will never be my friend either. The sooner you accept that, the better off you'll be.

T: Reverse roles with stomach and respond to that. (Jerry returns to the pillow).

J: (S) All that might be true, but I'm scared if I leave, the situation will get worse for everyone.

T: Jerry, come back into your chair as Jerry again. (Jerry moves to his original chair where he was previous to his becoming his stomach). From this chair I want you to visualize the discussion going on here between head and stomach. See if you can find a way to bring some closure to this scene, or do we leave it as it is?

The symbolic words such as "head" or "stomach" are given shape and voices through the concretization. The "one-legged" head shows its feeling of weak support. All of these forces may be examined outside the person when the principles of concretization are applied.

9. Doubling.

The psychodramatic double is an auxiliary ego that becomes the client. The threefold task of the double in office psychodrama is the mirror, the social investigator and the expander of the role. (Moreno, 1964). The technique begins with a physical mirroring of the client's body. Through interaction in the person of the "I," the double seeks information about who the client is, and what the client is feeling, so that the double can enlarge on the role and speak what is not being spoken. During this expanding phase, the double may become a voice or part of the client to which a greater part of the client's energy is being directed.

Doubling is useful for working with the client who needs support, clarification of thoughts and feelings, and motivation to express hidden thoughts and feelings. It is a difficult skill requiring training and experience in psychodrama. One of the difficulties is that it requires the therapist to become both double and therapist. This dual function places heavy demands on the therapist in knowing when to push and recede, in keeping a sense of objectivity and timing, and in being aware of the difference between the therapist's personal issues and the client's. An illustration of doubling follows in a final session with Jerry.

T: So you've decided to go. When do you leave?

J: Day after tomorrow. I have a bus ticket to San Diego.

My Aunt lives a few miles from there. She said she would pick me up and let my stay for awhile.

T: What are your plans?

J: Well, I don't want to stay with her too long, or I'll have the same problems I had here with my mom. I think I can get a job and find a place to stay in three weeks or so.

T: Jerry, let's run the clock ahead two days and set up a scene inside the bus. Set out two chairs, one for me, because I'd like to be your double. I want to become you along with you as we're riding on the bus. No one can hear us. (Jerry sets out two chairs).

J: Well here we are.

T as double: Where are we anyway?

J: Somewhere around Kansas City.

T (D): Is this how I sit with my legs crossed?

J: No, I think I'll stretch out and put my head back (both change posture). I've never traveled like this before.

T (D) I feel excited yet kind of relaxed.

J: More excited and scared than relaxed.

T (D): Boy, I sure left a lot behind when I got in this bus - my mom, my dad, some friends, Joe my therapist. He's a pretty good guy.

J: (some laughter) Yeah, I'm going to miss Joe. I told him I'd write and maybe call once in a while. He's really helped me find my way.

T (D): Then there are Mom and Dad.

J: I guess they'll have to learn how to take care of themselves just like I am of myself. It's hard to leave, but I feel kind of relieved I'm on my way.

T (D): But I'm scared too. I could fall on my face. Then it would prove that I can't make it without Mom and Dad.

J: We'll just have to see what happens. I can't believe I'm saying this.

T (D): It almost sounds like there's a self-confident part of me that is growing inside of me. I really said 'we'll just have to wait and see.' I'm not getting all upset and overly worried about what's going to happen to me.

J: Yeah, it's like I can really make a new start ...

T: Jerry, I'm going to take myself out of the double role, but I want you to allow yourself to take a few minutes to be where you are in what you are feeling and thinking. When you are ready, put the chairs away and let's do some sharing.

The process of warming up from periphery to center may be followed through the doubling psychodrama. The therapist has the client set the scene of the bus. Scene setting works well with doubling because it locates the experience and it gives the client a concrete physical assignment. This movement consumes some of the client's initial anxiety about doing the doubling exercise. Once in the scene, the double mirrors the client's crossed legs and asks a question about it.

It is at that point that Jerry begins to see himself actually in the bus. The beginning dialogue is factual and non-threatening but moves into more intense issues as the psychodrama unfolds. During the final moments, the therapist takes Jerry back to the periphery again, although at a different feeling level than before the psychodrama.

The therapist begins the doubling functions as a mirror of Jerry as he sits in the bus. The double quickly moves into the social investigator stage asking questions and making statements that provide him with information about Jerry.

The expander phase is not used here as a separate function because of the complexity of tasks with which the therapist is confronted. It could have developed as follows at the point that Jerry said he was scared:

T (D) I'm so scared (moves to a corner and sits in a huddled position) Who will take care of me? Who will tell me what to do? Oh what will happen to me?

J: What are you doing?

T (D): What are you doing, taking me away from my mother and dad, my therapist, all my friends?

J: I have to take you away so you can grow up.

T (D) You're going to help me grow up? How do you plan to do that?
 J: Well I haven't decided yet, but I do want to get you a job and a place to live.
 T (D): (whimpering) I'll never be able to do it!
 J: I believe I can make it now.
 T (D): You just want to get me on a road in a car so you can drive me off and kill me.
 J: I don't feel that anymore. If it comes back I'll get someone to help us. Come over and sit down here. It'll be okay, really.
 T (D): (moving back to the bus) OK, but I'll be around for a while bugging you.
 J: I'm sure you will.

During the expander function, the double moves out of the mirroring and into the specific personage being brought out. Notice how the double concretizes the fear by curling up into a corner. It is usually important for the expanded role to be returned to the side of the client or be psychodramatically removed so that closure may begin.

The therapist here also could encourage Jerry to become his own double during various phases of the action. If Jerry can learn to do some self-directed doubling, he might be helped through some difficult situations in his future. Through this technique Jerry could learn how to nurture himself or positively confront himself so that he can become the major change agent in his own growth.

Doubling may be very effective when used during the auxiliary chair technique. The therapist sits or stands with the client helping the client to express unexpressed thoughts and feelings. The double also works at helping the client clarify complex and confusing issues.

10. Age regression:

There are two types of age regression techniques. In one the client is asked to set a significant scene from the past. The client becomes a younger age and experiences being in the scene while imagining the presence of significant others if necessary. The client works through these issues at the time (psychodramatically) of his or her life when they were forming. Age regression is similar to a hypnotic experience except that the client's body is in action. Care must be used to bring the client back to the present.

During the second type of age regression, the therapist joins the experience by regressing in age with the client. This is a rather unorthodox approach and requires a high level of skill to maintain a partial function as therapist. The scene is set up by the client who then invites the therapist to join him or her at an agreed upon age level. Playful, spontaneous and competitive themes emerge depending on the extent of regression. This technique is similar to a doubling experience at an early age. Yet in this situation the therapist maintains his or her identity. The therapist must exercise a skilled sense of timing for returning to present age.

11. Use of trained auxiliary egos:

One final option the therapist has is to use individuals who have psychodrama training as auxiliary egos to play the roles of the client's significant others and/or double with the client. One advantage of this technique is that it frees the therapist to remain in an objective position during the psychodrama. Some clients feel more comfortable with "a body" in the chair, others will be more inhibited if additional people are allowed into the session. Several factors are involved such as the availability of trained personnel, the ability of the therapist to direct an auxiliary ego, and the attitude of the client toward involvement of others.

Cautions

Because psychodrama can produce dramatic effects on the client, the therapist will need to be aware of several cautions. A therapist with little training in psychodrama should use little of it with the client. A therapist can hurt and confuse a client by exercising poor directing skills. What usually happens in those situations is that both therapist and client become lost in the action and together produce confusion and

helplessness.

The therapist must be very sensitive to the warming-up process of the client in order to know how far to go into certain issues.

A rule stating no physical harm to self or other must be strictly enforced. Some props that could be used for ventilation of anger are very useful in these situations.

A clear line must be drawn between behaviors that are permitted in the psychodrama and those acceptable in the client's outside world. Often behaviors in the office are allowed to happen psychodramatically (suicide, murder, etc.) so that they won't happen in life. The use of psychodrama as a restraint is often overlooked. Restraint is developed as a part of the client's growing awareness of the consequences of behavior. Blatner suggests in the introduction of his book *Acting In* (1973), that "... psychodrama facilitates not 'acting-out,' but what should be called 'acting in': the applications of action methods to the exploration of the psychological aspects of human experience." Moreno bases his whole system on the concept of the role reversal where each person may experience looking through the eyes of significant others (Moreno, 1964). Ideally applied, role reversal leads to understanding, acceptance, and mutual respect.

Advantages and Disadvantages

When psychodrama is responsibly applied to a one-to-one counseling situation, it has some general advantages over verbal analytic approaches:

1. The action is made a part of the "here and now," therefore a past or future event is brought into the "reality" of the present.
2. The interventions heighten the "realness" of the client's experience by psychodramatically bringing to the office the client's significant others, rooms, furniture, etc.
3. It offers the client the opportunity to experiment with new behaviors through practice enactments.
4. Psychodrama focuses on the client's spontaneity and creativity, not on illness.
5. Techniques such as role reversal, doubling, and concretizing are useful in dealing with transference and counter-transference issues.

There are disadvantages and contra-indications in using psychodrama:

1. Techniques such as role reversal, doubling, and in general the "beyond reality" quality of psychodrama may become confusing to client and therapist. It becomes easy to lose track of who is in what role.
2. The "here and now" quality may be extremely anxiety producing for the client, resulting in decreased spontaneity and rigidity.
3. The speed of change in a client may be too abrupt for the client to integrate into his or her life.
4. A client may use the psychodrama to validate his or her position of "victim" in life. He or she will seek to escape responsibilities for inadequate actions.
5. The client who is actively suicidal or homicidal does not usually benefit.
6. Psychodrama, although it appears simple at times to conduct, requires extensive training. During the training sessions the therapist, confronts significant others and self through action methods. The training

requires a sizeable emotional, financial and time investment.

References

- Blatner, A. (1973, 1988, 1996). *Acting-In: Practical applications of psychodramatic methods* (1st-3rd ed.). New York: Springer.
- Hale, A. (1975). The role diagram expanded. *Group Psychotherapy & Psychodrama*, 28, 77-104.
- Haskell, M. (1967). *The psychodramatic method*. Long Beach: California Institute of Socialanalysis.
- Moreno, J.L. (1946, 1964). *Psychodrama, Vol. I* (3rd ed.). Beacon, N.Y.: Beacon House.
- Moreno, J.L. (1969). *Psychodrama, Vol. 3*. Beacon NY: Beacon House.
- Moreno, J.L. (1973). Note on indications and contraindications for acting out in psychodrama. *Group Psychotherapy and Psychodrama*, 26 (1-2), 23-24.
- Moreno, J.L. (1973). *Theatre of spontaneity*. Beacon, NY: Beacon House.
- Moreno, J.L. (1953, 1978). *Who Shall Survive?* (3rd ed.). Beacon, NY: Beacon House.
- Vander May, J. (1975). A perceptual social atom sociogram. *Group Psychotherapy & Psychodrama*, 28, 128-134.

The Author: Jim Vander May, M.S.W., TEP, 6207 Eastridge Dr.. Hudsonville, MI 49426 email:
jvdmay@att.net